Patient experience survey – adult primary care: Methodology and procedures

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1. Introduction

1.1 Background

Patient experience is a vital but complex area. Growing evidence tells us patient experience is a good indicator of the quality of health services. Better experience, developing partnerships with consumers, and patient-, family- and whānau-centred care are linked to improved health, clinical, financial, service and satisfaction outcomes.[1, 2]

The Health Quality & Safety Commission (the Commission) undertakes two national adult patient experience surveys: the inpatient experience survey (IPES) and the primary care patient experience survey (PCPES). These surveys are about improving the quality of health services in New Zealand by enabling patients to provide feedback that can be used to monitor and improve the quality and safety of health services. The surveys provide consistent tools that can be used for national measures as well as local assessment and improvement. Data from the surveys is used by general practices, primary health organisations (PHOs), district health boards (DHBs) and nationally across government.

The IPES began in August 2014 and the PCPES in February 2016; both now run quarterly nationwide. The surveys collect quantitative and qualitative data covering four key domains of patient experience: communication, partnership, coordination, and physical and emotional health. Patient feedback is anonymous and voluntary, and patients can opt out of the survey.

Patient experience of care has been one of the six System Level Measures since 2016/17. Measures from both the IPES and PCPES contribute to this System Level Measure, and include response rates by ethnicity and the use of feedback to inform improvements.

The PCPES contributes towards Indicator 9 of the Royal New Zealand College of General Practitioners' Aiming for Excellence standard. The use of the PCPES needs to be accompanied by a quality improvement activity undertaken based on the survey results. As the PCPES captures patient feedback at the practice level rather than relating to individual doctors, this survey does not count towards the Maintenance of Professional Standards unless you are a solo practice.

The PCPES is being adopted by all practices as part of the PHO Services Agreement.

1.2 Purpose of the PCPES

The Commission has developed the primary care patient experience survey to find out what patients' experience in primary care is like and how their overall care is managed between their general practice, diagnostic services, specialists and/or hospital staff.

The survey looks at a patient's experience of the whole health care system using primary care as a window. It focuses on the coordination and integration of care, rather than just the last visit to a general practitioner's (GP's) surgery.

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[1] Doyle C, Lennox L, D Bell. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3(1):e 001570.

[2] Balik B, Conway J, Zipperer L, et al. 2011. *Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care.* IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement. URL: www.IHI.org (accessed 7 September 2020).

Being able to capture, understand and act on patient experiences in a timely manner is a vital contributor to improving health service delivery and in prioritising attention and resources. The online survey and real-time reporting enable patients to have a voice that health teams caring for them can hear through a direct and timely link.

The PCPES is a useful tool for practices, PHOs and DHBs to identify what is being done well, as well as areas for improvement. The survey results contain both quantitative and qualitative information.

1.3 Project governance

A sector-led Patient Experience of Care Governance Group (Governance Group) has been established to provide independent advice to the Ministry of Health (the Ministry) and the Commission on the ongoing management of the patient experience surveys. This includes advice about how to make best use of the results of the surveys to improve the patient experience at local and national levels. The Governance Group also provides governance on the collection, storage and use of the survey data and on access to it.

1.4 Implementation and evaluation

The PCPES was first implemented through a pilot phase. Test surveys were conducted with a subset of patients between June and September 2015. The first live survey, in its final form, was sent to patients enrolled with the pilot PHOs in February 2016. Following the pilot, the PCPES was rolled out to all PHOs. By August 2019, there were 859 practices participating.

In 2017, the Ministry of Health commissioned a formative evaluation of the PCPES to assess how well it was working and whether improvements could be made. The evaluation focused on how to improve the response rate among those who are invited by email or SMS (text) to participate in the survey. Improving the response rate is especially important in those demographic groups who are not currently opening or completing the survey. The evaluation is available here.

Key findings included that:
- on average, it took people 15 minutes to complete the survey
- survey users found the qualitative responses very useful
- 83 percent of those who answered the first question went on to complete the survey
- the response rate was comparable nationally and internationally
- some groups are under-represented.

1.5 Purpose of this document

This document sets out an overview of the PCPES, the survey tool and scoring method, and details on the survey process and reporting, including weighting method. For specific details on joining the survey for practices and PHOs and on the survey development process, see the Commission's website.

2. Survey sample method

2.1 Overview of the survey process

The survey process involves three steps, which this document describes in more detail.

1. Patient contact information to be used in the survey is captured within the Ministry's National Enrolment Service (NES) database. Practices can update the NES database in real time through their patient management system (PMS).
2. Invitations to participate in the survey are sent to patients via email. A small number of patients are invited by text message. Patients complete the survey online via any web-based browser, smartphone or tablet computer. (See Section 2.2 below.)
3. Data users at individual practices, PHOs, DHBs, the Commission and the Ministry have varied levels of access to the reporting portal (see Section 5.1) to see the survey results.

2.2 Survey inclusion and invitation

2.2.1 Inclusion and exclusion criteria

Patients aged 15 years and over who have received a consultation (as defined in the PHO services agreement) from the primary care service provider they are enrolled with during the survey sample period receive a survey invitation.

Exclusions are: children under 15 years; people who were invited to participate in the previous quarter; and people with a date of death.

2.2.2 Email and mobile phone collection

As most survey invitations are sent to patients via email, whether patients receive an invitation relies on practices collecting and accurately recording patient email addresses.

While it is best practice to collect individual email addresses for the PCPES, the Office of the Privacy Commissioner has confirmed that shared email addresses, such as familyinbox@gmail.co.nz, are acceptable. This is because the email invitation is personally addressed so it is clear who is being invited to complete the survey. The wording of the email does not disclose recent attendance.

Where mobile phone numbers are shared, such as with a spouse, they are not used for survey invitations. This is because the text invitation is short and does not include a salutation, so it would not be clear who the invitation is for.

Shared mobile numbers are identified in the NES database by removing duplicate mobile contacts from the invitation list. Additionally, mobile numbers with a text suffix, such as 021 123 456 wk, are excluded to avoid sending invitations to work phones that may be shared.

Please note: Due to a limited number of SMS texts available, SMS invitations are only sent to a sample of Māori and Pacific peoples who do not have an email address.

2.2.3 Email notification and online collection

All eligible patients with an email address receive a survey invitation. If the patient has not completed the survey within seven days, they will receive a reminder email. After 21 days from the original send date, the survey link will expire.

2.2.4 SMS notification and online collection

Up to 5,500 patients who identify as Māori or Pacific and have no email address but do have a mobile phone number will be sent an SMS invitation to complete the survey each quarter. If the patient has a smartphone, they can tap on the link to complete the survey on their phone. If they have a standard mobile phone, they can go to the web page https://myexperience.health.nz in any device's internet browser, enter a short code (that is in the SMS message) and complete the survey online. After 21 days, the survey link will expire.

2.2.5 Invitations and reminders

The survey provider sends invitations promptly on receiving the contact information from the NES database. The aim of this process is to minimise the risk that the patient's circumstances have changed, which may include that they have died. Patients with a recorded date of death are excluded from the NES file; however, it can take up to three months after a patient's death for systems to be updated with this information. While there is no way to entirely remove the risk of sending a survey or reminder to the family of someone who has died, minimising the timeframes can mitigate this.

Evidence shows that a reminder will generate one-third to a half of the responses the original survey contact achieves. For this reason, the Commission includes a reminder seven days after the initial contact with the patient.

During the pilot phase, the Commission tested sending a second reminder but this generated negative feedback from patients, who were 'sick of receiving texts'.

Full details of the patient data extract, including rules for inclusions and exclusions, are set out in Appendix 2.

2.2.6 Opting out

It is important to give people the chance to say 'no' to participating in the survey and this survey process provides multiple ways for people to opt out. As it is possible that people may wish to provide feedback on their experience at another time, we encourage people not to opt out permanently from the survey. It is better they ignore the invitation at the time if they don't have any feedback but retain the potential to provide feedback in the future.

Patients can opt out permanently of the survey in two ways. That is, they can:

1. ask reception staff to opt them out in the patient preferences field on the PMS
2. click the 'unsubscribe' button at the bottom of the survey email invitation. This will stop their email address ever being included in future survey invitations.

For instructions for opting out patients via PMS, go to: https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/4082/.

2.2.7 Frequency of surveying

The survey runs every three months (four times a year). The survey timetable is on the Commission's website.

For national reporting purposes and consistency, the survey will be sent to patients seen within the same two-week period in each quarter in each participating practice. The two-week period is chosen with the aim of avoiding public holidays and provides a series of snapshots over a year. The number of weeks between each survey period varies, in part due to the avoidance of public holidays. This reduces the likelihood of sampling (and excluding from every second survey) patients who are on regular three-monthly appointments.

2.3 Collection method

The PCPES is a self-completed electronic online survey. Online data collection is the cheapest, quickest method and enables real-time updates to online reports for practices and PHOs. Patients selected for surveying are contacted by email (as a preference due to no cost and higher response rate). Each survey invitation comes with a unique online survey link to click on or type into an internet browser to submit their responses. Email and SMS invitation processes can be augmented in some practices with tablets (in situ) as outlined in Section 4.5.

Once the patient's unique link closes, there is no patient-identifiable information connected with it, meaning respondents are anonymous unless they choose to provide their contact details. This option is provided in case the patient wishes to discuss an issue with the practice (the practice will receive an email alert). Once the survey has been completed, the link expires so there is only one response per patient. All online links expire three weeks from the time the survey is sent.

According to Statistics New Zealand, 80 percent of New Zealanders[3] have residential internet access, with 1.524 million connections, while there were 4.963 million mobile phone internet connections in 2018. Ninety-nine percent of all internet connections use broadband and over 70 percent of all broadband internet connections have no data cap. Residential connections were up 20 percent from June 2017.

Absence of internet access is concentrated among poorer populations, rural communities and people aged 75 years and older, some of whom may be high users of hospital services. In situ surveying is the most promising method for reaching these groups.

