

Continuity and co-ordination of primary health care

Continuity in primary health care means that people have a health care provider they usually see, who provides health advice and referrals to secondary services when needed, and who they may form important relationships with over time. Sometimes, people have diverse health needs and may use a number of services provided by different providers in various settings. It is important that there is co-ordination of care between these services, so that the best possible total package of care is provided to the people using health services. Primary Health Organisations (PHOs) were established with the vision of providing continuity and co-ordination of care for their enrolled populations.

This section looks at how well primary health care providers in New Zealand provide continuity and co-ordination of care for children by looking at whether children have the same primary health care providers as their parents. For adults, this section also considers whether adults usually see the same GP or nurse at their primary health care provider, whether they have changed primary health care provider in the past year and why, and if any visits to medical specialists were followed up by their primary health care provider.

What were the survey questions?

In the 2006/07 New Zealand Health Survey parents of child participants were asked whether their child's primary health care provider was the same as their own.

Adult participants who saw a primary health care provider in the previous 12 months were asked whether they would usually see the same GP or nurse every time, and whether they had changed their usual primary health care provider in the previous 12 months, and if so, why.

If an adult participant had seen a medical specialist in the previous 12 months, they were also asked whether their primary health care provider had discussed the specialist visit with them afterwards.

Children attend the same provider as their parents

Most children (92.2%, 91.1–93.3) had the same primary health care provider as their parents or caregivers. There were no significant differences by age, gender, ethnicity or neighbourhood deprivation.

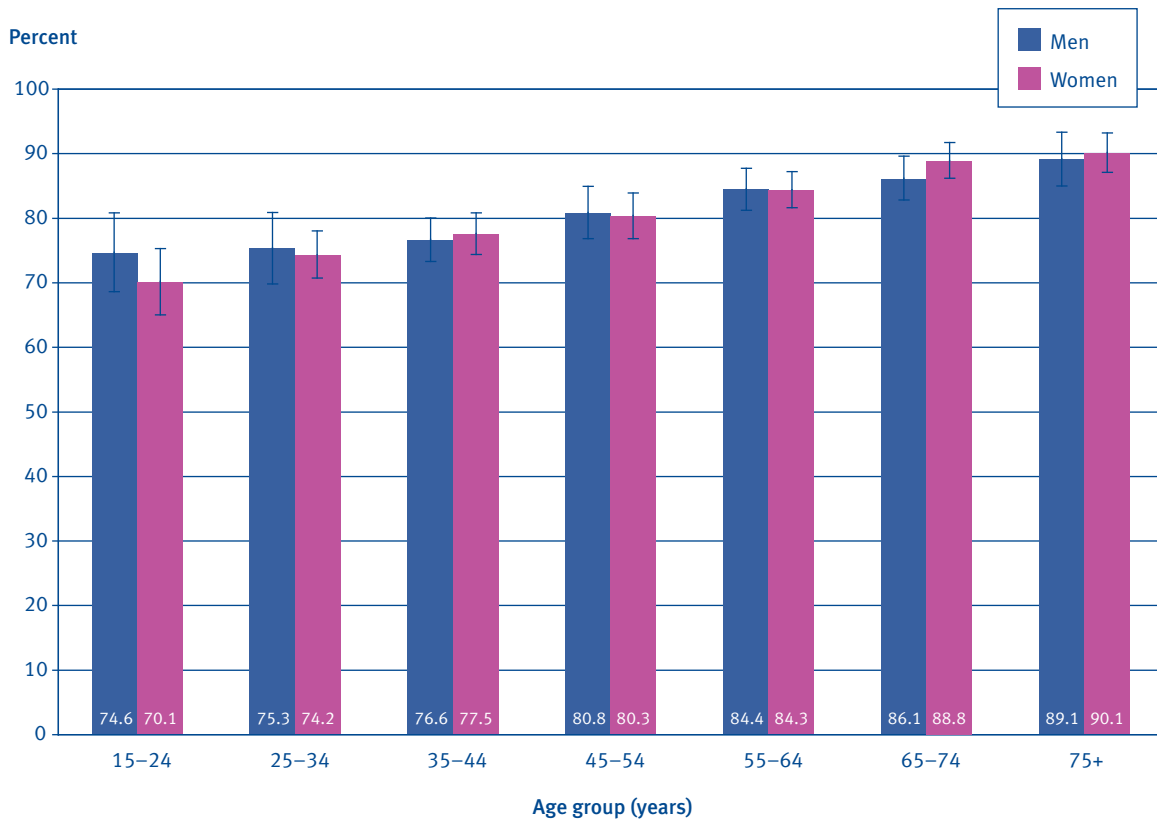
Usually see the same GP every time

Four out of five adults (79.8%, 78.7–80.9) who saw a GP at their primary health care provider in the previous 12 months reported that they usually see the same GP every time. There was no difference between men and women in the proportion who usually see the same GP every time, adjusted for age.

