

Adult primary care patient experience survey

[Practice name]

Practice Report

Results for May 2024 - February 2025

This report summarises results from the adult primary care patient experience survey. It is intended to provide meaningful, actionable information from your patients' experiences.

What's in this report

1. Performance summary

- a. Top three highest performing results
- b. Bottom three lowest performing results

2. Results by theme

- a. Accessing care and services
- b. Cultural safety
- c. Communication / relational aspects
- d. Overall experience

3. Responses

4. Further information

5. References

How to use this report

Reviewing patient feedback:

- Helps you understand what benefits your patients the most and where opportunities exist for improvements.
- Helps you maintain a strong relationship with your patients by listening to and responding to feedback.
- This encourages patients to seek care when they need it and to remain with your practice.
- Respects and honours the time patients have taken to provide feedback.

You can use this:

- As part of the evidence to meet indicator 8.2 of the RNZCGP Foundation Standard.
- As an aid for personal and professional development through reflective activity.

- To link with the consumer code of expectations. The code of expectations is the guiding document for patient engagement and participation within the health sector.¹² For practices, actively participating in the survey programme and using lived experience, including consumer experience data, to inform improvements in health services is part of implementing the consumer code of expectations.
- To provide feedback to patients on what you did in response to their feedback.

Page 18 of the [From PES to PDSA](#) workbook has a template you may wish to use.

Available at:

<https://www.hqsc.govt.nz/resources/resource-library/from-pes-to-pdsaworkbook-using-adult-primary-care-patient-experience-survey-data-for-qualityimprovement/>

Interpreting this report

This report presents a subset of the questions from the full survey, chosen because they: are core questions; are persistently low scoring; show high variation between populations; or are aligned to priority areas.

Horizontal bar charts

Results show a 12-month average displayed as the percent of patients who selected the most positive response to the question — representing the best-case scenario for them. The number of patients who answered the question is shown as (n).

The bar charts show where your practice is doing well and where there is room for improvement, compared to national results and your practice's district.

Your practice's results are shown separately by ethnic group (Māori, Pacific peoples, Asian, European/Other; prioritised), and for disabled people.

Tip: Interpreting confidence intervals

The bar charts include confidence intervals (CI). These are calculated at 95 percent confidence interval. If the lower or upper limits do not overlap with other groups, the difference is considered statistically significant. For more information see "Interpreting confidence intervals" in the [Practice Report – Resources and Technical Notes](#).

Time-series charts

These show change over time. The reference line on the chart is the baseline value for your practice, which is the median from the first six quarters. We use a method from statistical process control (SPC) to detect meaningful changes. A change is identified when there are six consecutive quarterly results either above or below the baseline. See "Explanation of data displayed in time-series charts" in the [Practice Report – Resources and Technical Notes](#).

Tip: Low sample sizes

When the sample size is fewer than 30 respondents interpret results with caution, as there is more random variation than with a larger sample with 30 or more respondents. This is reflected by wider confidence intervals.

Tip: Weighting the survey sample

Survey results are weighted so that they are representative of the adult enrolled general practice population who had a qualifying encounter in the relevant quarter. The weights adjust for differences in response rates across districts and help correct for underrepresentation in groups, including younger adults, males, and certain ethnic groups.

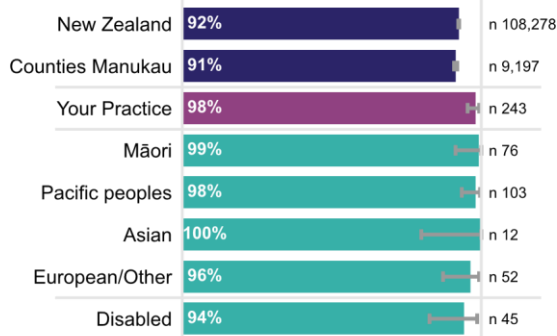
Performance Summary:

[Practice name]

Top and bottom three scoring questions

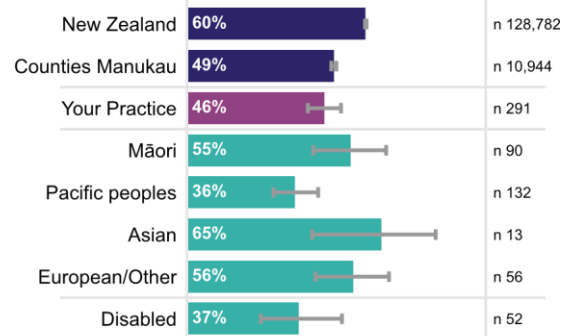
Top 3 highest performing results

Treated with respect and kindness by reception/admin staff

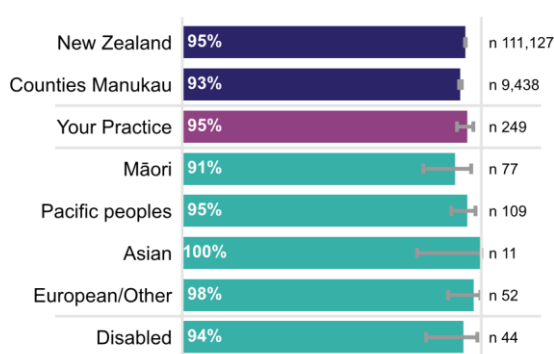


Bottom 3 lowest performing results

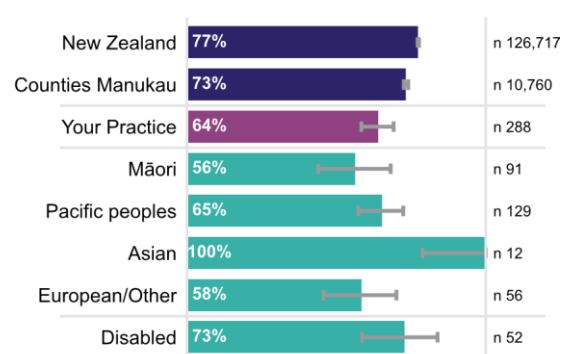
Heard of or used a GP online service or patient portal



