

## 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

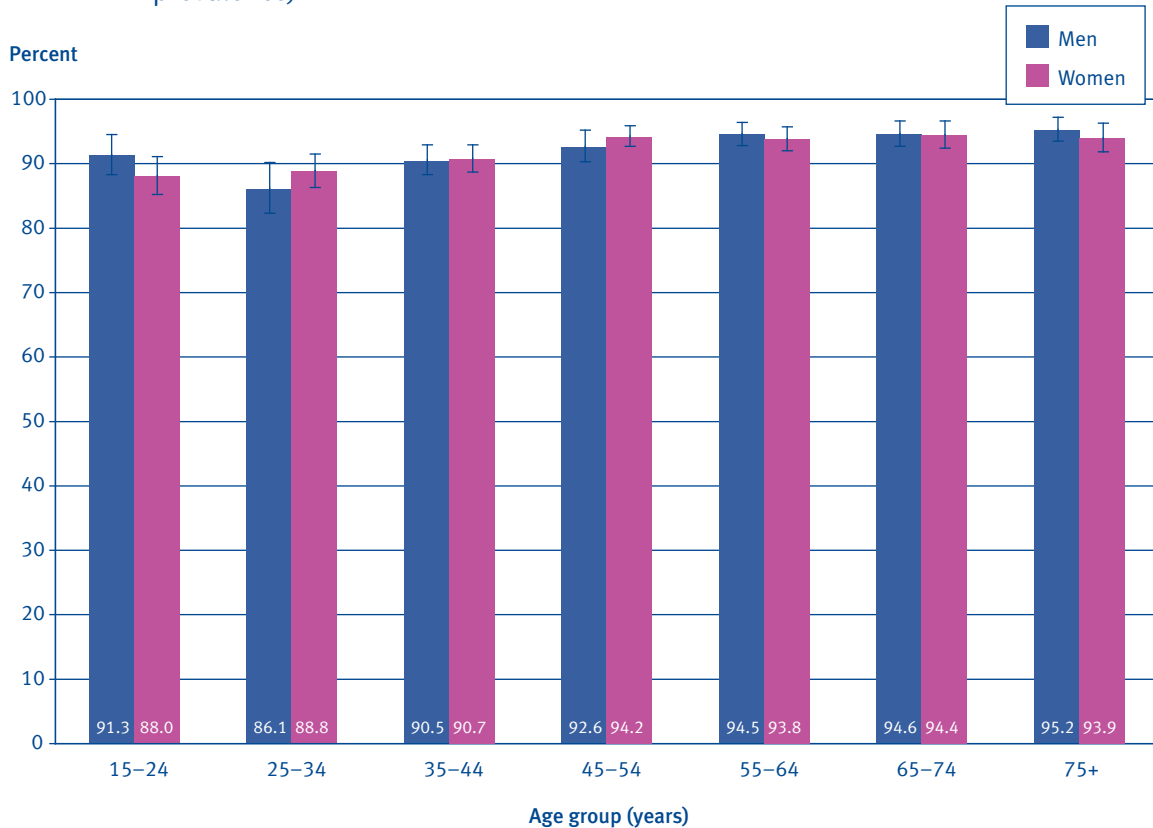
Nine out of ten (91.7%, 91.0–92.4) adults who saw a primary health care provider in the previous 12 months reported their health care professional had treated them with respect and dignity 'all of the time', while a further 6.7% (6.1–7.3) reported they had been treated with respect and dignity 'most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

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

## Treated with respect and dignity, by age group

Men and women aged 25–34 years were less likely to report they had been treated with respect and dignity ‘all of the time’ than men and women over 55 years of age (Figure 5.19).

Figure 5.19: Adults who were treated with dignity and respect ‘all the time’ in the previous 12 months by their health care professional, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

## Treated with respect and dignity, by ethnic group

Asian (SRR 0.95, 0.92–0.97), Pacific (SRR 0.95, 0.92–0.99) and Māori (SRR 0.97, 0.95–0.99) adults were significantly less likely than adults in the total population who saw a primary health care provider in the previous 12 months to report that their health care professional treated them with respect and dignity ‘all of the time’.

## Treated with respect and dignity, by neighbourhood deprivation

Adults in NZDep2006 quintile 5 (most deprived) (88.0%, 86.2–89.8) were significantly less likely than those in quintile 1 (least deprived) (94.0%, 92.4–95.6) to report that their health care professional treated them with respect and dignity ‘all of the time’.