2.4 Survey sample

Adequate sample size is essential so the recorded results represent a population as a whole. At least three risks in sampling need to be addressed. These involve the risk of:

- collecting a sample of respondents that is too small, leading to excessively wide confidence intervals and unstable results, which make changes hard to interpret
- collecting a sample that is unrepresentative of the population structure

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[3] https://www.stats.govt.nz/information-releases/internet-service-provider-survey-2018

- response bias (ie, respondents with unrepresentative opinions – more or less content with their experiences than the average – are more likely to respond).

Well-designed samples can mitigate these risks.

2.4.1 Sample size

The Commission's approach to the primary care survey is essentially to conduct a census, seeking to get as many responses as possible among all eligible contactable patients. National reports that use weighted statistics will be restricted to either the PHO or DHB level.

Equity

To improve participation among Māori and Pacific patients, we changed our approach by:

- testing the content and style of the survey invitation with Māori and Pacific patients as part of the national survey refresh
- amending the sample to deliberately oversample Māori and Pacific patients.

We sought to assess equity in patient experiences through analysis and reporting by examining differences in experience between cohorts and by consultation method. National analyses will help us understand, for example, whether certain groups had a better or worse experience of telehealth or were more or less likely to delay care. This information can be used to inform future work. Cohorts of particular interest are: ethnicity, age, disability, long-term conditions, COVID-19 vulnerability and socioeconomic status.

Sample method

The Commission's report *Primary Care Patient Experience Survey 2019: A review of responses in the general practice module and suggestions for the future* included a review of NES data to investigate how many eligible candidates with contact details each practice saw over a survey week and subsequently invited to participate in the survey. This found that in a one-week period a number of practices do not reach the desired number of 140 invitations being sent to eligible candidates. The two most common reasons for this were that the practice either had not collected enough email addresses or had an insufficient number of eligible candidates in a week.

To address this issue, from August 2020 the following process has been undertaken to increase the number of practices with at least 140 eligible candidates with an email or mobile contact.

- A census is conducted of all patients attending in the first week of the survey sample period, plus all Māori and Pacific peoples with an email contact over the two-week sample period.
- Facilities with less than 180 email contacts have additional contacts randomly added until they reach 180 email contacts.
- If a facility still has less than 180 email contacts, randomly add 5,500 Māori and Pacific people with a mobile contact but no email address.

As part of a wider plan for improving participation, subsequent survey rounds may include more SMS invitations, pairing of an email invitation with an SMS and other methods. For this reason, there may be further changes to the sampling.

The Commission aims deliberately to oversample high users of health services, which is why this survey is given to all eligible adults receiving services, rather than simply the enrolled population. The survey asks questions about all interactions with health services in the last year, rather than just the most recent GP or nurse appointment.

2.4.2 Limitations

The survey sample does not include people who:

- are not enrolled with a primary health organisation. This may include students who access student health centres and homeless people
- have no internet access or mobile phone. We know 80 percent of the population has access to residential internet but have limited details on the remaining 20 percent.

3. Survey tool

3.1 Domains of patient experience

The Commission's approach uses four domains (coordination, partnership, physical and emotional needs, and communication) to provide a consistent structure to measure patient experience in different care settings. These four domains communicate that a high-quality experience for patients depends on high-quality and effective communication, a real partnership, excellent coordination of care and meeting both physical and emotional needs.

3.1.1 Coordination subdomains

Effective coordination of care means the patient experiences the care pathway and the way information is conveyed as seamless. As coordination is an integral part to a patient's experience of care, it contains two subdomains. That is, excellent coordination reduces **barriers to care** and improves **continuity of care**.

Within the survey, four questions relate to **barriers to care** and 10 questions relate to **continuity of care**. The subdomain scores are calculated in the same way as the domain scores.

3.2 Question set

[Appendix 1](#) presents the survey tool currently used. For details on the development and testing of the survey tool, visit https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/adult-primary-care-experience/survey-information-and-methodology/.

3.2.1 Refresh of the survey tool

A refresh of the original survey tool was undertaken between October 2019 and February 2020. This included a literature review, analysis of survey item-level response data, and testing of different ways of wording the invitation, with the intention of refining the current tool. The refresh report is available on the Commission's website.

3.3 Question score method and score calculation

All answers are assigned a value based on the Picker scoring methodology[4] (eg, 10 = Excellent, 0 = Poor; 10 = Yes/Completely, 5 = Yes/To some extent, 0 = No). A complete list of these questions and their answer values is shown in the data dictionary. Please email survey@hqsc.govt.nz for a copy.

The question scores are calculated by adding the 'score calculation' of all responses and dividing by the total 'number of responses'. Tables 1 and 2 give examples of how the performance ratings are calculated for each question.[5]

Table 1: Calculating question score example – domain: continuity

Survey question: Is there one [HCP you usually see?

Response option	Number of responses	Percentage of respondents	Score assigned	Score calculation
No	350	87.5%	10	3,500
Yes	50	12.5%	0	0
TOTAL	400			8.75 (3,500/400)

Table 2: Calculating question score example – domain: coordination

Survey question: Were you involved as much as you wanted to be in decisions about the best medication for you?

Response option	Number of responses	Percentage of respondents	Score assigned	Score calculation
Yes, definitely	300	75%	10	3,000
Yes, to some extent	75	18.75%	5	375
No	25	6.25%	0	0
TOTAL	400			8.44 (3,375/400)

At the domain level, the aggregation works in the same way, as Table 3 demonstrates.

Table 3: Calculating domain score example

Survey question: Is there one [HCP] you usually see?				
Response option	**Number of responses**	**Percentage of respondents**	**Score assigned**	**Score calculation**
No	350	87.5%	10	3,500
Yes	50	12.5%	0	0
Survey question: Were you involved as much as you wanted to be in decisions about the best medication for you?				
Yes, definitely	300	75%	10	3,000
Yes, to some extent	75	18.75%	5	375
No	25	6.25%	0	0
TOTAL	800			8.6 (6,875/800)

[4] www.cqc.org.uk/sites/default/files/20151125_nhspatientsurveys_scoring_methodology.pdf (accessed 7 September 2020).
[5] Both tables have been adapted from: Care Quality Commission. 2015. NHS Patient Survey Programme: Survey scoring method. URL: www.cqc.org.uk/sites/default/files/20151125_nhspatientsurveys_scoring_methodology.pdf (accessed 7 September 2020).

4. Survey process

4.1 Patient contact and demographic information

A [Privacy Impact Assessment](#) has been completed. Only information that is needed for the survey is collected. All responses to the survey are voluntary and anonymous unless respondents choose to provide their contact details because they wish to talk to someone at their general practice. All notices and correspondence relating to the survey make this clear.

The NES is used as the source of patient information. The NES database contains a 'patient preferences' field, which captures patients' email and mobile phone contact information and whether they wish to opt out of the national survey. Patient preferences only need to be captured for patients aged 15 years and over who have a consultation during each survey sample period.

Patient contact information is needed only initially to allow email and text correspondence to be addressed individually. Once each survey is closed, all identifiable information is deleted from the system. Demographic information is retained so that analyses can assess whether there are differences by age, gender, ethnicity and socioeconomic status. The reporting system uses filters to allow PHOs, practices and DHBs to tailor reports. The Commission has incorporated features to mitigate the risk of identification through these filters, such as using age bands and not showing data or comments where there are fewer than five responses.

The survey provider is required to host the database within New Zealand and strict privacy and security protocols are maintained. Routine system penetration tests are run to maintain security.

During the pilot surveys the Commission noted respondents are more likely than respondents to the adult inpatient survey to mention the name of their practice, doctor or nurse. There is an option to review and moderate patient comments and remove names prior to reporting. A process for reviewing patient comments is outlined in the [protocol for reviewing patient comments](#).

4.2 Informing patients about the use of their information

PHOs and general practices are well aware of the Health Information Privacy Code 1994 and the need to inform patients of the use of the information they provide. When patients enrol with a practice, they sign an enrolment form agreeing to the enrolment process and are informed how their information will be used.

Given this process will have occurred some time ago for many patients, the Commission needs people to be informed specifically about the survey. During the pilot phase, we tested a range of ways to achieve this, although we are mindful that no single method will ensure all patients are fully informed. The Privacy Impact Assessment discusses this in detail. A summary follows.

- The Commission provides participating PHOs and practices with a 'Getting started' pack. The pack reminds them of key dates and provides or links them to the following information:
    - frontline staff guidance
    - a display poster
    - a survey slide that can be added to a TV slideshow if applicable for the practice
    - a video that can be played during the survey period
    - a flyer to hand out to all eligible patients during the survey sample period.

    Practices can choose to text patients seen during the sample period to remind them they may receive a survey invitation. This is optional due to cost.

- Practices are encouraged to use these resources during each survey period.
- Practices are encouraged to ask for patients' email addresses during the sample period (individual rather than family addresses are preferred). Emailed survey invitations contain more information for the patients, are easy to refer back to at a more convenient time and have a significantly higher response rate than SMS requests.

Practices can record in their PMS patients who wish to opt permanently out of the survey.

The Office of the Privacy Commissioner has advised that this process is well inside the privacy rules: patients are notified and can say 'no'. All emails sent by the survey provider have a clear 'unsubscribe' option and if a patient clicks the unsubscribe button, no further emails will be sent to that email address.

4.3 Quarterly timetable

The quarterly timetable for the survey is available on the Commission's website. Table 4 sets out an example of the timeline involved in conducting the survey in each quarter.

Process	Example timeline
Deadline for PHOs to send participating practice information to survey provider	Week before survey sample period
Survey sample period – patients with a 'date of last consultation' at the practice they're enrolled with, in a set two-week sample period each quarter	Survey sample period (note avoids public holidays)
NES extracts patient data	NES data extract occurs on the Monday and Tuesday following survey sample period
Extract sent to Commission	Data is sent to the Commission on the Tuesday following survey sample period
Commission prepares final extract and uploads to survey provider	Commission checks the file and prepares the sample, which is then uploaded to survey provider
Survey emailed or texted to all patients with an email or mobile phone contact	Invitations are sent to patients from Wednesday to Friday of the week after sample period
Real-time 'unweighted' reports available for the quarter	Responses become available on the portal shortly after the person completes the survey
Reminder email sent seven days later	Email is sent on the Friday
Email and text survey links close after 21 days	Survey closes on the Friday of that week

Survey response data files provided to the Commission and PHOs	The following Tuesday the data file is available
Summary weighted report published on the Commission's website	Two weeks later, the report is published

4.4 Data flows and system access

Step 1: PHOs confirm participating practices with survey provider; the Ministry confirms all practices can produce eligible patients

PHOs need to ensure that all of their participating practices are included in the facility ID file and the Ministry confirms that there is data in the mandatory fields for these practices. This occurs in the month prior to the survey sample period.