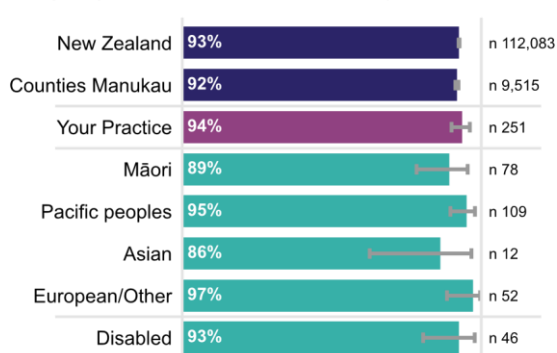
Name pronounced properly



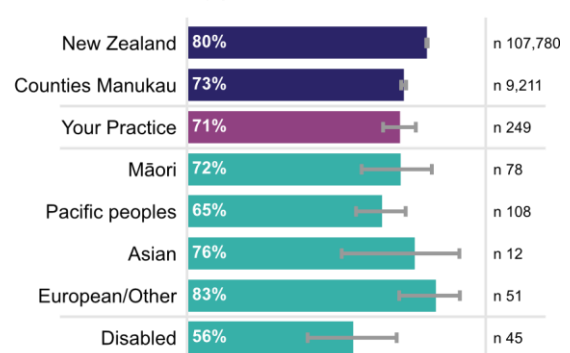
Could get primary care when wanted



Things explained in an understandable way



Staff asked how to say patient's name if uncertain



Results by theme:

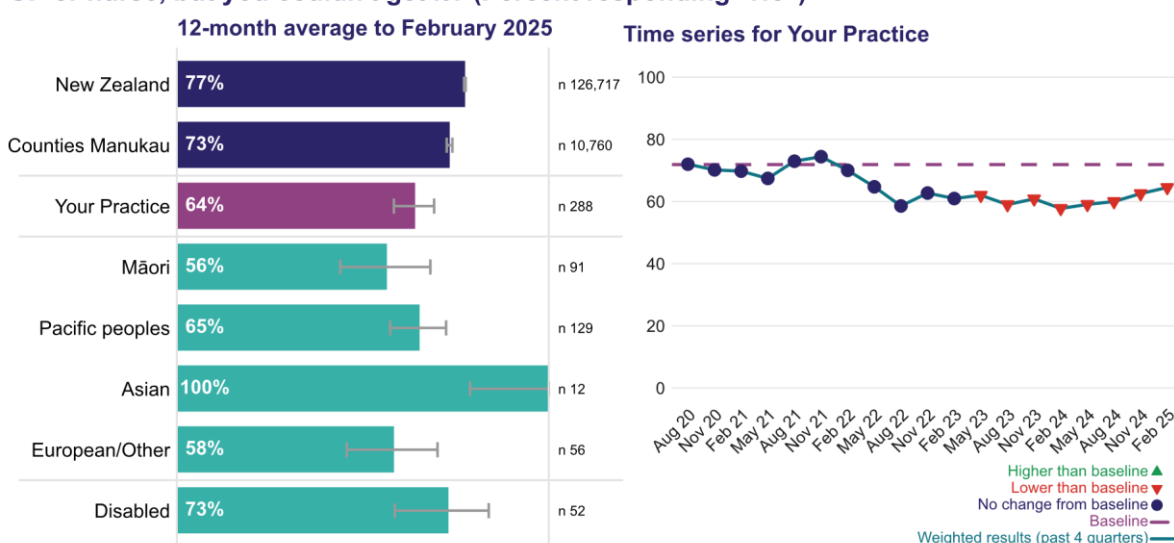
[Practice name]

Accessing care and services

Could get primary care when wanted

National data consistently find that Māori, Pacific peoples and disabled people are more likely to report a time in the last 12 months when they wanted care but could not get it. Poor access to primary care is associated with inadequate prevention and management of chronic diseases, delayed diagnoses and incomplete adherence to treatments.³

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? (Percent responding "No")



Confidence Interval Indicator

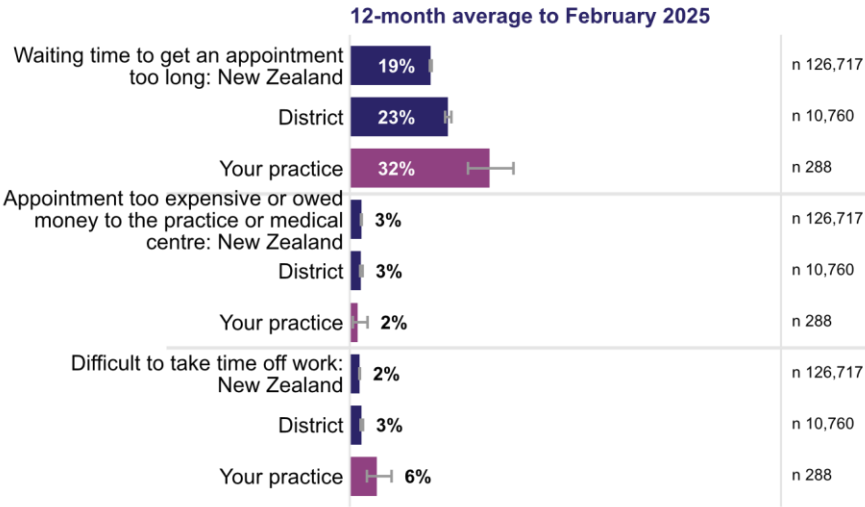
When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 63.9 percent of patients at your practice reported they could get health care from a general practitioner (GP) or nurse every time they wanted to (that is, answered "No" to this question).

Why they could not get care

Nationally, the most common reason consistently given for not being able to access care is that wait times to get an appointment are too long. Some patients report waiting 1 to 3 weeks in the free-text comments. Other issues include difficulty taking time off work / clinic opening hours and appointments being too expensive or patients owing money to the practice. In a resource-constrained environment these are difficult problems to address.

Why could you not get health care from a GP or nurse when you wanted it during the last 12 months (Percent reporting each reason)



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

Patients who said they could not always get health care from a general practitioner (GP) or nurse when they wanted it during the last 12 months were asked ‘Why could you not get health care from a GP or nurse when you wanted it during the last 12 months?’.

In the 12 months to February 2025, 32.5 percent of patients at your practice reported waiting time to get an appointment was a reason why they could not not always get health care from a GP or nurse when they wanted it, 1.8 percent reported the appointment was too expensive or they owed money to the general practice or medical centre, and 6.3 percent reported it was difficult to take time off work.

Why could you not get health care from a GP or nurse when you wanted it during the last 12 months?