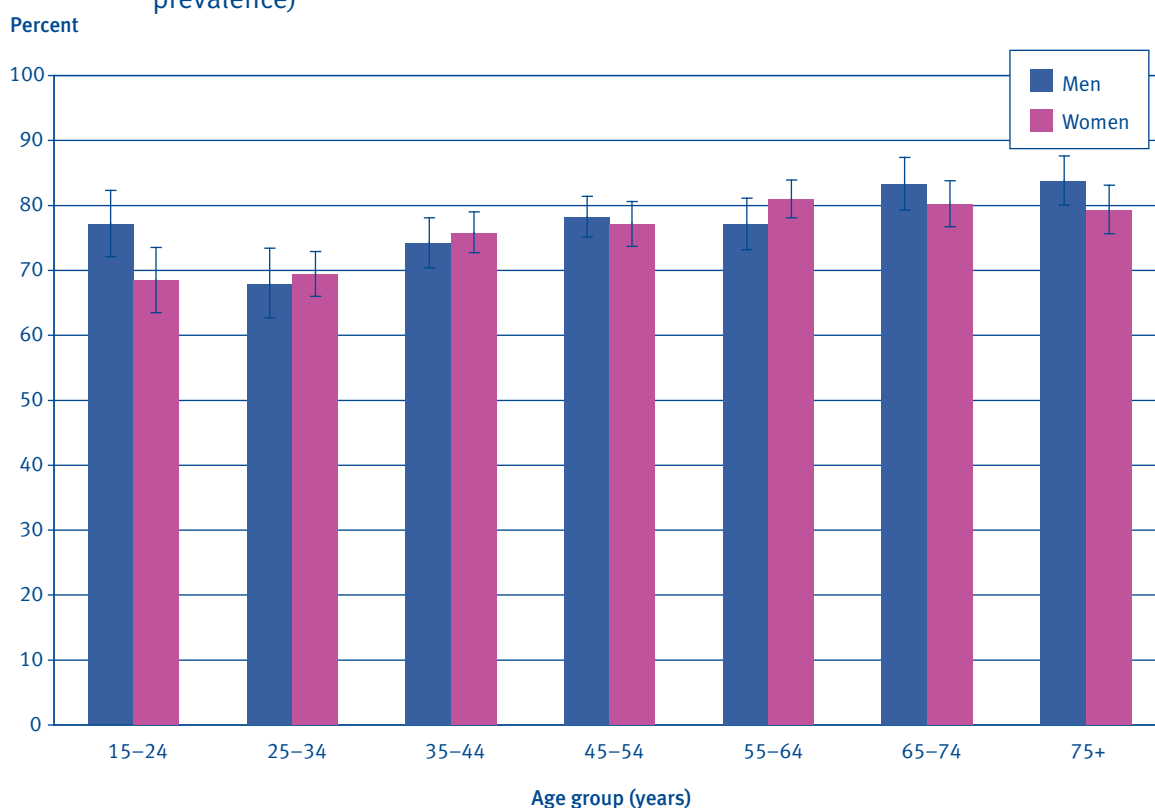
## Listened to carefully by primary health care professional

Three out of four (75.9%, 74.7–77.0) adults who saw a primary health care provider in the previous 12 months reported that their health care professional listened carefully to what they had to say ‘all of the time’. A further 19.8% (18.7–20.8) reported their health care professional listened carefully to what they had to say ‘most of the time’. There were no differences by gender, after adjusting for age.

### Listened to carefully, by age group

Men aged 25–34 years and women aged 15–34 years were least likely to report that their health care professional listened carefully to what they had to say ‘all of the time’ compared to men and women in all other age groups (Figure 5.20).

Figure 5.20: Adults whose primary health care provider listened carefully to what they had to say ‘all the time’ in the previous 12 months, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

### Listened to carefully, by ethnic group

Māori women (SRR 0.93, 0.90–0.97) were significantly less likely than all women who saw a primary health care provider in the previous 12 months to report that their health care professional listened carefully to what they had to say ‘all of the time’.

### Listened to carefully, by neighbourhood deprivation

Adults in NZDep2006 quintile 5 (most deprived) (70.5%, 67.9–73.0) were significantly less likely than those in quintile 1 (least deprived) (76.9%, 74.3–79.6) to report that their health care professional listened carefully to what they had to say ‘all of the time’.