Step 2: The Ministry generates the data file and sends extract information from the National Enrolment System to the Commission

Patient information to be used in the survey is captured within the Ministry's NES database. The data extract contains a record of qualifying encounter dates (QED). Data is sent to the Commission via a secure file transfer protocol (SFTP).

Step 3: The Commission prepares the sample and uploads the extract to the survey provider

The Commission receives the data via SFTP and houses it in a separate drive. This drive is only accessible to three people and only two of these have access to the folder where the data is stored. Access to the data is limited to these two employees, who have signed a data agreement that restricts use of the data to this purpose only.

The Commission checks the file for accuracy and completeness, prepares the sample and then uploads it to the survey provider. The sensitive information in the file is deleted within seven days and the backup file is deleted within seven days.

Step 4: Invitations are sent from the application servers to patients

Once this data is transformed, invitations can then be sent to the patients via email and SMS.

When emailing invitations, a 36-character GUID is created and used to link the patients' responses to the non-clinical background data provided in the file. For SMS invitations, a code is given that links to this same 36-character GUID.

Patients receive the invitation via email or SMS and then complete the survey online via any web-based browser, smartphone or tablet.

Email invitations are all sent from feedback@myexperience.health.nz with each participating practice's name or logo (if available) and contact information.

Eligibility for a .health.nz domain name is restricted to organisations that deliver health services through registered practitioners. The myexperience.health.nz address is used as a trusted source of correspondence for recipients.

SMS invitations are sent from the number 2333 with the practice name. This mode is more challenging given character limitations for each SMS sent.

Clicking the link in the invitation, URL https://se.myexperience.health.nz?u=<GUID>, takes patients through the firewall over port 80, and into the application server environment. Patients' answers are stored in the database as they complete each question page (ie, when they click 'next').

Patients who receive an SMS invitation on a mobile phone other than a smartphone can go to www.myexperience.health.nz and enter their unique eight-digit code to complete the survey.

Step 5: Report users access data

Users at individual PHOs, practices, DHBs, the Commission and the Ministry of Health access the reporting portal via a 256-bit encrypted https link. These users are authenticated via a log-in that utilises a unique key/SALT algorithm. On gaining access to the portal, they are routed to the report application server, which displays aggregated data pulled from the SQL server.

Cookies are used sparingly within the reporting application (but not the survey application accessed by patients responding) and are limited to standard settings, such as group by or sort order. Users' preferences are remembered via the cookie. If these preferences do not exist, the application simply defaults to the global setting.

Step 6: Tidy up

The survey provider runs scheduled clean-up tasks that delete invitation information at agreed times after a period closes. Patient contact information is only retained in the system for as long as needed to send the survey invitation and reminders. All reportable data is therefore anonymous.

Figure 1 summarises the information flows in this process.

Figure 1: Information flow diagram – primary care patient experience survey

HPI administrator uploads facility ID file to provider to DCP

⬇

Practice facility inclusion representatives asked to identify participating practices

⬇

Inclusion list made available to HPI administrator via DCP

⬇

The IDM team loads a 'pre survey week' extract into DCP

⬇

HPI administrator generates data file of patients for surveying and sends extract to the Commission

⬇

The Commission prepares the sample and uploads the extract to Ipsos

⬇

Ipsos generates sample and securely transfers to email/SMS provider – survey invitation sent

⬇

Ipsos sends reminder emails 7 days later

⬇

Email and text survey link closes after 21 days. Data is prepared for publishing

⬇

Survey response data is published in the reporting portal

Note: DCP = Data Collection Portal, HPI = Health Provider Index, IDM = Identity Management.

4.5   In situ solution

The in situ process is available to all practices but may be especially valuable to practices that service communities with less access to email, internet or affordable data plans on their phones. The tablet can be connected via wifi, SIM card or a hotspot device (meaning one SIM card can provide access for a number of tablets).

Potential negatives of in situ reporting may include:

- a power or mana imbalance between patient and professional, which may inspire the patient to give unrealistically positive responses
- patients seeking assistance with either using the device or completing the survey
- the cost of tablets
- interruption that prevents a patient from completing the survey.

Tablets need to be set up with a survey link by the survey provider. The survey link is specific to the practice with the tablet. The practice logo is displayed on the survey. This allows for the practice name to be recorded against survey responses as well as mapping the respondent's PHO and DHB.

Each practice is assigned a 36-character GUID link. Tablets placed inside practices then have the 36-character GUID link added to the tablet. A patient taking the patient experience survey clicks the link and is directed to the survey.

When patients click the in situ link, the URL https://se.myexperience.health.nz?u=<GUID> will take patients through the firewall over port 80 and into the application server environment. Patients' answers are stored in the database as they complete each question page (ie, when they click 'next'). No survey response data is saved on the tablet. As a patient clicks from page to page, the survey item is saved to the Ipsos server.

In situ surveying is somewhat simpler because no contact details have to be captured. To prevent patients who complete the survey in situ from also completing the survey if they receive an SMS or email invitation, we recommended that reception staff alert patients that this might happen and advise them to ignore the survey invitation.

Steps 3–4 are the same as described in Section 4.4 above.

5. Reporting and weighting

Survey responses are provided in the national reporting portal. This reporting system is configured to give authorised users patient experience feedback appropriate to their role and in accordance with the data access matrix approved by the Patient Experience of Care Governance Group.

5.1 Data access

Data access rules decided by the Governance Group are in place. Different system users have access to different levels of information. Tables 4 and 5 set out the data access matrix.

Table 4: Data access matrix

What data can be seen									
Information	Data level	Patient	Practice	PHO	DHB	National	Commission	Approved research[a]	Public
Survey responses	Individual – identifiable	✓	✓[b]						
Online reporting portal – quantitative	Practice – their own, practice identifiable		✓	✓			✓		
	Practice – others in their PHO, practice anonymous		✓						
	All PHOs, PHO identifiable		✓	✓	✓[c]	✓	✓	✓	
	All DHBs, DHB identifiable		✓	✓	✓	✓	✓	✓	
Online reporting portal – qualitative comments	Individual (anon) – practice level, their own		✓	✓			✓		
	Individual (anon) – PHO level, their own			✓[d]			✓	✓	
	Individual (anon) – DHB level, their own				✓[d]		✓	✓	
Raw data extract	Unit record level (anon)			✓			✓	✓	
Published reports	High-level, national aggregate information	✓	✓	✓	✓	✓	✓	✓	✓

[a] Approval granted by Governance Group, following formal request and following the data access guidelines. If general practice-level identifiable data is sought, permission must be granted by PHOs in accordance with their individual practice data-sharing protocols and agreements. Access to qualitative comments may be granted provided that comments can be cleaned to remove identifiable components.

b Only if patient requests contact and approves access to survey responses. Only accessed by nominated patient liaison.

c To be reviewed after six months.

d Only PHO superusers can view unmoderated comments. Superusers can provide access for other users to access comments if required for their role.

Table 5: Identifiable data access matrix

Organisation	Role	Can view	Cannot view
Practice	• General manager • Practice manager • General practitioner • Nurse • Administration team	• Their own practice's results and comments. • Other practices' results within their PHO (unidentifiable) • Results by other PHOs	• Results grouped by DHB (in a way similar to national users)
PHO	• Quality manager/lead • Clinical director • Primary care manager	• All practices within their PHO • Patient comments by practice (identifiable) • Results by all PHOs	• Results by all DHBs
DHB	• Planning and funding • Quality and risk managers • DHB alliance representative	• Results for practices and PHOs in their area • Results for the PHOs for whom they are the lead DHB (eg, only Auckland DHB can see ProCare) • Comments for practices in their area (unidentifiable)	• Results for all PHOs • Results for all DHBs
National	• Health Quality & Safety Commission • Ministry of Health	• Filter by lead DHB and DHB of domicile • Patient comments by PHO and DHB (identifiable)	• Patient comments by practice

5.2 Demographic weighting

Regardless of sample size, if the sample is systematically unrepresentative of the population the results will be misleading.[6] There are two ways to mitigate this: either stratify the sample so that it looks like the overall population; or use a random sample and apply weights in line with the local population to the results post hoc.

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6 Famously, the Literary Digest miscalled the 1936 US election as a victory for the Republican challenger Albert Landon, despite drawing its predictions from a sample of over 2 million, at least in part because it used a telephone directory as the basis of its sample at a time when telephones were a luxury item that many people did not own. URL: http://issuu.com/chilesoc/docs/why-the-1936-literary-digest-poll (accessed 7 September 2020).

The Commission has found the second approach more practical in this instance.[7] Weighting according to demographic characteristic (age, gender and ethnicity are captured in the survey) allows results to be adjusted to reflect recorded differences. This is an approach used widely by opinion polling organisations.

Weighting is a relatively straightforward process: it takes either a local or national population structure, compares this with the sample structure and creates a coefficient that is applied to the results of the survey. This then increases or decreases a particular score and provides a weighted result. This approach is distinct from standardisation. We are not seeking to compare PHOs or DHBs with each other using this method. Rather we are seeking to weight the results so that they accurately reflect the views of a representative local population **inside** a specific PHO or DHB. For the primary care patient experience survey, the weighting population consists of those who attended primary care during the survey period, not the enrolled population.

The national system will show unweighted results online for local purposes. However, the Commission prepares quarterly patient experience reports that present weighted results in accordance with the method described in this document. These are published on the Commission's website.