Selection of comments from your patients selecting ‘Other (please tell us why)’

[Comments removed]

See the [Practice Report – Resources and Technical Notes](#) sections “Accessing your full results – Free-text patient comments” and “Method to select comments from your practice’s patients” for information on how to access all your free-text patient comments and how the comments were selected.

Tip

- Having the patient access the right professional for their problem is helped by having a formal planned system for triage. Is your system working well?
- Each team member has special skills to bring to patient care, is all your team being used to best effect?

- There is evidence that GP triage can free up appointments for those who really need it and increase patient satisfaction: [GP triage for healthcare providers – Healthify](#).

Available at: <https://healthify.nz/healthcare-providers/g/gp-triage-hcps>

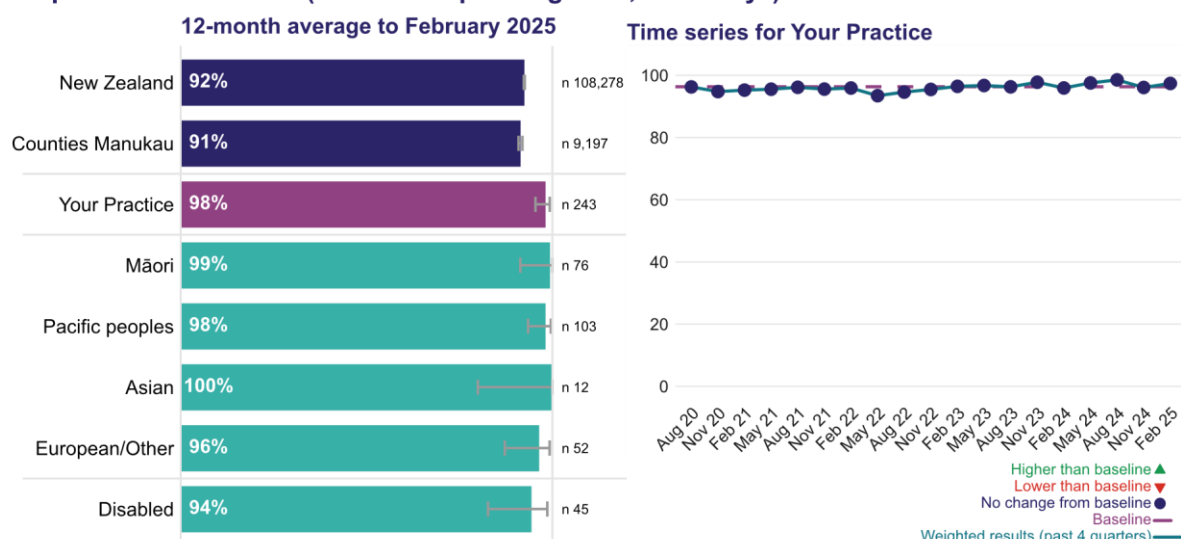
Support for improving triage and expanding roles can be found through PHOs, RNZCGP and [Collaborative Aotearoa](#).

Available at: <https://collab.org.nz/>

Treated with respect and kindness by reception/admin staff

Reception and admin staff are typically the first point of health care contact for most patients. This interaction from making the appointment, juggling appointment availability, greeting patients on arrival and managing payment is a key aspect of making sure patients feel at ease. Research has highlighted that the role of reception staff is particularly important for patients with high health and social needs⁴ and can be a barrier to care.

And on this occasion, did the reception and/or admin staff treat you with respect and kindness? (Percent responding "Yes, definitely")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 98.1 percent of patients at your practice reported the reception/admin staff definitely treated them with respect and kindness at their most recent consultation.

Tip

While most patients report that reception and admin staff always treat with them respect, patient comments highlight the impact when this is not the case.

- What training do you have for your reception staff?
- Does it have a cultural safety element?

Heard of or used a GP online service or patient portal

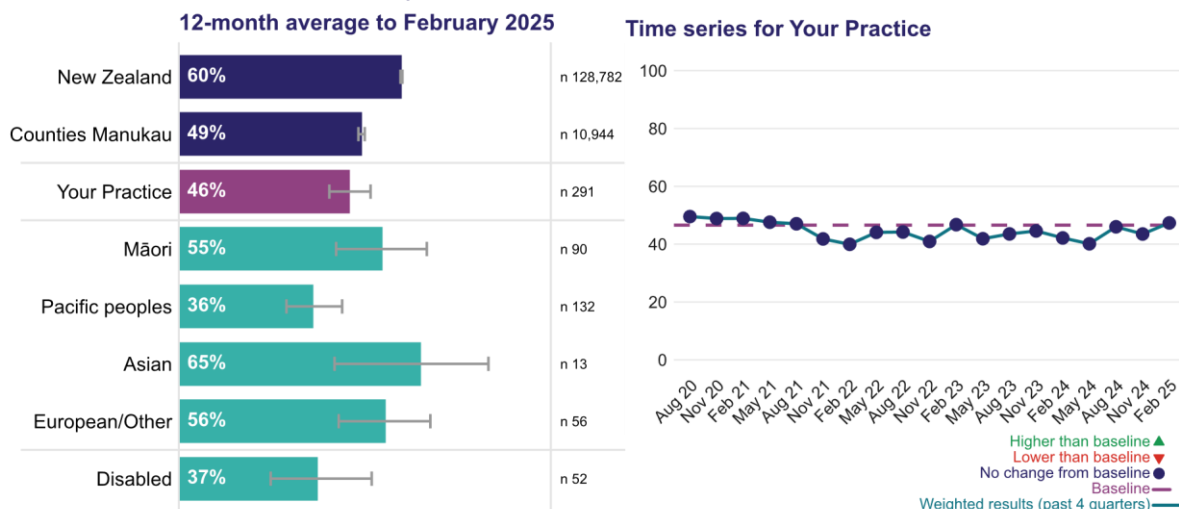
Nationally, there is a consistent equity gap in the percent of Māori and Pacific peoples who have heard of and used a general practice online service or patient portal. Patient portals offer convenience to patients and can improve access to care, help patients play a greater role in managing their own care, and support a patient-centred approach within the practice.

For practices, benefits include saving time for practice staff, enabling GPs to focus on patients who most need face-to-face appointments, reducing phone calls and phone tag, and improving safety by patients being able to view a written record of clinical instructions.

