

People who say they feel involved in their own care and treatment with their GP or nurse

Technical information	
Indicator name (short)	Involved in their own care and treatment with their GP or nurse.
Description	This measure provides detail on the percentage of people who say they feel involved in their own care and treatment with their GP or nurse.
Rationale	Survey question is 'Did the [health care practitioner] involve you as much as you wanted to be in making decisions about your treatment and care?' (Yes, definitely; Somewhat; No; I did not want to be involved). Being involved in decisions about care and treatment as much as is wanted is a critical component of ensuring patients accept practitioners' advice.
Numerator	Number of respondents who answered, 'Yes, definitely' to the question, 'Did the [health care practitioner] involve you as much as you wanted to be in making decisions about your treatment and care?'
Denominator	Number of respondents who answered 'Yes, definitely; Somewhat; No' to the question, 'Did the [health care practitioner] involve you as much as you wanted to be in making decisions about your treatment and care?'
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.
Suppression rule	Data is not reported when the denominator is less than 30.
Notes	Question refresh 2020 The previous question asked, 'Have you been involved in decisions about your care and treatment as much as you wanted to be?' (Yes; Yes, to some extent; No). In the refresh the question was adjusted to include the answer option, 'I didn't want to be involved', based on stakeholder feedback. The wording and answer options were changed to mirror other questions. The change was consistent with

changes to the hospital survey. An open-ended question was added for respondents who answered somewhat or no to understand their response: 'What could have been done better to involve you in decisions about your treatment and care?'

Other points to note:

- Patient demographic details (age, ethnicity, and gender) are collected from the National Enrolment Service 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 method deliberately over-samples high users of primary care.

What questions might the data prompt?

- Have local young people been asked how they would like to be involved in decisions about their care and treatment? Are there groups providers can engage with?
- If young people feel less involved in their care and treatment, might their understanding of their treatment plan also be impacted?

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.

Te Kāwanatanga o Aotearoa
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