The following groups are used in the weighting:

Age groups: 15–24, 25–44, 45–64, 65–74, 75–84, 85 and over

Gender: Male, Female

Ethnicity: Māori, Pacific, Asian, Other

The weighting is used to create factors that are then applied to individual responses received to provide weighted scores for individual questions at each DHB. The effect of this approach is to give different values to responses effectively reflecting how many patients of a different age, gender and ethnicity each respondent is representing. The more over-represented a particular group is among the respondents, the fewer total patients each respondent represents and thus the response is down-weighted; and conversely under-represented groups are up-weighted.

5.3 Non-response bias

Non-response bias would be a concern if there were significant differences in the characteristics of people who respond to the PCPES and those who do not, leading to inaccurate conclusions. This was investigated in detail for the inpatient experience survey. The IPES study concluded that the non-respondents to the original survey gave responses to the follow-up survey that were similar to the respondents to the original survey.[8] This suggests putting more effort into increasing the response rate of the national patient experience surveys is unlikely to change conclusions.

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[7] For a stratified approach to completely address this risk, the Commission would have to assume that each stratum had a similar response rate and, if they did not, a further exercise in weighting would be required.
[8] Thomson M, Pledger M, Hamblin R, et al. 2018. Comparing initial and follow-up responders to a New Zealand patient experience survey. *New Zealand Medical Journal* 131(1482): 46–58.

Appendix 1: Primary care patient experience survey questionnaire

Primary care patient experience survey

PROGRAMMING INSTRUCTIONS

Programming instructions are noted **[LIKE THIS]**. They show question type and any routing or visual reference information as well as indicators for piping in responses.

If nothing is shown for filter, the default is all respondents and default question type is single choice. Some section headings will have notes on routing for the entire section.

Do not show the following to respondents:

- question numbers and names
- information and introduction headings
- hidden questions.

No questions are compulsory.

Introduction

[DO NOT SHOW HEADING]
Thank you for taking part in this important survey about your experience with **[PRACTICE NAME]**. Your feedback will help us understand and improve patients' experiences.

This survey should take around 10–15 minutes to complete, depending on your answers.

Unless you would like us to contact you, your responses are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

Screening questions

[DO NOT SHOW HEADING]

Q1. S1
Purpose: For analysis only
[SHOW ON SAME SCREEN AS S1B] [SINGLE PUNCH]
Could you tell us if you are answering this survey on behalf of yourself or someone else?

- ○ Myself
- ○ Someone else unable to answer this survey

Q2. S1b
[IF SOMEONE ELSE] [SHOW ON SAME SCREEN AS S1]
Purpose: For analysis and understanding of response pool only
(Multicode)
Which of the following reasons best describes why you are answering the survey on the patient's behalf?
It is difficult for the patient to respond due to …

Please select all that apply

- Age – too young
- Age – too old
- Language (not enough English)
- Computer abilities or access
- Learning difficulties eg, unable to read
- Disabilities eg, low vision
- Health issues
- Other, please specify

Recent experience
[DO NOT SHOW TITLE TO RESPONDENTS FOR ANALYSIS ONLY]

INTRO_Recent
[SHOW AT THE TOP OF THE PAGE FOR EACH QUESTION IN THIS SECTION]
These questions are about your recent experience(s) at [PRACTICE NAME], **for your own health**.

For the rest of the survey, we will call [PRACTICE NAME] '*your GP / nurse clinic*'.

Q3. QPC_aptmode
[SHOW ON SAME SCREEN AS APPOINTMENT GROUP]
Analysis: Can track changes over time, used to route following sections
[MULTIPLE CHOICE]
In the last 3 months, how have you had an appointment, advice or health information from your GP / nurse clinic **for your own health**?

Please select all that apply.

- ☐ In person visit (face-to-face)
- ☐ Phone call
- ☐ Email
- ☐ Text message
- ☐ Video call (eg, Skype, FaceTime, Zoom)
- ☐ Other, please specify
- ☐ Cannot remember / Don't know

[IF ONLY ONE OF QPC_aptmode='In person' OR QPC_aptmode='Video call' CHOSEN AT QPC_aptmode AUTOPUNCH RESPONSE TO QPC_aptmode_2]
[IF BOTH ASK QPC_aptmode_2]
[OTHERWISE SKIP TO QPC_tenure]

Q4. QPC_aptmode_2
[IF HAD IN PERSON / VIDEO APT AT QPC_aptmode]
[SINGLE CHOICE]
Which was your most recent appointment?

[IF ONLY ONE CHOSEN AT QPC_aptmode AUTOPUNCH RESPONSE]
- o In person visit (face-to-face)
- o Video call (eg, Skype, FaceTime, Zoom)

Q5. QPC_HCP
[IF HAD IN PERSON / VIDEO APT AT QPC_aptmode]
Analysis: Routing question and use in scripting
[SINGLE CHOICE]
Was your most recent **[BASED ON QPC_aptmode_2 '**visit **OR '**video call'] with …
Please select one option. If it was with more than one, please select the <u>main</u> person.
- o A GP / doctor
- o A nurse or nurse practitioner
- o A mental health professional
- o Another health care professional, please specify
- o Don't know / not sure who I saw

Q6. QHCP_HIDDEN
[DO NOT SHOW RESPONDENT]
[IF HAD IN PERSON / VIDEO APT AT QPC_aptmode]
[SINGLE CHOICE]
Hidden variable to denote HCP seen language for punches to assist with consistent wording throughout.

- o GP **[QHCP_HIDDEN]**
- o nurse **[QHCP_HIDDEN]**
- o mental health professional **[QHCP_HIDDEN]**
- o health care professional **[Q3_HCP='another' OR 'don't know']**

[IF QPC_HCP='another' OR 'don't know' SKIP TO INTRO_APT]

Q7. QPC_regHCP
[IF HAD IN PERSON / VIDEO APT AT QPC_aptmode]
Analysis note: Not to be reported on in dashboard but used as a router combined across questions
[SINGLE CHOICE]
Is there one **[HCP INSERTED FROM ABOVE]** you usually see?
- o Yes
- o No

Q8. QPC_regHCPseen
[IF YES AT QPC_regHCP]
[SINGLE CHOICE]
Did you get to see your usual **[HCP INSERTED FROM ABOVE]** this time?
- o Yes
- o No

Appointment booking

[SHOW HEADING]
[ASK IF INPERSON OR VIDEO CONFERENCE AT QPC_aptmode]

Intro_Apt
[SHOW REFERENCE ON TOP OF PAGE FOR ALL QUESTIONS IN THIS SECTION]
Please answer this next section about your most recent experience**, for your own health**, with your GP / nurse clinic.

Remember when we say your GP / nurse clinic, we are talking about **[PRACTICE NAME].**

Q9. QPC_apttype
[SINGLE CHOICE]

And on this occasion, did you have a booked appointment or was it a walk-in?

- o Appointment
- o Walk-in

[IF WALK IN SKIP TO QPC_Walkinwait]

Q10. QPC_aptbook
[IF "APPOINTMENT" AT QPC_apttype OR "Video call" at QPC_aptmode2]
[SINGLE CHOICE]

When you made the appointment, how quickly were you able to be seen?

- o Same day
- o Next working day
- o Within a week
- o Over a week

Q11. QPC_aptbook2
[IF NEXT WORKING DAY OR LONGER at QPC_aptbook]
[SINGLE CHOICE]

How did you feel about the wait?

- o I did not mind the wait
- o I had to wait a bit too long
- o I had to wait far too long

Q12. QPC_aptwait
[IF APPOINTMENT AT QPC_apttype]
[SINGLE CHOICE]

When you arrived at your GP / nurse clinic, how long after your booked time did you have to wait for your appointment to begin?

- o 5 minutes or less
- o 6–15 minutes
- o 16–30 minutes
- o More than 30 minutes

Q13. QPC_aptwait2
[IF APPOINTMENT AT QPC_apttype]
[SHOW ON SAME PAGE AS PREVIOUS QUESTION]
[SINGLE CHOICE]

How did you feel about the wait?

- o I did not mind the wait
- o It was a bit too long
- o It was far too long

Q14.QPC_walkinwait
[IF WALK-IN AT QPC_apttype]
[SINGLE CHOICE]

When you arrived at your GP / nurse clinic, how long did you have wait to see the [HCP INSERTED FROM ABOVE]?

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- Less than 30 minutes
- 30 minutes to less than 1 hour
- 1 hour to less than 2 hours
- 2 hours to less than 3 hours
- 3 hours to less than 4 hours
- 4 or more hours

Q15. QPC_walkinwait2
[IF WALK-IN AT QPC_apttype]
[SHOW ON SAME PAGE AS PREVIOUS QUESTION]
[SINGLE CHOICE]
How did you feel about the wait?

- I did not mind the wait
- I had to wait a bit too long
- I had to wait far too long

Q16. QPC_wait
[IF IN PERSON AT QPC_aptmode_2]
[SINGLE CHOICE]
Were you advised about the wait time?

- Yes, but I did not have to wait that long
- Yes, and it was right
- Yes, but I had to wait longer
- No

Q17. QPC_admin
Analysis: Included in Physical and Emotional Needs
[SINGLE CHOICE]
And on this occasion, did the **reception and/or admin staff** treat you with respect?

- Yes, definitely
- Somewhat
- No
- I did not talk to / see reception or admin staff

Interpreters

[SHOW HEADING]
[ASK IF INPERSON OR VIDEO CONFERENCE AT QPC_aptmode AND QPC_HCP =GP, nurse OR mental health professional]

Q18. QPC_Interp
[SINGLE CHOICE]
Did you need an interpreter to communicate with the **[HCP FROM QHCP_HIDDEN]**?
- No
- Yes, I had an interpreter
- Yes, I used a family member as an interpreter
- Yes, but I did not have an interpreter

Q19. QPC_Interp2
[SINGLE CHOICE]
Did the interpreter help you clearly communicate with the **[HCP FROM QHCP_HIDDEN]**?

- o   Yes, definitely
- o   Somewhat
- o   No

Your care from your [HCP FROM QHCP_HIDDEN].