Most practices in New Zealand now offer patient portals, and the College is of the view that these should be included as a business-as-usual feature of general practice (RNZCGP, Position statement: Specialist GP telehealth consultations. March 2024).

Evidence from the OpenNotes initiative highlights multiple benefits of sharing medical record visibility with patients, including improved self-management, which may help relieve pressure on services in a constrained workforce environment.

Have you heard of or used a general practice online service or patient portal (e.g., ManageMyHealth, Health365, ConnectMed, MyIndici)? (Percent responding "Yes, I have heard of and used")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 45.9 percent of patients at your practice reported they had heard of and used a GP online service or patient portal.

Tip

- How many of your patients are activated on the portal?
- Do you allow patients to message you through the portal? If so, do you have clear information for patients on how to use this function and associated charges?

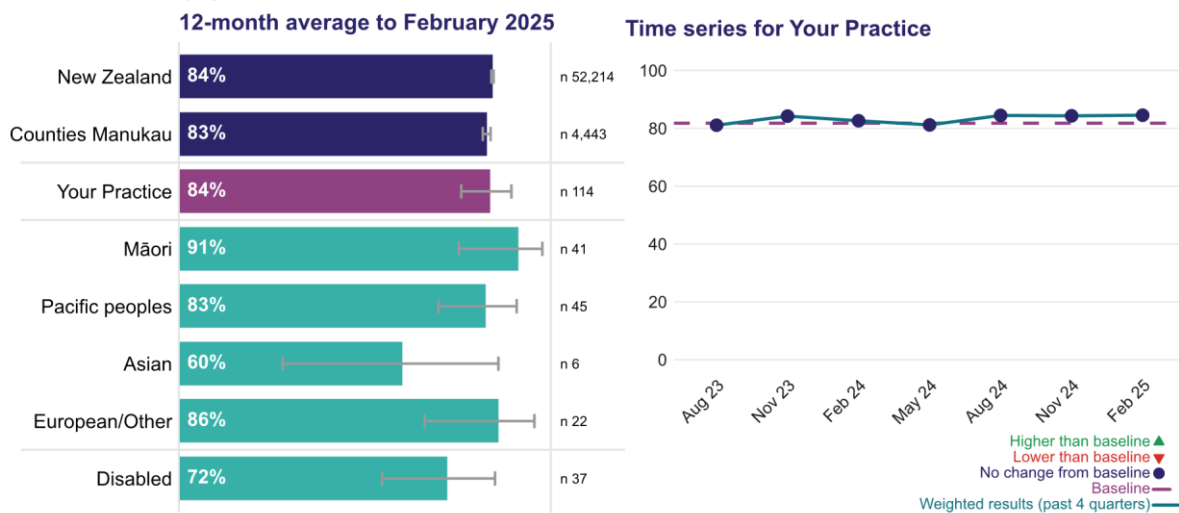
- Do you have staff allocated to manage portal requests?

See the section “Resources” in the [Practice Report – Resources and Technical Notes](#) for resources on this question.

Accessibility needs met

Overall, disabled people are consistently less likely than non-disabled people to report having their accessibility needs met. The adult primary care patient experience survey has found long-standing disparities in access to primary care for disabled people, and more so if they are younger.⁵

Thinking about any disability, impairment, or long-term health condition that you have, did you feel your accessibility needs were met? (Percent responding "Yes, definitely")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 83.7 percent of patients at your practice with a disability, impairment or long-term health condition reported they definitely felt their accessibility needs were met at their most recent consultation.

Tip

- Do you offer alternatives to phone bookings for appointments?
- Is your clinic accessible for disabled people? Consider physical access, mental access (addressing fear/anxiety), communication and sensory barriers.
- Are you offering a patient portal to all patients? Do you use OpenNotes? Do you offer email via the portal? Can patients book appointments via the portal?
- Have you considered prioritising disabled people for consultations with their usual GP?
- How accessible are the resources and information you provide in your practice for disabled people? Are resources available in a range of formats?

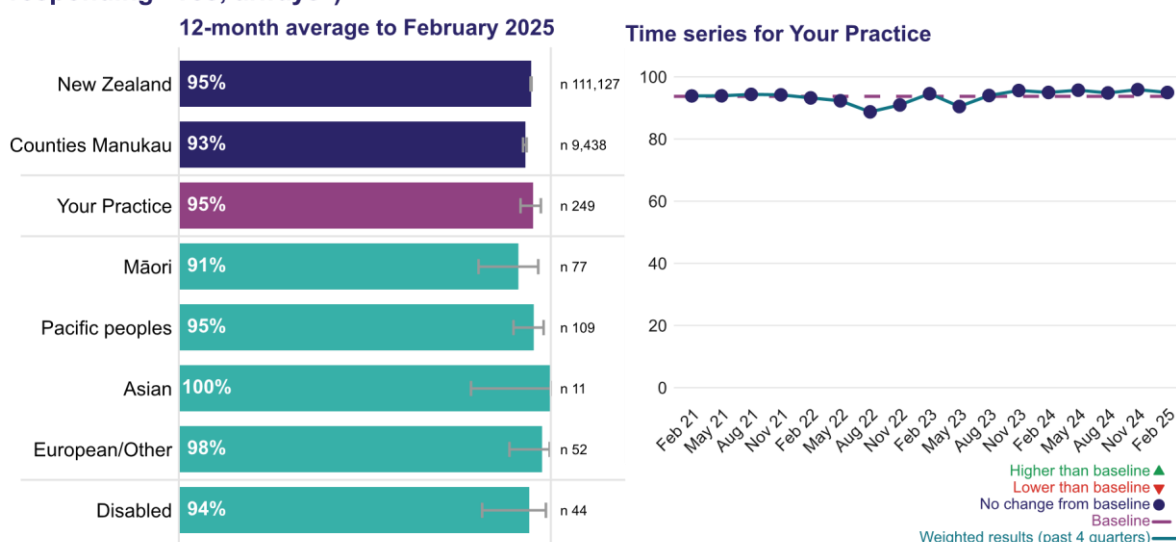
Cultural safety

Name pronounced properly

In their cultural safety baseline report⁶ the Medical Council notes the importance of correct name pronunciation as part of welcoming patients into the practice. The Ngā Paerewa Standard 1.4.3 also signals the value of correct name pronunciation.