Usually see the same GP every time, by age group

Young people were less likely to see the same GP every time compared to adults over 55 years of age (Figure 5.15).

Figure 5.15: Adults who usually see the same GP at their usual primary health care provider, by age group and gender (unadjusted prevalence)

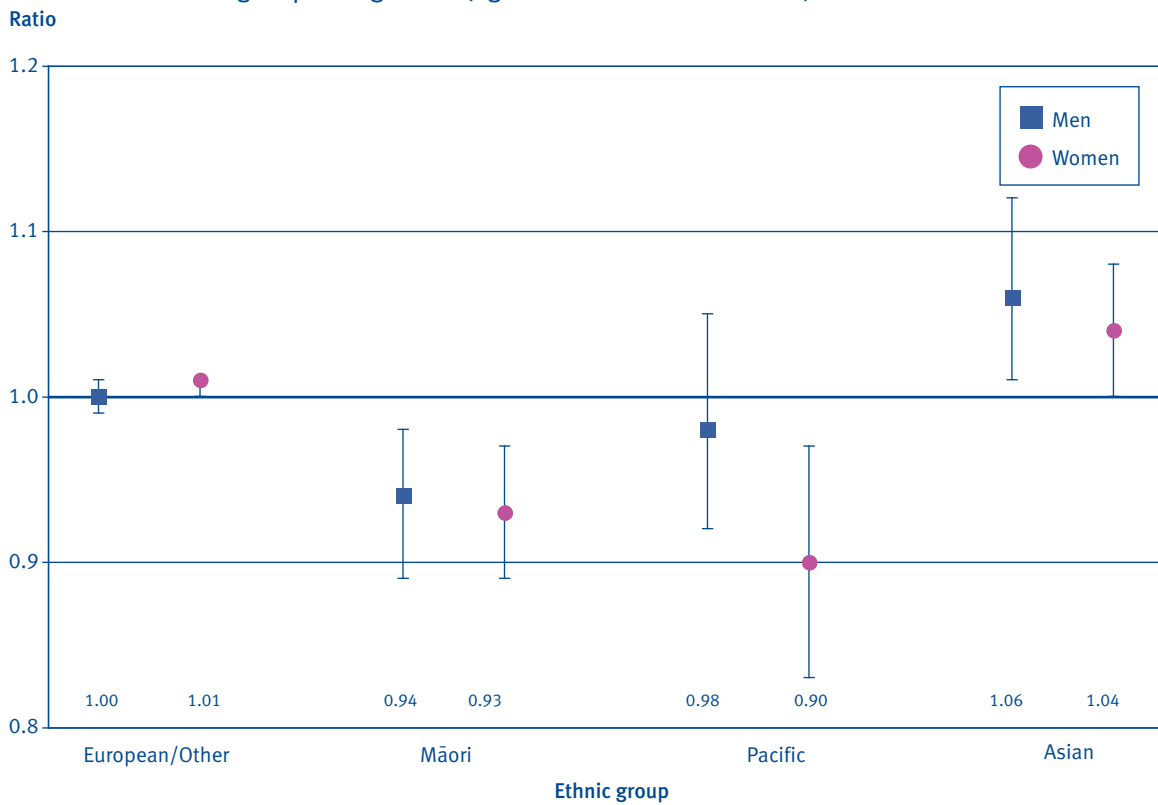


Source: 2006/07 New Zealand Health Survey

Usually see the same GP every time, by ethnic group

Māori men and Māori and Pacific women were less likely than men and women in the total population to see the same GP every time, while Asian men were more likely to see the same GP (Figure 5.16).

Figure 5.16: Adults who usually see the same GP at their usual primary health care provider, by ethnic group and gender (age standardised rate ratio)