[SHOW HEADING]
[ASK SECTION ONLY IF QPC_aptmode=In person OR video call]

INFO_HCP
Now we'd like to you think about what happened during your recent **[IF IN PERSON AT QPC_aptmode =** 'visit', **VIDEO CALL AT QPC_APTMODE=**'video call'**]** with the **[HCP FROM QHCP_HIDDEN]** from **[practice_name]** about your own health.

Q20. QPC_attributes
Analysis: Communication and likely some in Cultural Support
[SINGLE CHOICE GRID]
Did the **[HCP FROM QHCP_HIDDEN]**…

Please select one answer for each statement

[STATEMENTS]
- ▪ **[LISTEN]** listen to you?
- ▪ **[INFORM]** inform you as much as you wanted about your health condition, treatment or care?
- ▪ **[UNDERSTOOD]** explain things in a way you could understand?
- ▪ **[KIND]** treat you with kindness and understanding?*[MIRROR CORE QUESTION FROM IPES]*
- ▪ **[RESPECT]** treat you with respect? *[MIRROR CORE QUESTION FROM IPES]*
- ▪ **[TIME]** spend enough time with you?

[GRID SCALE]
- o   Yes, definitely
- o   Somewhat
- o   No

Q21. QPC_history
Analysis: Fits in Communication Theme, compare with walk-in and usual GP questions
[SINGLE CHOICE]
Were you confident that the **[HCP FROM QHCP_HIDDEN]** knew enough about your medical history?

- o   Yes, definitely
- o   Somewhat
- o   No

Q22. QPC_trust
[SINGLE CHOICE]
Did you have trust and confidence in the **[HCP FROM QHCP_HIDDEN]**?
- o   Yes, definitely
- o   Somewhat
- o   No

Q23. QPC_MH
[SINGLE CHOICE]
During this **[IF APPOINTMENT AT QPC_aptmode_2= 'visit', IF VIDEO CONFERENCE QPC_aptmode_2='video call']**, did you feel that the **[HCP FROM QHCP_HIDDEN]** recognised and/or understood any mental health needs that you might have had?

- o   I did not have any mental health needs
- o   Yes, definitely
- o   Somewhat
- o   No
- o   Did not apply this time

Q24. QPC_involve
[SINGLE CHOICE]
Did the **[HCP FROM QHCP_HIDDEN]** involve you as much as you wanted to be in making decisions about your treatment and care?

- o   Yes, definitely
- o   Somewhat
- o   No
- o   I did not want to be involved

Your overall experience

[SHOW HEADING]
[ASK IF INPERSON OR VIDEO CONFERENCE AT QPC_aptmode AND QPC_HCP =GP, nurse or mental health professional]

Q25. QPC_needs
Analysis: Included in Physical and Emotional Needs, Cultural Support – use for analysis (ie, filter) for wider picture
[SINGLE CHOICE]
During this **[IF APPOINTMENT AT QPC_aptmode = 'visit', IF VIDEO CONFERENCE AT QPC_aptmode='**video call'**]**, did you feel your individual and/or cultural needs were met?

- o   Yes, definitely
- o   Somewhat
- o   No
- o   I did not have any individual or cultural needs to be met

Q26. QPC_needsOE
[ASK IF QPC_needs=Yes, Somewhat OR No]
[OPEN END]
Please describe, in as much detail as possible …
How could your individual and/or cultural needs have been better met?

Q27. QPC_Discrim
Analysis: In reporting portal to be framed positively and care taken to reporting. Reported only system wide to begin, practice responses to this question may be available in future waves
[MULTIPLE CHOICE]
During the experience, did you ever feel you were treated unfairly because of the group you belong to, or seem to belong to, for any of the reasons below?
Please select all that apply to you

- □ I was <u>not</u> treated unfairly **[EXCLUSIVE CHOICE]**
- □ Your skin colour
- □ Your race or ethnic group
- □ Your sex
- □ Your gender identity
- □ Your age
- □ A disability or physical health condition you have
- □ A mental health condition you have
- □ Your sexual orientation
- □ Your religious beliefs
- □ Your income or your family/whānau's income
- □ Your appearance
- □ Something else, please specify:
- □ Don't know / unsure

Q27. QDiscrim_HIDDEN

Analysis: For identification of discrimination and to assist with filtering verbatims and flags to sector
[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]
Identified perceived unfair treatment

- o Yes **[IF RESPOND YES – TO ANY ABOVE]**
- o No

Q28. QDiscrim_OE

[OPEN END]
You indicated that you felt you were treated unfairly due to **[ANSWER FROM DISCRIM]**.

Please describe, in as much detail as possible …
What happened to make you feel you were treated unfairly?

INTRO_Overall

[DO NOT SHOW HEADING]
The next questions are about your overall view of your latest experience with your GP / nurse clinic. Please think about all the aspects of your experience including those we have covered in the questions above and any other aspects that are important to you.

Q29. QPC_Overall

[SHOW QPC_OVERALL ON NEW SCREEN]
*Analysis: Will be in driver analysis and to show along open-ended feedback but not used as an overarching KPI as in previous waves, **not to be in portal as standalone** –could be used to group verbatims*
[SINGLE CHOICE]
Overall, do you feel the quality of the treatment and care you received was:

- o Very good
- o Good
- o Average
- o Poor
- o Very poor

OE_Disclaimer

[NO NOT DISPLAY WORD DISCLAIMER]

Your responses to this survey are anonymous – please be careful **not** to give information in your comments that might identify you (such as dates, names, contact information).

Q30. QPC_Better_OE
Please describe, in as much detail as possible …
What do you think would have made your **[IF APPOINTMENT AT QPC_aptmode =** 'visit', **IF VIDEO CONFERENCE AT QPC_aptmode=**'video call'**]** better?

[OPEN END]

Q31. QPC_Strengths_OE
ASK ALL
Please describe, in as much detail as possible …
What do you think went well about your **[IF APPOINTMENT AT QPC_aptmode=**'visit', **IF VIDEO CONFERENCE AT QPC_aptmode=**'video call'**]**?

[OPEN END]

About your GP / nurse clinic

[SHOW HEADING]
[ASK ALL RESPONDENTS]
The next couple of questions are about <PRACTICE NAME> in general.

Q32. QPC_tenure
[SINGLE CHOICE]
[SHOW ON SAME SCREEN AS INTRO]
How long have you been a patient there?
- o   Less than one year
- o   One to five years
- o   More than five years

Q33. QPC_response
[SINGLE CHOICE]
In the last 3 months, when you contacted your GP / nurse clinic about something important (other than booking an appointment), did you get an answer the same day?

- o   I have not contacted them about something important (other than booking an appointment) in the last 3 months
- o   Yes, always
- o   Sometimes
- o   No

Online portals

[DO NOT SHOW HEADING]

Q34. QPortal_use
[SINGLE CHOICE]
Have you heard of or used a general practice online service or patient portal (eg, ManageMyHealth, Health365, ConnectMed, OpenNotes)?

These can be used to book appointments, order repeat prescriptions or to see your health records.

- o   Yes, I have heard of and used
- o   Yes, I have heard of but not used
- o   No, I have not heard of
- o   Don't know

Access in previous 12 months

[DO NOT SHOW HEADING]
INFO_ACCESS
[DO NOT SHOW HEADING]

These next questions are about your experiences with health care in general over the last 12 months. This could be at [PRACTICE NAME] or somewhere else.

Q35. QPC_access
[SINGLE CHOICE]
In the last 12 months, was there ever a time when you wanted health care from a GP or nurse, but you couldn't get it?

- o   Yes
- o   No

Q36. QPC_barriers
Ask if QPC_access = yes]
[MULTIPLE CHOICE]
Why could you not get health care from a GP or nurse when you wanted it during the last 12 months?

Please select all that apply.

- □   Waiting time to get an appointment too long
- □   The appointment was too expensive
- □   Owed money to the general practice or medical centre
- □   Dislike or fear of the GP
- □   Difficult to take time off work
- □   Had no transport to get there
- □   Could not arrange childcare or care for a dependant (an adult who is ill or disabled)
- □   Did not have a carer, support person or interpreter to go with you
- □   Other (please tell us why)

Q37. QPC_conflict
[SINGLE CHOICE]
In the last 12 months, have you been given conflicting information by different doctors or health care professionals, eg, one would tell you one thing and then another would tell you something different?

- o   This does not apply to me, I have not seen more than one doctor or health care professional
- o   Yes
- o   No
- o   Unsure / don't know

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Your medicines

Q38. QMeds_presc
[SINGLE CHOICE]
In the last 12 months, has someone from [PRACTICE NAME] prescribed you any medicine(s) (either new or a repeat)?

This includes vitamins, pain killers, supplements and other prescribed medicines.

- o Yes
- o No
- o Unsure / I cannot remember

MED_INFO
[DO NOT SHOW HEADING]
[IF QMeds_presc=Yes]
The next questions are about the medicine prescribed to you by someone from [PRACTICE NAME] during the last **12 months**. This includes vitamins, pain killers, supplements and other prescribed medicines.

From now on we'll refer to these as 'medicines'.

Q39. QMed_involve
[IF QMeds_presc=Yes]
[SINGLE CHOICE]
In the last 12 months, were you involved as much as you wanted to be in decisions about the best medicine(s) for you?

- o Yes, always
- o Sometimes
- o No
- o I did not want to be involved

Q40. QMed_instru
[IF QMeds_presc=Yes]
[SINGLE CHOICE]
In the last 12 months, did you follow the instructions when you took the medicine(s)?

- o Yes, always
- o Sometimes
- o No

Q41. QMed_instru2
[IF QMeds_presc=Yes]
[MULTIPLE CHOICE]
You said that you did not always follow the instructions when you took the medicine(s). Please tell us why.