National results consistently show that Māori and Pacific peoples are less likely than non-Māori, non-Pacific peoples to have their name pronounced correctly or be asked how to say their name if the health care provider is uncertain.

Was your name pronounced properly by the health care professional? (Percent responding "Yes, always")



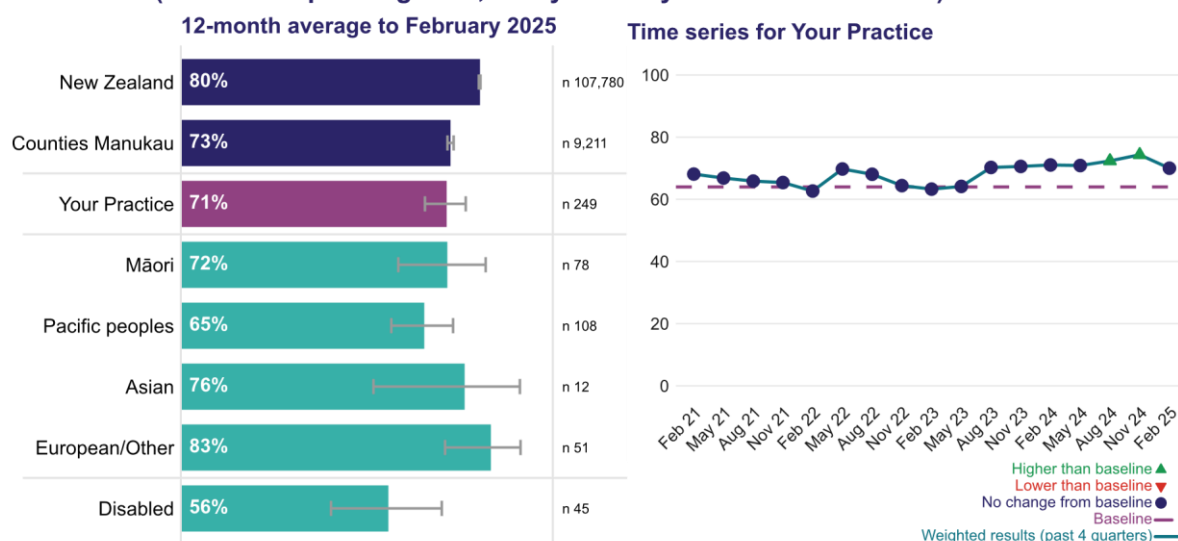
Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 95.3 percent of patients at your practice reported during their most recent consultation their name was always pronounced properly by the health care professional.

Staff asked how to say patient's name if uncertain

Did the health care professional ask you how to say your name if they were uncertain? (Percent responding "Yes, always or they did not need to ask")



Confidence Interval Indicator

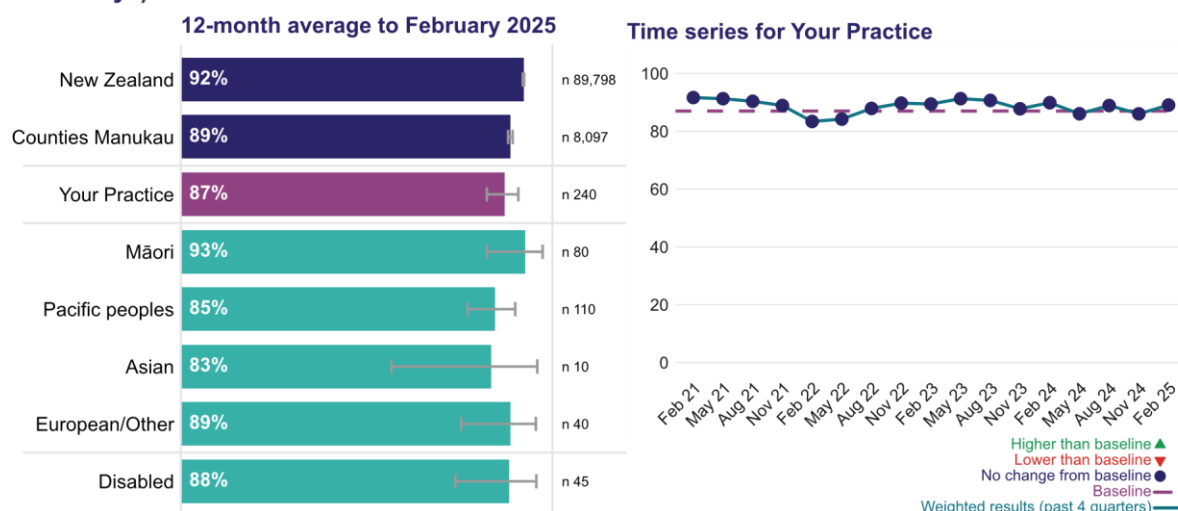
When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 71.4 percent of patients at your practice reported during their most recent consultation the health care professional always asked how to say their name when uncertain or did not need to ask.

Family/whānau involved in discussions

Family and whānau involvement in treatment and care helps support self-management and promoting active partnership. Nationally, Pacific peoples consistently report less involvement of their family and whānau.

At your GP / nurse clinic, if you want to, are you able to have family / whānau involved in discussions about your treatment and care? (Percent responding "Yes, definitely")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