## Adequate discussion of health care by primary health care professional

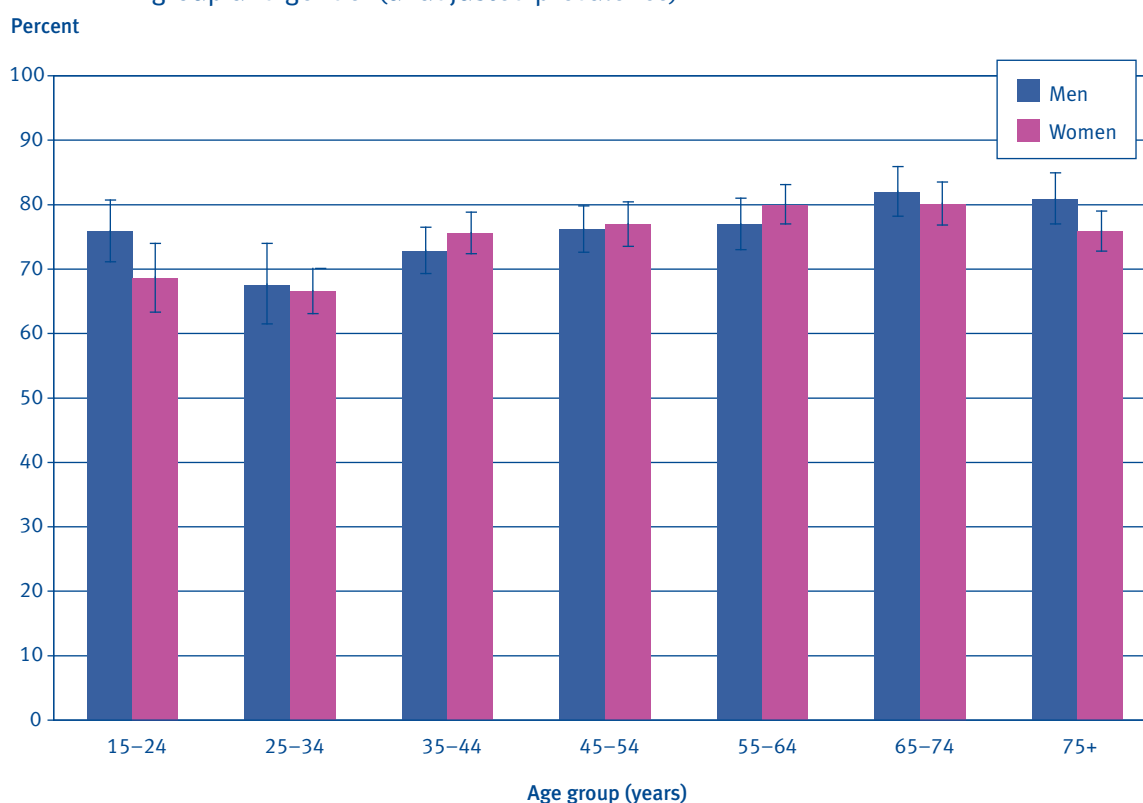
Three out of four (74.8%, 73.7–75.9) adults who saw a primary health care provider in the previous 12 months reported that their health care professional discussed their health care as much as they wanted ‘all of the time’. A further 18.8% (17.7–19.8) reported their health care professional discussed their health care as much as they wanted ‘most of the time’.

There were no differences by gender in the discussion of health care, adjusted for age.

### Adequate discussion of health care, by age group

Men aged 25–34 years and women aged 15–34 years were least likely to report that their health care professional discussed their health care as much as they wanted ‘all of the time’, compared to men and women of other ages (Figure 5.21).

Figure 5.21: Adults whose primary health care professional discussed their health care and treatment as much as they wanted ‘all the time’ in the previous 12 months, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

### Adequate discussion of health care, by ethnic group

Māori (SRR 0.96, 0.93–0.99) and Pacific (SRR 0.93, 0.87–0.98) adults were significantly less likely than adults in the total population to report that their health care professional discussed their health care as much as they wanted ‘all of the time’.

## **Adequate discussion of health care, by neighbourhood deprivation**

Adults in NZDep2006 quintile 5 (most deprived) (71.1%, 68.5–73.7) were significantly less likely than those in quintile 1 (least deprived) (76.5%, 74.3–78.7) to report that their health care professional discussed their health care as much as they wanted ‘all of the time’.