SAND Method: 2002–03

Population health and health improvements resulting from interventions and strategies need to be monitored. General practice is commonly identified as a significant intervention point for health care and health promotion because general practitioners (GPs) have considerable exposure to the health of the population. As sbout 85% of the population visited a GP at least once during 2002 (personal communication, GP Branch Australian Department of health and Ageing), general practice would appear to provide a suitable basis from which to monitor many aspects of the health of the population.

The BEACH (Bettering the Evaluation and Care of Health) program, a continuous national study of general practice activity is largely encounter based. The participating GPs provide information about the patient seen, the problems managed and the management techniques utilised, at each of a series of GP-patient encounters. The database incorporates details of approximately 100,000 encounters per year. However, the program also provides an opportunity to collect information about other aspects of the health of general practice patients.

Since BEACH began in April 1998 a section on the bottom of each encounter form has been allocated to investigate other aspects of patient health or health care delivery not covered by the consultation-based information. These additional substudies are referred to as SAND (Supplementary Analysis of Nominated Data) . Each organisation supporting the BEACH program has access to a sub-sample of 6,000 encounter forms per year (or two sub-samples of 3,000 each) in which to insert a series of questions on a subject or subjects of their choice.

The annual BEACH data collection period is broken down into 10 blocks of recording, each block comprising five weeks. Each block includes data from about 100 GPs over the five weeks, 20 GPs recording per week. Each GP's recording pad is made up of three components (40 A forms, 30 B forms and 30 C forms). Each component covers a different SAND topic, and involves a line of questioning that is asked of the patient or the GP in addition to the encounter based information.

The order of SAND components in the GP's recording pack is randomised, so that 40 A forms may appear first, second or third in the pad. Randomised ordering of the components ensures that there is no order effect on the quality of the information collected.

Two parts of SAND remain constant for the year across the 10 blocks of the BEACH program. All GPs have 40 A forms in their recording pad and these investigate height, weight, smoking status and alcohol use. Questions on B and C forms vary from block to block, and address other aspects of patient health and health care delivery in general practice, effectively subsampling the overall sample.

In the first BEACH year all the SAND topics were reported in a separate report *Measures of health and health care delivery in general practice in Australia* (Sayer et al. 2000). For subsequent BEACH year, patient risk factor data on BMI, smoking status and alcohol consumption were reported in *General practice activity in Australia 1999–2000* (Britt et al. 2000), *General practice activity in Australia 2000–01* (Britt et al. 2000), *General practice activity in Australia 2001–02* (Britt et al. 2002) and *General practice activity in Australia 2002–03* (Britt et al. 2003) respectively.

The results of the other topics covered in SAND 1999-2003 are summarised in the abstracts on this site. Topics reported in the 2002–03 abstracts together with the sub-sample totals are listed below.

AIHW GP Statistics and Classification Unit, 2003. SAND Method from the BEACH program: 2002-03. Sydney: GPSCU University of Sydney. ISSN 1444–9072.

Abstract No.	Topic	No. encounters	No. GPs
38	Prevalence of chronic heart failure, its management and control	3,082	106
39	Severity of asthma, medications and management	3,070	105
40	Type 2 diabetes mellitus, prevalence and management	2,876	97
41	After-hours consultations and billing	5,546	200
42	Prevalence and management of chronic pain	2,800	99
43	Initiation and purpose of pathology orders	3,001	100
44	Severity of illness	6,742	225
45	Diabetes mellitus, management and risk factors	3,165	108
46	CHD, risk factors and lipids	3,151	108
47	Management of depression and anxiety disorders	2,698	92
48	Asthma prevalence and management	2,686	92
49	Health status and management of patients on non-steroidal anti-inflammatory drugs	5,554	192
50	Risk factors of patients on lipid lowering medications	2,701	94
51	Use of proton pump inhibitors for gastrointestinal problems	2,648	91
52	Language and cultural background of patients	8,943	294
53	Smoking status of adults and their attempts to quit (repeat from 2001–02)	2,510	97
54	Secondary prevention of heart attack or stroke	2,833	97

Results from these sub-studies can also be cross-analysed with data emanating from the encounters with the patients in each substudy.

Ethics approval for these sub-studies was obtained from the Human Ethics Committee of the University of Sydney and the Health Ethics Committee of the Australian Institute of Health and Welfare.

Bibliography

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Sayer GP, Britt H, Horn F, Bhasale A, McGeechan K, Charles J, Miller GC, Hull B & Scahill S 2000. Measures of health and health care delivery in general practice in Australia. AIHW Cat. No. GEP3. Canberra: Australian Institute of Health and Welfare, (General Practice Series no. 3).