

People report they can get primary care when they need it

Technical information	
Indicator name (short)	People report they can get primary care when they need it.
Description	This measure provides detail on the percentage of people who say they receive care from a GP or nurse when they need it.
Rationale	Survey question is, 'In the past 12 months, was there ever a time when you wanted health care from a GP or nurse, but you couldn't get it?' (Yes; No). This is an over-arching question on the ability of people to receive health care from their GP or nurse when they want it.
Numerator	Number of respondents who answered 'No' to the survey question, 'In the past 12 months, was there ever a time when you wanted health care from a GP or nurse but you couldn't get it?'
Denominator	Number of respondents who answered the question.
Inclusions	People aged 15 years and over who have received a consultation from the primary care service provider they are enrolled with during the survey sample period receive a survey invitation.
Exclusions	Data does not include those who do not attend primary care or are not enrolled. To view data for these groups, there is a similar question in the New Zealand Health Survey.
Note for calculation	Unit of measure: Percentage Adjustment applied: Results are weighted District health board assignment: DHB of domicile
Data sources	New Zealand primary care patient experience survey, Health Quality & Safety Commission. National Enrolment Service (NES), Ministry of Health.
Suppression rule	Data is not reported when the denominator is less than 30.
Notes	Question refresh 2020 At the end of 2019 a review of the primary care questionnaire was undertaken. This resulted in a change to this question. In 2019 the question asked, 'Was there ever a time when you wanted health care from a GP or nurse but you couldn't get it?' The update adds a time period 'in the last 12 months' to the question. This ensures responses are relevant to recent health care. Keeping 12 months is consistent with the New Zealand Health Survey question. The answer options remain 'Yes' and 'No'. If 'Yes', the person is asked why. Additional response options to account for COVID-19, such as stay-at-home orders and fear of catching COVID-19, have been added.

The percent of patients answering 'No' in 2020 may differ due to this change in question.

People who answer 'Yes' to this question are then asked, 'Why could you not get health care from a GP or nurse when you wanted it during the last 12 months?' The following options are provided.

- 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 dependent (an adult who is ill or disabled)
- Did not have a carer, support person or interpreter to go with you
- Unable to visit clinic due to stay-at-home orders
- Fear of getting sick by visiting in-person
- Alert level restrictions meant I wasn't allowed
- I didn't want to make the health care providers too busy
- I was worried about catching COVID-19
- Other (please tell us why)

What questions might the data prompt?

A low score in this question may highlight unmet need. It is recommended you review responses to the following questions on the reasons why people were unable to get health care when they wanted it.

- What are the common reasons patients cite for not being able to get health care?
- Which of these are modifiable?
- How can you work with consumers to co-design a better system?

Other points to note:

Patient demographic details (age, ethnicity and gender) are collected from the NES database and in the survey. Patient-reported demographics are used in this measure. Those with missing demographic details are excluded from those specific analyses.

People can self-report multiple ethnicities. Ethnicity data presented uses prioritised ethnic group (Māori, Pacific peoples, Asian and Other).

Survey responses are self-reported or completed on behalf of someone else (approximately 1.5 percent of responses are completed on behalf).

This question should be triangulated against the same question in the New Zealand Health Survey. People surveyed are those who are already able to access primary care.

This method deliberately over-samples high users of primary care.

Appendix 1. Interpretation notes

Weighting methodology

The results are weighted. Weighting adjusts for under- or over-representation in responses by age, gender and ethnic group and means the results account for differences in response rates within a local population.

Weighting of results uses the population structure who had a qualifying encounter with the primary care service provider they are enrolled with during the survey period. It compares this with the sample structure (ie, those who responded to the survey). This creates a weight that is applied to the results of the survey. This then increases or decreases a particular weighted result. This approach is distinct from standardisation. We are not seeking to compare DHBs, age groups, genders or ethnic groups with each other using this method. Rather we are seeking to weight so results accurately reflect the views of a representative local population (those who had a qualifying encounter with the primary care service provider they are enrolled with).

Weighted results for individual questions give different values to responses, effectively reflecting how many patients of a particular age group, gender and ethnic group within a DHB each respondent is representing. The more over-represented a particular group among the respondents is, the fewer total patients each respondent represents and thus the response is down-weighted, and vice versa.

The full methodology can be accessed [here](#).

For more detailed information on the weighting methodology please contact survey@hqsc.govt.nz.

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