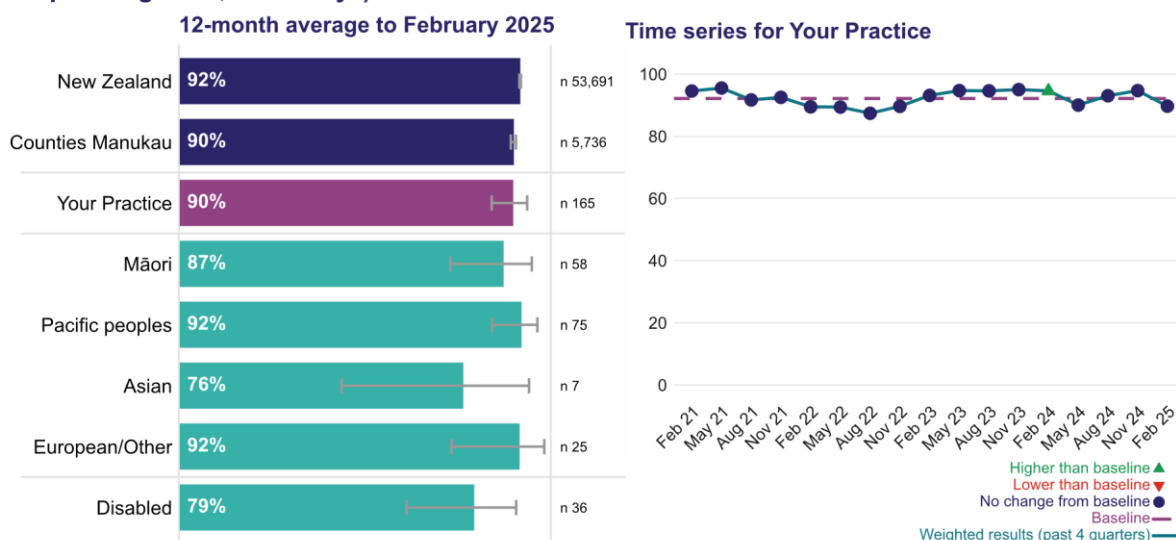
In the 12 months to February 2025, 87.1 percent of patients at your practice reported they were definitely able to have family/whānau involved in discussions about their treatment and care, if they wanted this.

Cultural needs met

This question is a useful way to monitor how well patients' cultural needs are being met in your practice. A related question asks whether spiritual needs were met, and responses to both questions are usually the same. Recent research in New Zealand suggests that interventions that improve patient perceptions of cultural respect may be linked to improved healthcare utilisation.⁷

The Medical Council's report⁶ on cultural safety identifies the value of including wairuatanga in health care. They state: 'it was strongly expressed that health care providers need to consider the specific practices, values and beliefs associated with an individual's connection to people and place and include this in the caring of whānau Māori'.

During this consultation, did you feel your cultural needs were met? (Percent responding "Yes, definitely")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 89.8 percent of patients at your practice reported, if they had cultural needs, these were definitely met during their most recent consultation.

Not treated unfairly

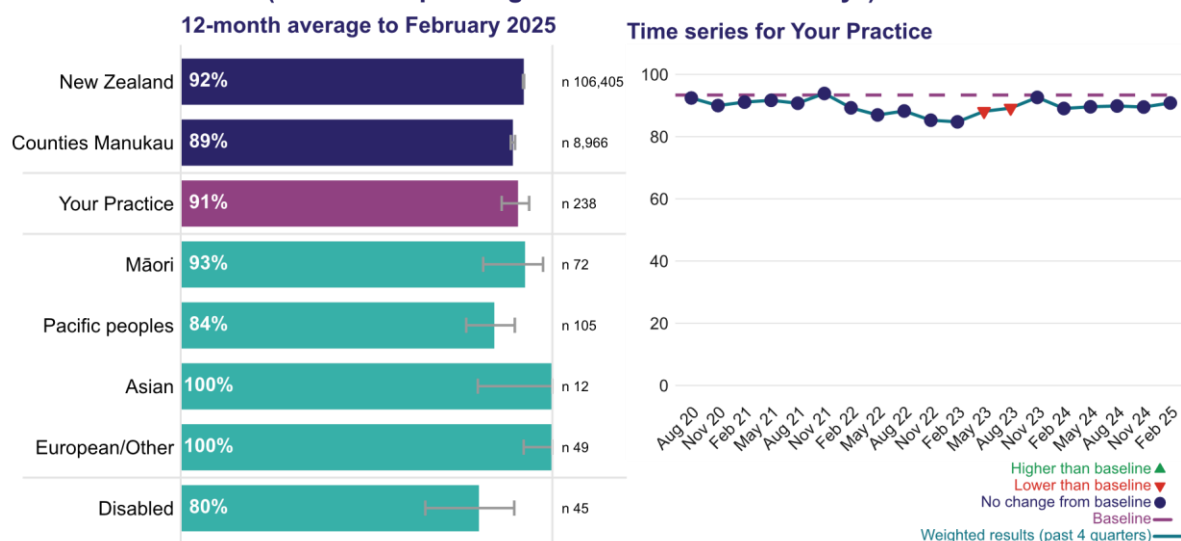
Overall, most patients generally reported they are treated fairly, however the goal might be that no patient ever feels unfairly treated. Māori and Pacific peoples are consistently more likely to report unfair treatment. One of the outcomes set out in [Pae Tū: Hauora Māori](#)

Strategy is that the health system addresses racism and discrimination in all its forms.

Available at: <https://www.health.govt.nz/publication/pae-tu-hauora-maori-strategy>

When asked about what made people feel unfairly treated, common themes at a national level were not feeling listened to, feeling the appointment was rushed, and their concerns were not heard.

During the experience, did you ever feel you were treated unfairly for any of the reasons below? (Percent responding "I was not treated unfairly")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

For this question, patients were shown a list of reasons for why they might have felt treated unfairly, such as their skin colour, age, disability, physical or mental health condition. The list included "I was not treated unfairly".

In the 12 months to February 2025, 90.7 percent of patients at your practice reported they did not feel unfairly treated at their most recent consultation.

See the section "Resources" in the [Practice Report – Resources and Technical Notes](#) for resources on the questions included in the Cultural Safety theme.

