

## **SAND Method: 2003–04**

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 about 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.

One SAND form remains 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. For subsequent BEACH years, patient risk factor data on BMI, smoking status and alcohol consumption have been reported in each annual report. The most recent is *General practice activity in Australia 2003–04* (Britt et. al. 2004).

The results of the other topics covered in SAND 1999-2004 are summarised in the abstracts on this site. Topics reported in the 2003–04 abstracts together with the sub-sample totals are listed below.

<b>Abstract No.</b>	<b>Topic</b>	<b>No. encounters</b>	<b>No. GPs</b>
55	Patient weight, perception of weight and weight loss	2,969	99
56	Prevalence, cause and severity of adverse pharmacological events	8,215	282
57	Prevalence and management of chronic heart failure in general practice patients	2,641	91
58	Lipid lowering medications: patient eligibility under the PBS	2,732	93
59	Hypertension management and control in general practice patients	2,647	92
60	Prevalence of GORD and associated proton pump inhibitor use	2,538	88
61	Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients	8,911	299
62	Use of proton pump inhibitors by general practice patients	5,245	182
63	Asthma—prevalence, management and medication side-effects	2,527	87
64	Current use of statins by general practice patients	3,202	109
65	Language and cultural background of general practice patients	9,245	311
66	Anti-psychotic medication use by general practice patients	3,338	117

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.

## Reference

Britt H, Miller GC, Knox S, Charles J, Valenti L, Pan Y et al. 2004. General practice activity in Australia 2003-04. AIHW Cat. No. GEP 16 Canberra: Australian Institute of Health and Welfare, General Practice Series No. 16.

[http://www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)