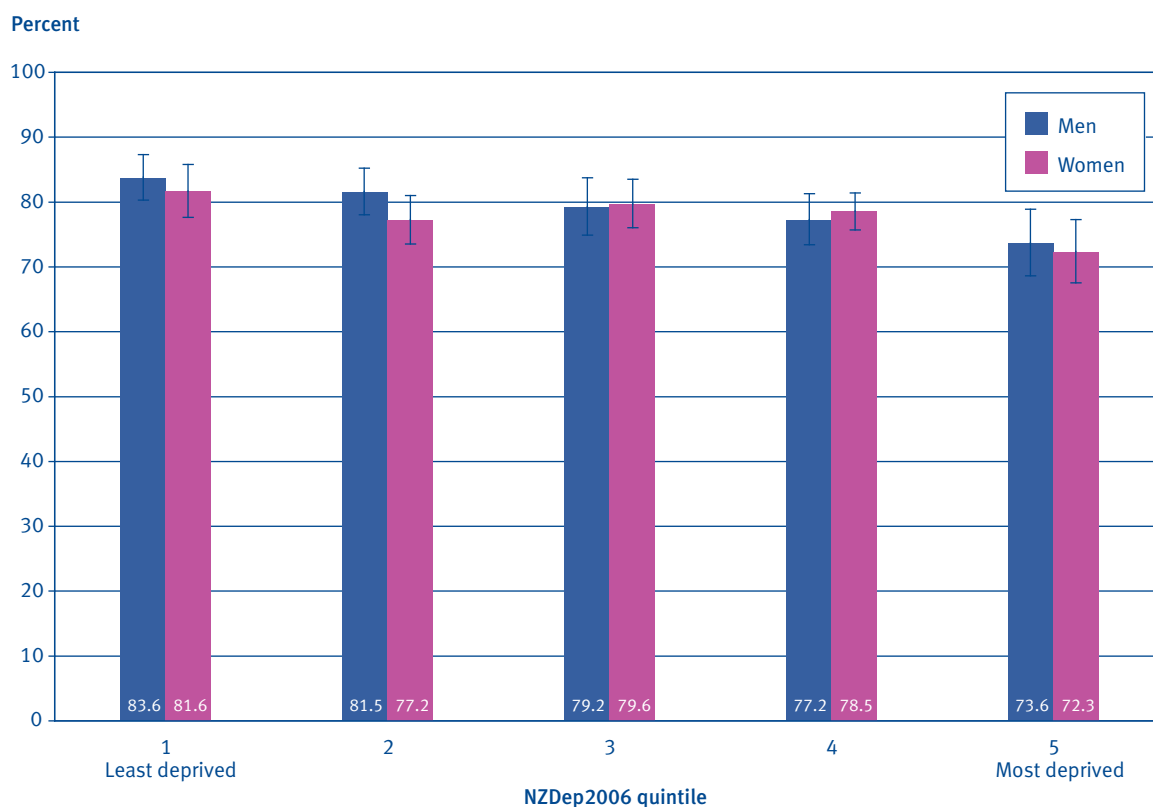
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

Usually see the same GP every time, by neighbourhood deprivation

Men and women in NZDep2006 quintile 1 (least deprived) were more likely than those in quintile 5 (most deprived) to see the same GP every time (Figure 5.17).

Figure 5.17: Adults who usually see the same GP at their usual primary health care provider, by NZDep2006 quintile and by gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Usually see the same nurse every time

Almost half (46.8%, 44.8–48.8) of all adults who saw a nurse at their primary health care provider in the previous 12 months reported that they usually see the same nurse every time.

After adjusting for age, Māori men (SRR 1.16, 1.01–1.30) were more likely than men in the total population to see the same nurse every time. There were no significant differences in the proportion of adults who usually see the same nurse by age or neighbourhood deprivation.