Please select all that apply

- ☐ Cost too much
- ☐ I feel worse when I take the medicine

- ☐ I find it hard to keep to the schedule
- ☐ I need to time it with other things (eg, food)
- ☐ I have too many medicines to remember them all
- ☐ I forgot to take it
- ☐ I do not like taking medicine
- ☐ The instructions are hard to understand
- ☐ I felt fine / better
- ☐ Other (Please tell us more):

Q42. QMed_cost
[IF QMeds_presc=Yes]
[SINGLE CHOICE]

In the last 12 months, was there a time when cost stopped you from picking up a prescription?
- o Yes
- o No

Q43. QMed_wrong
[IF QMeds_presc=Yes]
[MULTI CHOICE – except I have not been given the wrong medicine or dose]

In the last 12 months, have you been given the wrong medicine or wrong dose by someone from:

- o Your GP / nurse clinic
- o A pharmacist (outside of the hospital)
- o I have not been given the wrong medicine or dose

Q44. QMed_wrongOE
[IF YES TO QMed_wrong] [SHOW ON SAME PAGE AS QMed_wrong2]
[SINGLE CHOICE]

You mentioned you have been given the wrong medicine or wrong dose. Please explain what happened.

Q45. QMed_wrong2
[IF YES TO QMed_wrong][SHOW ON SAME PAGE AS QMed_wrongOE]
[SINGLE CHOICE GRID]

When you were given the wrong medicine or dose, did you ...

Please select one answer for each statement

[Matrix (radio buttons)]
- o Yes
- o No

[STATEMENTS]
- Stop taking it?
- Get medical advice?
- Get medical care?
- Get admitted to hospital?

Q46. QMed_info
[IF QMeds_presc=Yes]
[SINGLE CHOICE GRID]

Thinking about the **all of your current** medicine(s) prescribed to you, have you been told, in a way you could understand, by someone at your GP / nurse clinic or pharmacy…

Please select one answer for each statement

- o Yes, always
- o Sometimes
- o No
- o Does not apply to me

- What the medicine was for? *[CORE QUESTION FROM IPES]*
- What could happen if you didn't take the medicine?
- What the possible side effects are? *CORE QUESTION FROM IPES]*
- What to do if you experienced side effects?

Medical tests

Q47. QTests_use
In the last 12 months, have you had an X-ray, scan, blood test or other medical test that your GP / nurse clinic ordered for you?

This does not include any tests that specialists or hospital staff may have ordered for you

- o Yes
- o No
- o Don't know

INFO_TESTS
The next questions are about medical tests and scans ordered by **[PRACTICE NAME]** you may have had in the last 12 months. Please **do not** include X-rays, scans, blood tests and other tests that were ordered by a specialist or hospital.

If you have had more than one, please answer the next questions about the **most recent** medical test you had.

Q48. QTest_type
Which did you have **most recently?**
- o X-ray
- o Scan
- o Blood test
- o Other medical test

Q49. QTest_understood
Was the need for this **[TEST FROM QTest_type]** explained in a way you could understand?

- Yes, definitely
- Somewhat
- No
- I did not need an explanation

Q50. QTest_find
[IF QTests_use=YES]
[SINGLE CHOICE]
Were you told how you could find out the results of this [TEST FROM QTest_type]?

- Yes
- No
- Not sure

Q51. QTest_results
[IF QTests_use=YES]
[SINGLE CHOICE]
Were the results of this [TEST FROM QTest_type] explained in a way you could understand?

- Yes, definitely
- Somewhat
- No
- I was told I would get the results later
- I never got the results
- Not sure

Emergency departments

[SHOW HEADING]
Analysis: This section is a SYSTEM section, not specifically to be reported to practices but helpful for continuity of care reflections at DHB level.

Q52. QED_use
Source: PCPES 2019 – revised = NZHS
Changes: From Previous Survey - Question revised based on NZHS.
[SINGLE CHOICE]
In the last 12 months, have you been to the emergency department at a hospital **for your own health**?

- Yes
- No

INFO_EMERG
[DO NOT SHOW HEADING]
[IF YES AT QED_use, OTHERWISE SKIP TO NEXT SECTION]
Source: PCPES 2019
The next questions are about your **most recent** visit to an emergency department for your own health.

Q53. QED_visited
[IF YES AT QED_use]
Analysis: Break to allow for DHB-specific review of ED section
[DROPDOWN SINGLE CHOICE]
Which emergency department did you visit?

- o Ashburton Hospital
- o Auckland City Hospital
- o Bay of Islands Hospital
- o Buller Health
- o Christchurch Hospital
- o Clutha Health First
- o Dunedin Hospital
- o Dunstan Hospital
- o Gisborne Hospital
- o Gore Hospital
- o Greymouth Base Hospital
- o Hawera Hospital
- o Hawke's Bay Hospital
- o Hutt Hospital
- o Kaitaia Hospital
- o Lakes District Hospital
- o Middlemore Hospital
- o Nelson Hospital
- o North Shore Hospital
- o Oamaru Hospital
- o Opotiki Community Care Centre
- o Palmerston North Hospital
- o Reefton Health Services
- o Rotorua Hospital
- o Southland Hospital
- o Starship Child & Family Unit
- o Taranaki Base Hospital
- o Taumarunui Community Hospital
- o Taupo Hospital
- o Tauranga Hospital
- o Te Kuiti Community Hospital
- o Thames Hospital
- o Timaru Hospital
- o Tokoroa Hospital
- o Waikato Hospital
- o Wairarapa Hospital
- o Wairau Hospital
- o Wairoa Hospital & Health Centre
- o Waitakere Hospital
- o Wellington Hospital
- o Whakatane Hospital
- o Whanganui Hospital
- o Whangarei Hospital
- o Don't know

Q54. QED_why
[IF YES AT QED_use]
[MULTI CHOICE]

Thinking about your last visit to an emergency department for your own health, what were all the reasons you went to a hospital emergency department?

Please select all that apply

- ☐ The condition was serious/life threatening

- □ GP or after-hours too expensive
- □ Time of day/day of week (ie, after hours)
- □ Waiting time to get an appointment was too long at usual GP practice or community health clinic
- □ Other (please tell us why)
- □ Don't know

Q55. QED_inform

[IF YES AT QED_use]

Analysis: Included in Coordination of Care

[SINGLE CHOICE]

Did you have enough information about how to manage your condition or recovery after you left the emergency department?

- o Yes, definitely
- o Somewhat
- o No
- o I was not given any information
- o I was admitted to hospital

Q56. QED_uptodate

[IF YES AT QED_use]

Analysis: Focus will be on those who answered not very much and not at all – SYSTEM question, not practice question. Expect high DK – make note this is PERCEPTION from patient

[SINGLE CHOICE]

Does **[PRACTICE NAME]** seem informed and up to date about the care you got from the emergency department?

- o Yes, definitely
- o Somewhat
- o No
- o Don't know

Long-term conditions

[SHOW HEADING]

INFO_LTC

[DO NOT SHOW HEADING]

[SHOW ON SAME SCREEN AS TYPE]

The next questions are about long-term health conditions. A long-term health condition is a physical or mental illness or condition that has lasted, or is expected to last, for more than six months. The symptoms may come and go or be present all the time.

Q57. QLTC_type

[MULTIPLE CHOICE]

Which, if any, of the following long-term conditions have you been diagnosed with and **currently** have?

Please select all that apply

- □ Anxiety

- □ Arthritis (including gout)
- □ Asthma
- □ Cancer (diagnosis or treatment in the last 5 years)
- □ Chronic obstructive pulmonary disease (COPD)
- □ Depression
- □ Diabetes
- □ Heart disease
- □ High blood pressure
- □ Long-term pain
- □ Stroke
- □ Other mental health conditions
- □ Other
- □ I do not currently have any long-term health conditions

Q58. QLTC_typeOE
[IF 'OTHER' SELECTED AT QLTC_type]
Which other long-term condition(s) do you currently have?

[OPEN]

Q59. QLTC_time
[IF AT LEAST ONE LTC SELECTED IN ROUTING QUESTION OTHERWISE SKIP TO NEXT SECTION]
[SINGLE CHOICE GRID]
How long ago were you first diagnosed with …

[MATRIX (RADIO BUTTONS)]
- o Less than 6 months ago
- o 6 months to less than 12 months ago
- o 1 year to less than 2 years ago
- o 2 years to less than 5 years ago
- o 5 years to less than 10 years ago
- o 10 years ago or more
- o Don't know

[STATEMENTS:]
- o [insert from QLTC_type]?

[REPEAT FOR EACH SELECTED AT QLTC_type]

Q60. QLTC_general
[IF AT LEAST ONE LTC DIAGNOSED SELECTED IN QLTC_type OTHERWISE SKIP TO NEXT SECTION]
[SINGLE CHOICE GRID]
Thinking about the care or treatment you have received for your long-term condition(s) …
Please select one answer for each statement
In the last 12 months, have you:
[SCALE]
- o Yes, definitely
- o Somewhat
- o No
- o Does not apply to me

[STATEMENTS]
- • Received information you can understand about what you can do to improve your health?

- Talked with a health care professional about how your care or treatment is going?

Q61. QLTC_plan
Do you have a shared treatment or care plan agreed with a health care professional to manage your condition(s)?

This is usually a formal plan that you can use at home and during appointments. It can include information about your medicine, an eating or exercise plan, or goals you want to work towards.

- o Yes
- o No
- o Don't know

Q62. QLTC_planeval
Thinking about this plan over the last 12 months, have you:

Please select one answer for each statement

[SCALE]
- o Yes, definitely
- o Somewhat
- o No
- o Not enough time has passed **[SHOW FOR REVIEW STATEMENT ONLY]**
- o Does not apply to me

[STATEMENTS]
- **[INVOLVE]** Been involved in decisions about what is in the plan?
- **[USE]** Been able to use it in your daily life?
- **[REVIEW]** Reviewed the plan with a health care professional?

Hospital stays

[SHOW HEADING]

Q63. QHS_stay
[SINGLE CHOICE]
In the last 12 months, have you stayed in a hospital overnight for your own health?

- o Yes
- o No

INFO_HOSPITAL
The next questions are about your most recent overnight stay in hospital for your own health.

Q64. QHS_visited

Could you please tell us which hospital you received care from?

