

SAND Method: 2005–06

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 visit a GP at least once a year (personal communication, Australian Government 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 facilitates collection of 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 subsample of 6,000 encounter forms per year (or two subsamples 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 and/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 address other aspects of patient health and health care delivery in general practice, effectively subsampling the overall sample. These SAND topics therefore usually vary from block to block. However, sometimes a topic is repeated to increase the sample size and the statistical power of the study.

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 2004–05* (Britt et. al. 2005).

The results of the other topics covered in SAND 1999–2005 are summarised in the abstracts on this site <www.fmrc.org.au/publications/SAND_abstracts.htm>. Topics reported in the 2005–06 abstracts together with the subsample totals are listed below.

Abstract number	Subject	Number of respondents	Number of GPs
82	Prevalence and management of chronic pain	3,211	109
83	Prevalence and management of migraine	5,663	191
84	Menopausal status, symptoms and treatment of women aged 18 and over	1,590	106
85	Management of osteoporotic fractures in general practice patients	3,071	105
86	Diabetes Types 1 and 2 and coronary heart disease	3,099	105
87	Management of cardiovascular or diabetes related conditions	3,015	104
88	Arthritis rates and NSAID use in general practice patients	3,076	104
89	Estimates of the prevalence of chronic illnesses identified as Health Priority Areas among patients attending general practice ^(a)	9,156	305
90	Prevalence, management and investigations of chronic heart failure in general practice patients	2,859	98
91	Prevalence and management of gastrointestinal symptoms	5,310	181
92	Prevalence of metabolic syndrome	5,594	193
93	Sexual dysfunction—premature ejaculation	2,186	91
94	Type 2 diabetes—investigations and related conditions	2,713	92

(a) Indicates that this is the second report on this topic, using additional data collected following publication of the previous abstract.

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

Ethics approval for these substudies 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, Pan Y, Henderson J, Bayram C, Valenti L, Ng A, O'Halloran J 2005. General practice activity in Australia 2004–05. AIHW Cat. No. GEP 18. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 18).

http://www.fmrc.org.au/publications/SAND_abstracts.htm