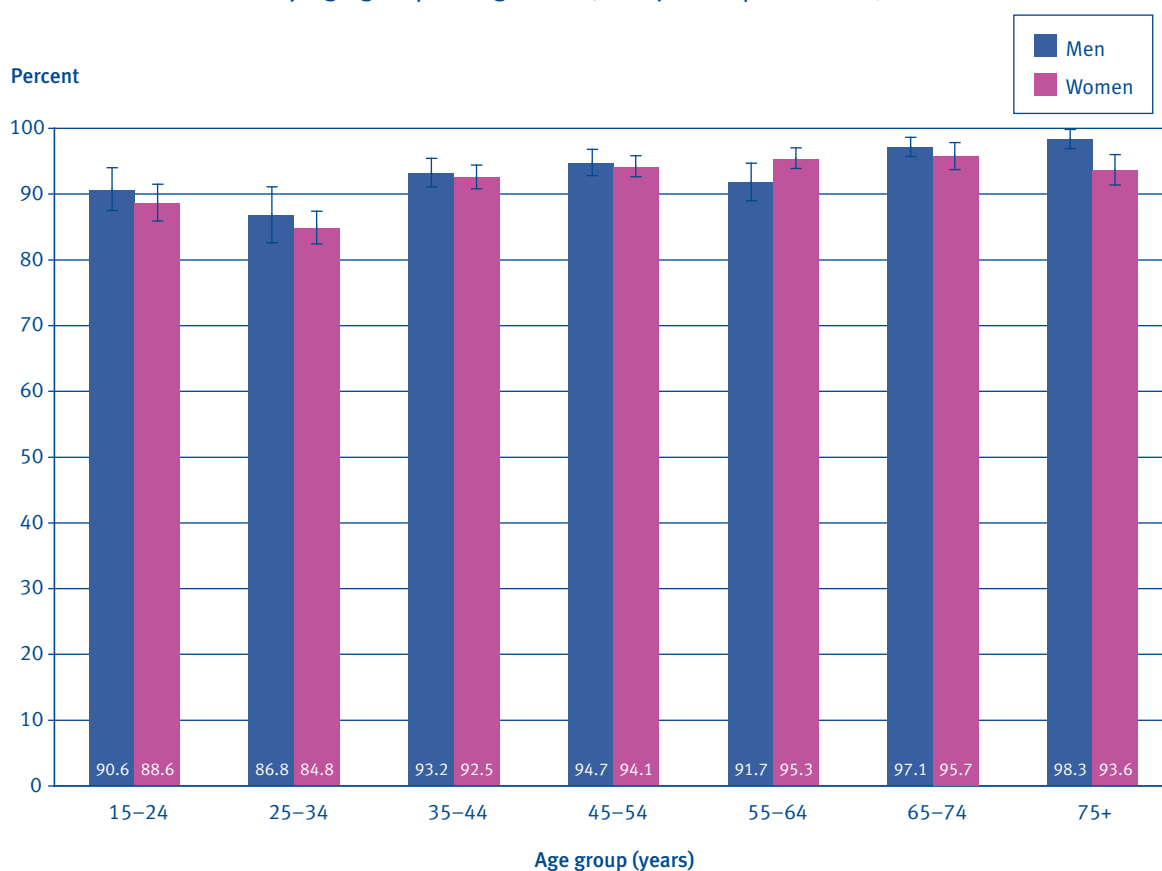
Did not change primary health care provider in the previous 12 months

Nine out of 10 adults (92.2%, 91.6–92.8) who saw a primary health care provider in the previous 12 months reported that they had not changed their usual primary health care provider in that time. There were no significant differences by gender.

Did not change primary health care provider in the previous 12 months, by age group

Women aged 25–34 years were more likely to have changed their primary health care provider in the previous 12 months than women aged 35 years and over (Figure 5.18).

Figure 5.18: Adults who did not change their primary health care provider in the previous 12 months, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

There were no significant differences in the proportion of adults who changed their primary health care provider in the previous 12 months by ethnicity or neighbourhood deprivation.

Of the adults who had changed their primary health care provider in the previous 12 months, the main reasons for changing were:

- I moved to a new area (50.8%, 46.1–55.4)
- my doctor moved / retired / closed the practice (13.8%, 10.4–17.3)
- I found a provider I felt more comfortable with (other than for reasons of culture or language) (12.9%, 9.7–16.1)
- I wanted a higher standard of health care / more professionalism (7.8%, 5.3–10.3)
- I couldn't get an appointment when needed (5.5%, 3.3–7.7).

Visits to medical specialists were followed up by primary health care provider

Two out of five (40.1%, 38.3–41.9) adults with a primary health care provider, and who had seen a medical specialist in the previous 12 months, had had a follow-up discussion with their primary health care provider after the specialist visit.

Asian (SRR 1.48, 1.29–1.67), Māori (SRR 1.15, 1.03–1.26) and Pacific (SRR 1.54, 1.29–1.80) adults were significantly more likely than adults in the total population who saw a medical specialist in the previous 12 months to have had their visit with a specialist discussed by their primary health care provider. There were no significant differences by age or neighbourhood deprivation.

Experiences of primary health care

One of the visions of the Primary Health Care Strategy is for a primary health care system that is community- and people-focused. An individual's overall experience of care is an important aspect of quality of care, and helps to assess the extent to which care is people-focused.

In this section, experiences of primary health care are measured by looking at whether individuals were treated with respect and dignity, whether they were listened to by the primary health care professional, and whether their health care professional discussed their health care and treatment as much as they wanted.

It is important to note that other factors that influence the experience an individual has, such as the quality of diagnosis and treatment of ill health, are not included here.

What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants who saw a primary health care provider in the previous 12 months were asked how frequently their health care professionals treated them with respect and dignity, listened carefully to what they had to say, and discussed their health care and treatment as much as they wanted.

Treated with respect and dignity by primary health care professional

Nine out of ten (91.7%, 91.0–92.4) adults who saw a primary health care provider in the previous 12 months reported their health care professional had treated them with respect and dignity 'all of the time', while a further 6.7% (6.1–7.3) reported they had been treated with respect and dignity 'most of the time'.

There were no significant differences in being treated with respect and dignity by gender, adjusted for age.