[DROPDOWN LIST OF HOSPITALS]
1. Ashburton Hospital
2. Auckland City Hospital
3. Bay of Islands Hospital
4. Botany Downs Maternity Unit
5. Buller Hospital
6. Burwood Hospital
7. Christchurch Hospital
8. Dargaville Hospital
9. Dunedin Hospital
10. Dunstan Hospital
11. Elective Surgery Centre – Waitematā DHB
12. Gisborne Hospital
13. Greymouth Base Hospital
14. Hastings Mental Health and Inpatient Unit
15. Hawera Hospital
16. Hawke's Bay Regional Hospital
17. Hillmorton Hospital
18. Horowhenua Health Centre
19. Hutt Hospital
20. Kaikōura Hospital
21. Kaitaia Hospital
22. Kenepuru Community Hospital
23. Lakes District Hospital
24. Lincoln Maternity Hospital
25. Manukau SuperClinic
26. Matariki Hospital
27. Middlemore Hospital
28. Nelson Hospital
29. North Shore Hospital
30. Oamaru Hospital
31. Palmerston North Hospital
32. Papakura Primary Birthing Unit
33. Princess Margaret Hospital
34. Pukekohe Maternity Unit
35. Rangiora Hospital
36. Rhoda Read Hospital
37. Rotorua Hospital
38. Southland Hospital
39. Tahoroto Mental Health Unit
40. Taranaki Base Hospital
41. Taumarunui Community Hospital
42. Taupo Hospital
43. Tauranga Hospital
44. Te Atarau Inpatient Psychiatric Unit
45. Te Kuiti Community Hospital
46. Thames Hospital
47. Tiaho Mai Acute Mental Health Unit
48. Timaru Hospital
49. Tokoroa Hospital
50. Waikato Hospital
51. Waikato Psychiatric Inpatient Services
52. Waipukurau Hospital

53. Wairarapa Hospital
54. Wairau Hospital
55. Wairoa Hospital & Health Centre
56. Waitakere Hospital
57. Wakari Hospital
58. Wellington Hospital
59. Whakatane Hospital
60. Whanganui Hospital
61. Whangarei Hospital
62. Other **[ANCHOR LAST]**

Q65. QHS_uptodate
[IF YES AT QHS_stay]
[SINGLE CHOICE]
As far as you know, is your GP / nurse clinic informed and up to date about the plan for follow-up?

- o Yes, definitely
- o Somewhat
- o No
- o Don't know

Q66. QHS_return
[IF YES AT QHS_stay]
[SINGLE CHOICE]
Did you have to go back to hospital or get emergency care because of complications or your condition got worse within a month after being discharged from hospital?

- o Yes
- o No
- o I was discharged from hospital less than a month ago

Your thoughts overall

[SHOW HEADING]
[ALL RESPONDENTS]

OE_Disclaimer
[DO NOT SHOW HEADING]
Your responses to this survey are anonymous – please be careful **not** to give information in your comments that might identify you (such as dates, names, contact information).

Q70. QImprove_OE_topic
[MULTIPLE CHOICE]
Thinking about the past 12 months, which of the following areas, if any, would you like to share feedback about what would have made your health care experiences better?

For each of the topics you choose, you will be provided with a box to insert your comments.

Please select all that apply

- □ Your GP / nurse clinic
- □ Access to medical care
- □ Medication

- ☐ Medical tests
- ☐ Emergency departments
- ☐ Long-term conditions
- ☐ Hospital stays
- ☐ New Zealand's health care system
- ☐ Something else

Q71. QImprove_OE
[TO BE ASKED FOR EACH TOPIC FROM QIMPROVE_OE_topic]
Thinking about the past 12 months, what would have made your health care experiences with **[insert from QImprove_OE_topic]** better?

Please explain in as much detail as possible

[OPEN]

Q72. QStrengths_OE_topic
[MULTIPLE CHOICE]
Thinking about the past 12 months, which of the following areas, if any, would you like to share feedback about what went well?

For each of the topics you choose, you will be provided with a box to insert your comments.

Please select all that apply

- ☐ Your GP / nurse clinic
- ☐ Access to medical care
- ☐ Medication
- ☐ Medical tests
- ☐ Emergency departments
- ☐ Long-term conditions
- ☐ Hospital stays
- ☐ New Zealand's health care system
- ☐ Something else

Q73. QStrengths_OE
[TO BE ASKED FOR EACH TOPIC FROM QIMPROVE_OE_topic]
Thinking about the past 12 months, what about your health care experiences with **[QStrengths_OE_topic]** went well?

Please explain in as much detail as possible

[OPEN]

Q74. QCost_Hidden
Source: New 2020
[HIDDEN QUESTION PUNCHED BASED ON ANSWERS TO PREVIOUS QUESTIONS]
[MULTIPLE CHOICE - HIDDEN]
In the last 12 months, which of the following has happened to you?

- ☐ I did not visit a GP or nurse because the appointment was too expensive
  [QPC_barriers=" The appointment was too expensive]
- ☐ I did not pick up medicine because of the cost **[QMed_cost=yes]**

□ I visited a public hospital emergency department instead of my doctor because of the cost **[QED_why= GP or after-hours too expensive]**

□ None of these

About you

Health questions

[DO NOT SHOW HEADING]

INTRO_HEALTH

The questions that follow are about difficulties you may have doing certain activities because of a **health condition**.

Q75. WGSS1
[SINGLE CHOICE]

Do you have difficulty seeing, even if wearing glasses?

- o   No – no difficulty
- o   Yes – some difficulty
- o   Yes – a lot of difficulty
- o   Cannot do at all

Q76. WGSS2
[SINGLE CHOICE]

Do you have difficulty hearing, even if using a hearing aid?

- o   No – no difficulty
- o   Yes – some difficulty
- o   Yes – a lot of difficulty
- o   Cannot do at all

Q77. WGSS3
[SINGLE CHOICE]

Do you have difficulty walking or climbing steps?

- o   No – no difficulty
- o   Yes – some difficulty
- o   Yes – a lot of difficulty
- o   Cannot do at all

Q78. WGSS4
[SINGLE CHOICE]

Do you have difficulty remembering or concentrating?

- o No – no difficulty
- o Yes – some difficulty
- o Yes – a lot of difficulty
- o Cannot do at all

Q79. WGSS5
[SINGLE CHOICE]
Do you have difficulty washing all over or dressing?

- o No – no difficulty
- o Yes – some difficulty
- o Yes – a lot of difficulty
- o Cannot do at all

Q80. WGSS6
[SINGLE CHOICE]
Using your usual language, do you have difficulty communicating, for example understanding or being understood?

- o No – no difficulty
- o Yes – some difficulty
- o Yes – a lot of difficulty
- o Cannot do at all

Q81. QWGSS_Aggregate (HIDDEN)
Purpose: For analysis and weighting – for identification of disability based on limitations
[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]
Has a Disability Based on WGSS

- o Yes [IF RESPOND YES – A LOT OF DIFFICULTY OR CANNOT DO AT ALL TO AT LEAST ONE OF THE WGSS IMPAIRMENTS.]
- o No

Q82. HCRDisability
Analysis: For self-identification of disability – future analysis compare hidden aggregate against has – identify those who self-identify as having a disability but come out as 'no disability' based on WGSS to understand limitations of this model – where 'some difficulty' might be misleading. Stats NZ supports inclusion of this question, but advises that it is not a stable population measure (which WGSS is) and therefore is unsuitable as a population in which to compare change in experience over time.
[SINGLE CHOICE]
Do you think of yourself as disabled (or as having a disability)?

- o Yes
- o No
- o Unsure

INFO_ABOUT
[DO NOT SHOW HEADING]
[IF 'On behalf of someone else' at S1B]
If you are answering on behalf of a patient, please complete this section using their details.

Q83. QGender
[SINGLE CHOICE]

What is your gender?

- o Male
- o Female
- o Gender diverse

Q84. QAge_1

Please tell us the year of your birth.

[NUMERICAL RANGE 1900-2005]

Q85. QAge_2
[IF No response AT AGE_1 ASK AGE_2]
What is your age?

[NUMERICAL RANGE 15–120]

Q86. QAge_3
[IF No response AT AGE_2 ASK AGE_3]
[SINGLE CHOICE]
Which age range are you in?

- o 15–24 years
- o 25–34 years
- o 35–44 years
- o 45–54 years
- o 55–64 years
- o 65–74 years
- o 75–84 years
- o 85 years or over

Q87. QAge_Aggregate (HIDDEN)
[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]
- o 15–24 years [IF AGE_1 = 1996-2005 OR AGE_2 = 15-24 OR AGE_3="15-24 years"]
- o 25–34 years [IF AGE_1 = 1986-1995 OR AGE_2 = 25-34 OR AGE_3="25-34 years"]
- o 35–44 years [IF AGE_1 = 1976-1985 OR AGE_2 = 35-44 OR AGE_3="35-44 years"]
- o 45–54 years [IF AGE_1 = 1966-1975 OR AGE_2 = 45-54 OR AGE_3="45-54 years"]
- o 55–64 years [IF AGE_1 = 1956-1965 OR AGE_2 = 55-64 OR AGE_3="55-64 years"]
- o 65–74 years [IF AGE_1 = 1946-1955 OR AGE_2 = 65-74 OR AGE_3="65-74 years"]
- o 75–84 years [IF AGE_1 = 1936-1945 OR AGE_2 = 75-84 OR AGE_3="75-84 years"]
- o 85 years or over [IF AGE_1 = 1900-1935 OR AGE_2 = 85-120 OR AGE_3="85 years or over"]
- o Prefer not to disclose [IF AGE_1 AND AGE_2 AND AGE_3= blank]

Equity questions

[DO NOT SHOW HEADING]

Q88. QEthnicity_1
[MULTIPLE SELECTION (CHECKBOXES)]
Which ethnic group or groups do you belong to?

Please select all that apply

- □ New Zealand European
- □ Māori
- □ Samoan
- □ Cook Island Māori
- □ Tongan
- □ Niuean
- □ Chinese
- □ Indian
- □ Other ethnicity (such as Dutch, Japanese, Tokelauan)

Q89. QEthnicity_2

You selected 'other' as an option for your ethnic group. Which of these ethnic groups do you belong to?