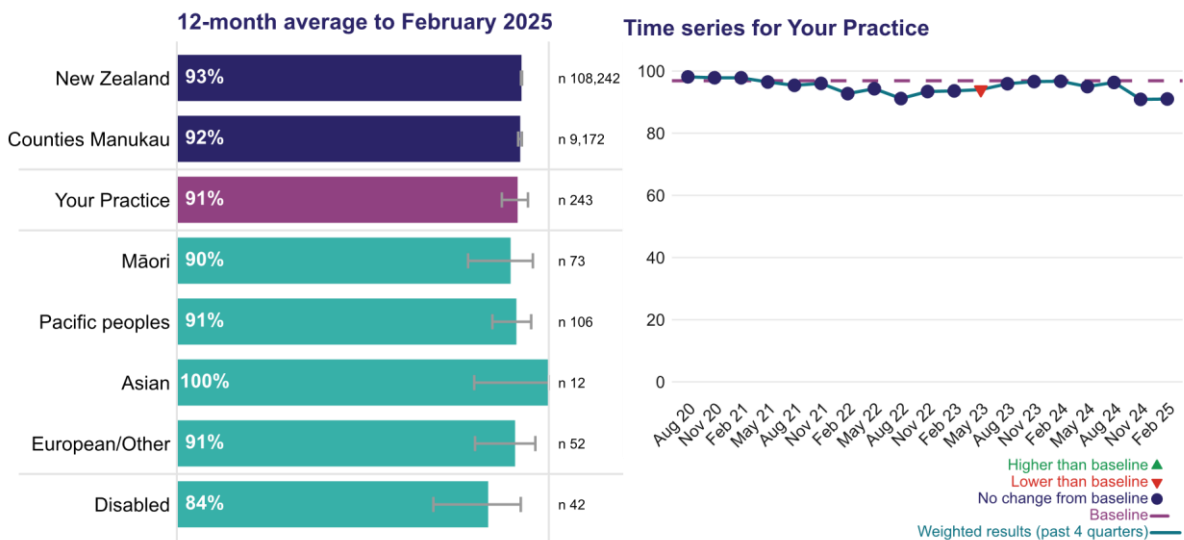
Communication/Relational Aspects

These questions seek to understand the quality of communication between the patient and their health care provider. There is strong evidence that patients who feel treated with respect, feel listened to, trust their health care provider and are involved in decision-making are more likely to follow practitioner’s advice. This includes better adherence to prescribed medications and better uptake of preventive care such as health-promoting behaviour, use of screening services and immunisation.^{8,9}

Listened to by health care professional

Allowing the patient time to tell their story is a pivotal part of the medical encounter. When patients are allowed to talk without interruption, they are more likely to report feeling listened to. Research shows that health care practitioners often interrupt patients when they are telling their story, and if allowed to continue most patients talk for a median of six seconds more.¹⁰

Did the health care professional listen to you? (Percent responding "Yes, definitely")



Confidence Interval Indicator

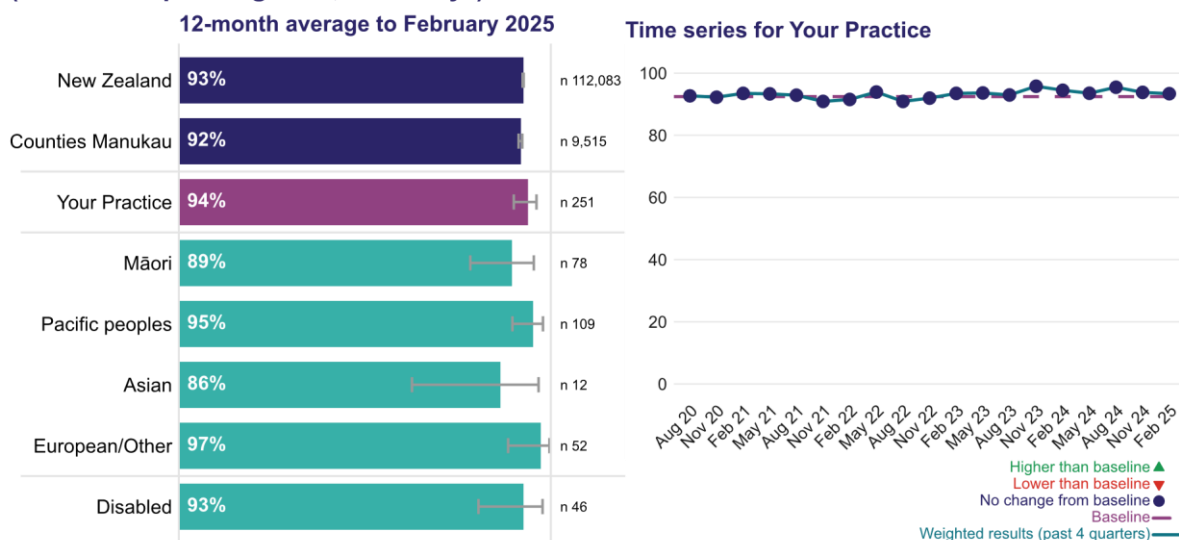
When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 91.5 percent of patients at your practice reported the health care professional definitely listened to them during their most recent consultation.

Things explained in an understandable way

Presenting health information in a way that a person can understand is a responsibility for health care professionals. Health literacy is the foundation for consumer and whānau engagement. Health literate patients are able to obtain, understand and use basic health information to navigate health services and make appropriate health decisions.

Did the health care professional explain things in a way you could understand? (Percent responding "Yes, definitely")



Confidence Interval Indicator

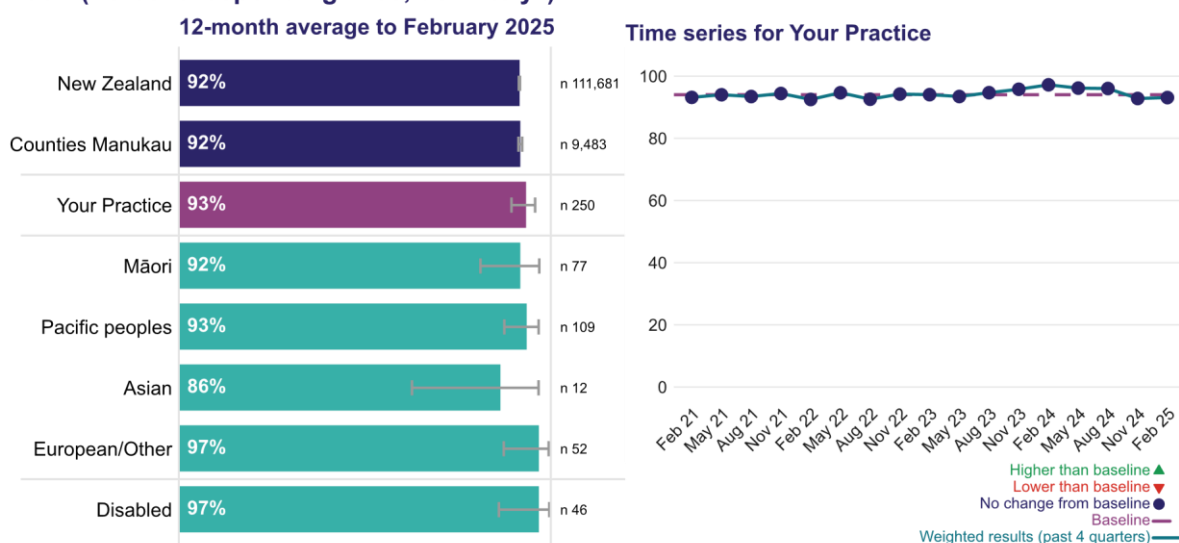
When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 93.7 percent of patients at your practice reported the health care professional definitely explained things in a way they could understand during their most recent consultation.