Please select all that apply

[MULTIPLE SELECTION]
- □ English
- □ Australian
- □ Dutch
- □ Other European
- □ Tokelauan
- □ Fijian
- □ Other Pacific peoples
- □ Filipino
- □ Japanese
- □ Korean
- □ Cambodian
- □ Other Asian
- □ Middle Eastern
- □ Latin American
- □ African
- □ Other ethnicity

Q90. QLGBTQ
[SINGLE CHOICE]
Which of the following options best describes how you think of yourself?

- o Straight or heterosexual
- o Gay or lesbian
- o Bisexual
- o Other
- o Don't know
- o Prefer not to answer

Communication barrier questions

[DO NOT SHOW HEADING]

Q91. LANG_1
Analysis: replaces Q6 (conversation about a lot of things) – for analysis only
[MULTIPLE CHOICE]

What language(s) do you speak most often at home?

Please select all that apply

- □ English
- □ Māori
- □ New Zealand Sign Language
- □ Samoan
- □ Northern Chinese (including Mandarin)
- □ Hindi
- □ Other language(s), eg, Gujarati, Cantonese, Greek (Please tell us):
- □ Would rather not say

Q92. LANG_2
[IF LANGUAGE OTHER THAN ONLY ENGLISH]
Analysis: Identify if not actually an English barrier issue but a different issue related to understanding
[SINGLE CHOICE]
How well do you speak English?

- o Very well
- o Well
- o Not well
- o Not at all

Recontact

[DO NOT SHOW HEADING]

Q93. CONTACT_1
Would you like someone from **[PRACTICE NAME]** to contact you to discuss your feedback in this survey?

[This statement must be very visual during programming:] *Please phone your GP clinic as usual for any medical matters that require a consultation.*
[SINGLE SELECTION (RADIO BUTTONS)]
- o No thanks
- o Yes, I would like someone to contact me to discuss my feedback or health experience

Q94. CONTACT_2
[IF YES]
Are you happy for the person contacting you to see a copy of your survey response?

This means that your response will no longer be anonymous.

SINGLE SELECTION (RADIO BUTTONS)
- o Yes, I am happy for them to see a copy of my survey response
- o No, I do not want them to see my survey response – I would like it to remain anonymous

Q95. CONTACT_3
IF YES
Please tell us your contact details.

- First name: **[100 CHAR]**
- Last name: **[100 CHAR]**
- Phone number: **[NUMERICAL]**
- Email: **[CHECK EMAIL]**

Q96. Recontact_Reason_OE
[SHOW ON SAME SCREEN AS PREVIOUS QUESTION]
Please provide some information on what you would like to talk to **[PRACTICE NAME]** about. We can then ensure the right person contacts you.

[OPEN END]

Thank you
[SHOW ON SAME PAGE AS QFeedback]
Thank you for your valuable time and feedback. You have now finished the New Zealand Patient Experience Survey. Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

Thanks again,

[PRACTICE SIGNATORY][LOGOS]

Survey feedback

[SHOW HEADING]

Q97. QFeedback
[GRID QUESTION]
If you do not want to answer these two quick questions, you can now close this window. Your survey has been submitted.
Please select one answer for each statement

[SCALE]
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree

[STATEMENTS]
I would participate if I was invited to this kind of survey again.
The survey was visually appealing.
I found this survey easy to understand.

Q98. QFeedback_OE
Any other comments you would like to give us:

Your feedback can help us make improvements.
[OPEN END]

Closing page

Thank You

Thank you for your time and feedback. You have now finished this survey.

We have recorded all your answers so you can now close this window.

Appendix 2: Patient experience – patient data extract

This document describes the rules surrounding the data extract and resulting file format required for importing patients' information from the National Enrolment System.

Data fields

Field	Data type	Mandatory value	Allowed options (if restricted)	Example data	Comment
NHI number	Alphanumeric	✓	-	CHB2702	
Title / prefix	Text	-	-	Mrs	
First given name	Alphanumeric	✓	-	Jennifer	
Family name	Alphanumeric	✓	-	Smith	
Mobile phone	Alphanumeric	✓	-	0279876543	
Email address	Alphanumeric	✓	-	david@gmail.com	
Gender	Alphanumeric	✓	F M U O	F	
Date of birth	Date	✓	-	19900615	The patient's date of birth
Date of qualifying event	Date	✓	-	20110816	Otherwise known as 'Date of last consultation' and often the 'Date of invoice' field is used
Ethnicity 1	Integer	✓	Only those codes in the Level 2 code table	21	Allowed codes from: http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables

Field	Data type	Mandatory value	Allowed options (if restricted)	Example data	Comment
Ethnicity 2	Integer	-	Only those codes in the Level 2 code table		Allowed codes from: http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables
Ethnicity 3	Integer	-	Only those codes in the Level 2 code table		Allowed codes from: http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables
HPI-O (PHO)	Alphanumeric	✓		F2N084-H	
PHO Org ID	Alphanumeric	✓		794645	
DHB of domicile (patient)	Integer	✓	DHB area codes	123 or 011	DHB that the patient is domiciled in. See DHB area codes below
Practice DHB	Integer	✓	DHB area codes	123 or 011	DHB that the practice is physically located in. See DHB area codes below
Lead PHO DHB	Integer	✓	DHB area codes	123 or 011	DHB that the PHO holds a contract with. See DHB area codes below
HPI-O (practice)	Alphanumeric	✓		F2N084-H	Enrolling organisation ID
Community services card status	Alphanumeric	✓	Y | N	Y	
Deprivation quintile	Integer	✓	1-5	3	

DHB area codes

011	Northland	081	MidCentral
021	Waitematā	082	Whanganui
022	Auckland	091	Capital & Coast
023	Counties Manukau	092	Hutt Valley

031	Waikato	093	Wairarapa
042	Lakes	101	Nelson Marlborough
047	Bay of Plenty	111	West Coast
051	Hauora Tairāwhiti	121	Canterbury
071	Taranaki	123	South Canterbury
061	Hawke's Bay	160	Southern

Inclusions:

- Date of qualifying event: two-week sample as per timetable
- Include all mobile phone contacts for those of Māori or Pacific ethnic group
- Practices to be included by whitelisting those in the Inclusions File from Ipsos against the NES service facility ID

Exclusions:

- Recent survey (last three months)
- Aged under 15 years (age at first day of survey sample period)
- Opted out
- Date of death

Appendix 3: Correspondence with patients

Email correspondence

From: Health Experience <feedback@myexperience.health.nz>
To: patients supplied email address
Subject: Feedback on your recent health care experience

[Practice name or logo]

Kia ora [preferred name]

[Practice name] values your feedback and would like to invite you to take part the New Zealand patient experience survey.

Your feedback will help us understand how to improve the health services provided to you and your whānau. It is likely to take about **10 to 15 minutes** to complete.

Your login code is [Login code].

[Click here to begin](#)

If the link does not work please copy the below URL into your browser.

http://myexperience.health.nz/Survey?CaseID=

You can read more about the NZ patient experience adult primary care survey here.

Your response is confidential and completely anonymous (unless you choose to identify yourself). This survey is voluntary, you are under no obligation to participate. No matter what you decide, it will not impact your access to health care in New Zealand.

If you have any technical questions or comments about the survey, please contact the survey provider directly at myNZhealthexperience@ipsos.com or **0800 121 650**.
Ngā mihi,

The team at
[Practice name]
[Click here to unsubscribe]

This survey is conducted by Ipsos New Zealand on behalf of your health care provider. Your contact details have been provided by the Ministry of Health for the purpose of inviting you to take part in this survey only.

Reminder email

Subject: Reminder - Feedback on your recent health care experience

[Practice name or logo]

Kia ora [preferred name]

Recently you received an invitation to take part in the National patient experience survey.

Thank you to all of those who have responded to date. If you have not yet had the chance to participate, please be sure to participate ahead of the deadline of **[DEADLINE]**.

Your feedback will help us understand how to improve the health services provided to you and your whānau. It is likely to take about **10 to 15 minutes** to complete.

Your login code is [Login code].

Click here to begin

If the link does not work please copy the below URL into your browser.
http://myexperience.health.nz/Survey?CaseID=

You can read more about the NZ patient experience primary care survey here.

Your response is confidential and completely anonymous (unless you choose to identify yourself). This survey is voluntary, you are under no obligation to participate. No matter what you decide, it will not impact your access to health care in New Zealand.

If you have any technical questions or comments about the survey, please contact the survey provider directly at myNZhealthexperience@ipsos.com or **0800 121 650.**

Ngā mihi,

The team at
[Practice name]

[Click here to unsubscribe]

This survey is conducted by Ipsos New Zealand on behalf of your health care provider. Your contact details have been provided by the Ministry of Health for the purpose of inviting you to take part in this survey only.

SMS correspondence

Note that SMS correspondence is constrained by the maximum number of characters per SMS (160) and associated costs.

Please give us feedback on your healthcare using the survey link https://myexperience.health.nz/Survey?CaseID=###### Thank you, **[FACILITY NAME]**

Survey introduction

Once respondents have clicked on the link to complete the online survey, they are taken to the following introduction page.

[Practice name or logo]

Thank you for taking part in the NZ patient experience survey on behalf of your health care provider.

Your feedback will help us understand how to improve the health services provided to you and your whānau. It is likely to take about 10 to 15 minutes to complete.

Please enter your Login Code to participate in the survey.

If not automatically entered below, your **CaseID or Login Code** can be found on the **text message or email** sent to you.

Login

Your response is confidential and completely anonymous (unless you choose to identify yourself). This survey is voluntary, you are under no obligation to participate. No matter what you decide, it will not impact your access to health care in New Zealand.

The survey will be conducted by Ipsos on behalf of your health care provider. Your contact details have been provided by your health care provider for the purpose of inviting you to take part in this survey only.

If you need more information or require any assistance, please:
Call: 0800 121 650 (free call within New Zealand)
Email: myNZhealthexperience@ipsos.com
Or, Visit: NZ patient experience survey programme on the Health Quality & Safety Commission's website

If you would like to stop receiving invitations to this survey and/or future NZ patient experience surveys, please unsubscribe using the link in your survey invite or call 0800 121 650.

Survey conclusion

Thank you for your time and feedback. You have now finished this survey.

We have recorded all your answers so you can now close this window.

Thanks again,

[Practice signatory]