Comfortable to ask questions

Patients feeling comfortable to ask their health care provider questions is a component of effective patient engagement and shared decision making. It is useful to compare responses to this question to the question on being involved in decisions about treatment and care.

Did you feel comfortable to ask the health care professional any questions you had? (Percent responding "Yes, definitely")



Confidence Interval Indicator

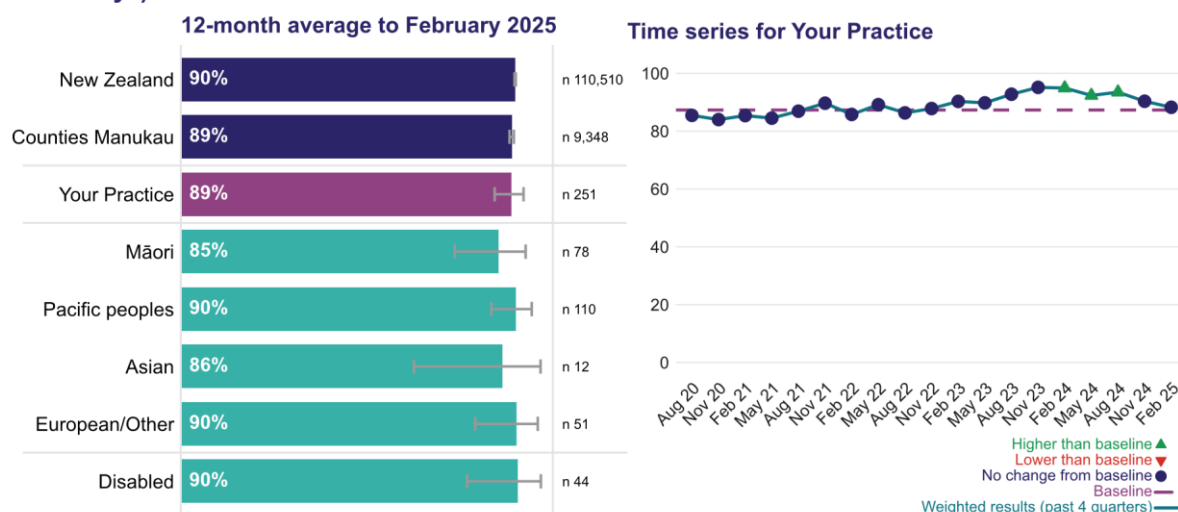
When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 93.2 percent of patients at your practice reported they definitely felt comfortable to ask questions they had during their most recent consultation.

Involved in decisions about treatment and care

Being involved in decisions about care and treatment as much as is wanted, is a critical component of ensuring patients accept practitioner's advice. Patients who participate in their decisions report higher satisfaction with care; have higher knowledge of their condition, tests, and treatment; have more realistic expectations about benefits and harms; are more likely to adhere to screening, diagnostic, or treatment plans; and have reduced decisional conflict and anxiety.¹¹

Did the health care professional involve you as much as you wanted to be in making decisions about your treatment and care? (Percent responding "Yes, definitely")



Confidence Interval Indicator

When the sample size is fewer than 30 respondents, interpret results with caution.

In the 12 months to February 2025, 88.8 percent of patients at your practice reported the health care professional involved them as much as they wanted to be in decisions about their treatment and care at their most recent consultation.

See the section "Resources" in the [Practice Report – Resources and Technical Notes](#) for resources on the questions included in the Communication/relational aspects theme.

What could have been done better to involve you in decisions about your treatment and care?

Selection of comments from your patients

Comments removed

See the [Practice Report – Resources and Technical Notes](#) sections “Accessing your full results – Free-text patient comments” and “Method to select comments from your practice’s patients” for information on how to access all your free-text patient comments and how the comments were selected.

Overall experience

The free-text comments below are a sample of people's overall view of their most recent experience with your practice.

What do you think would have made your visit/video call/phone call appointment better?

Comments removed

What do you think went well about your visit/video call/phone call?

Comments removed

See the [Practice Report – Resources and Technical Notes](#) sections “Accessing your full results – Free-text patient comments” and “Method to select comments from your practice’s patients” for information on how to access all your free-text patient comments and how the comments were selected.

Responses

The table shows the number of respondents for your practice by survey quarter.

Quarter	Aug 20	Nov 20	Feb 21	May 21	Aug 21	Nov 21	Feb 22	May 22	Aug 22	Nov 22	Feb 23	May 23	Aug 23	Nov 23	Feb 24	May 24	Aug 24	Nov 24	Feb 25
Practice total	53	49	56	88	97	45	52	45	52	65	52	56	77	89	68	90	67	68	78

Tip

Fewer than 30 responses mean the results are less generalisable. To improve response rates for Māori and Pacific peoples, they are invited by both email and SMS, where both contact details are available. This approach means that nationally, the response rates for Māori are the same as non-Māori, non-Pacific peoples.

Ways to improve response rates (resources are available via the link below):

- Inform and promote the survey to patients during the sample period. This includes putting up posters, playing the video and making flyers available.
- Ensure reception staff are prepared to answer questions.
- Each quarter ensure email addresses are collected and are current. Undertaking an audit to see what proportion of patients have an email address collected is a useful way to know whether as many patients as possible are invited.

Resources:

- [Survey resources for healthcare staff](#)

Available at:

<https://www.hqsc.govt.nz/our-data/patient-reported-measures/patientexperience/survey-resources-for-health-care-staff/>

Further information

Useful links

Information on the survey, including the questionnaire:

[Patient experience | Te Tāhū Hauora Health Quality & Safety Commission](#)

Available at:

<https://www.hqsc.govt.nz/our-data/patient-reported-measures/patientexperience/>

Using adult primary care patient experience survey data for quality improvement:

[From PES to PDSA – Workbook](#)

Available at:

<https://www.hqsc.govt.nz/resources/resource-library/from-pes-to-pdsaworkbook-using-adult-primary-care-patient-experience-survey-data-for-quality-improvement/>

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