

# Chapter 6: Use of Health Care Professionals and Hospitals

## Introduction

New Zealanders have access to a variety of health care workers and services in the health and disability sector.

The primary health sector is usually the first point of contact an individual has with the health system. GPs and practice nurses are the health professionals most often encountered in the primary health care sector. Oral health care workers, other health care workers (such as pharmacists, community nurses, physiotherapists, chiropractors, opticians and psychologists) and complementary and alternative health care workers are also seen in the primary health care sector.

The secondary health care sector provides more specialised services, generally by staff working in clinics and hospitals. Medical specialists are one of the groups of health care workers that work in the secondary health care sector. They specialise in a particular field of medicine (other than primary care) and usually see individuals after they have been seen in the primary sector. In New Zealand, public hospitals are generally free, whereas a fee is paid at private hospitals, which may be funded by an individual's medical insurance.

This chapter presents findings for the 2006/07 New Zealand Health Survey about the use of certain health care workers in the last 12 months, the usual number of visits, the reason for the last visit, reasons for selecting a particular type of provider, and how many people needed to see a health practitioner for some reason but then did not, and the reasons for this.

This chapter also includes the use of public and private hospitals in the previous 12 months, with a particular focus on emergency department use, and ends by looking at medical insurance coverage.

Appendices 5 and 6 describe how to access data presented in this chapter, as well as additional results available online.

# General practitioners

## Introduction

The local doctor or general practitioner (GP) is the first point of contact with the health care system for nearly all New Zealanders. GPs operate private businesses and set their own fees for consultations and other services. As part of the Primary Health Care Strategy, new funding has been provided by the government in order to lower the cost of GP visits for people enrolled in primary health organisations (PHOs) and to encourage free GP consultations for children under six years of age. Most GPs belong to a PHO.

The New Zealand Health Survey provides information about the cost of GP visits and, by comparing survey results over time, how successful the Primary Health Care Strategy has been in reducing these costs. The survey focuses on the actual cost of the last visit to a GP. Another source of information on the cost of GP visits is the advertised (*scheduled*) fees for standard consultations, but these may be different from the *actual* fee charged for the last visit as collected in this survey. Differences can arise if visits are shorter or longer than standard consultations, if nurses or other staff are involved in the visit, or if GPs choose to discount the fees they actually charge on the day.

### What were the survey questions?

In the 2006/07 New Zealand Health Survey, all adult participants and parents of child participants were asked how many times they/their child had seen a GP in the previous 12 months. If they had seen a GP in the previous 12 months, they were asked further questions about their last visit: how long ago it was (adult participants only), the health issue concerned, and the cost. If adult participants saw a GP apart from their usual health care provider in the previous 12 months, they were asked how often this had occurred and the reason why.

Adult participants and the parents of child participants were also asked if there had been any time in the previous 12 months when they/their child needed to see a GP but could not, and if so how many times this occurred, the reason they were unable to see the GP, the health issue concerned (child participants only) and what they did instead.

Chapter 5 of this report focused on whether people had a primary health care provider to go to first and on the accessibility and comprehensiveness of services provided. This chapter focuses on visits to health professionals more generally. This includes visits to health professionals apart from those at primary health care providers, and includes visits for people who do not have a primary health care provider.

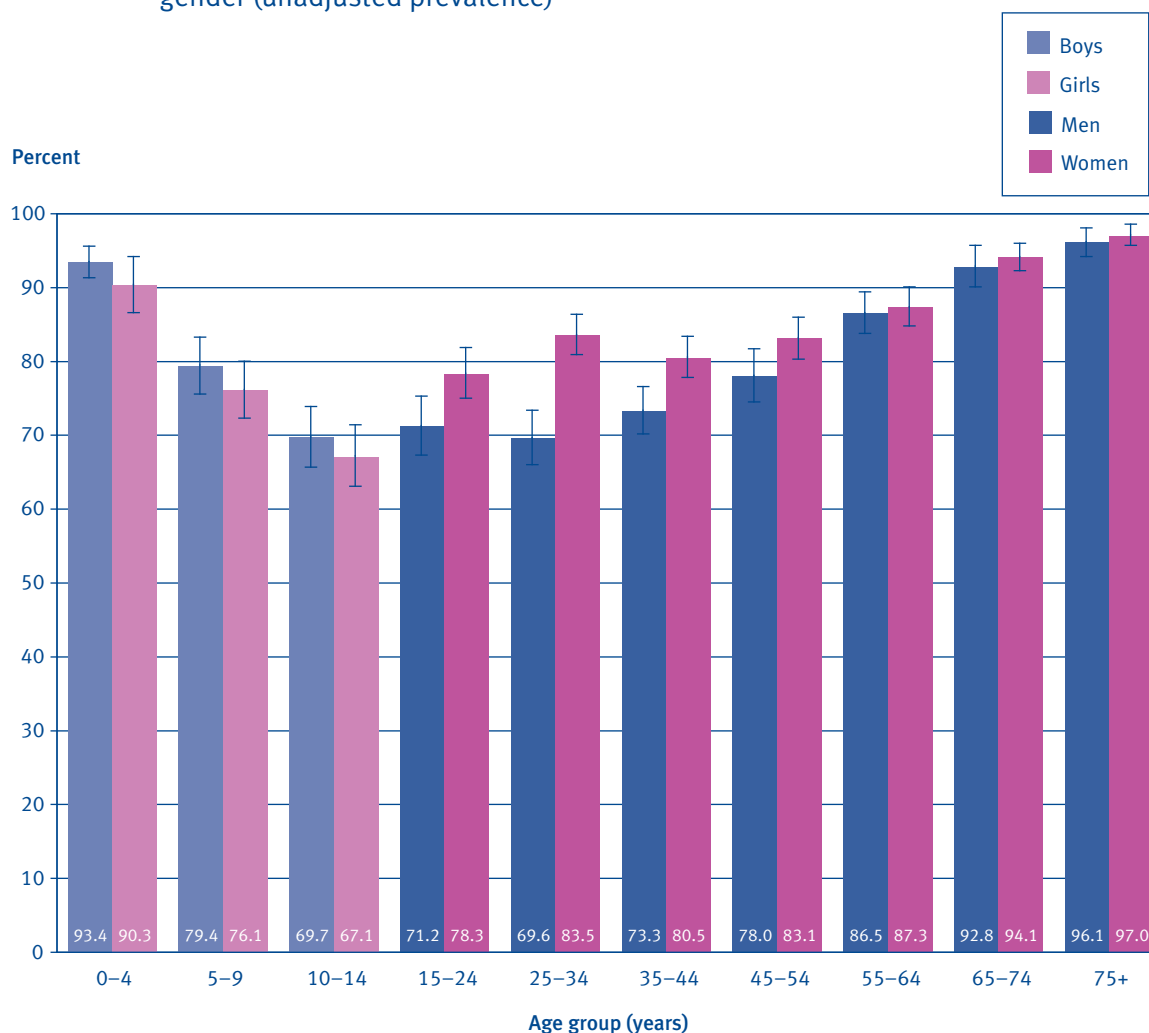
## Saw a GP in the previous 12 months

Overall, four out of five children (79.2%, 77.7–80.7) and four out of five adults (81.3%, 80.3–82.3) had seen a GP in the previous 12 months. Adjusted for age, boys and girls were equally likely to have seen a GP in the previous 12 months, while women (83.4%, 82.1–84.7) were significantly more likely than men to have seen a GP in the previous 12 months (76.6%, 75.1–78.1).

## Saw a GP in the previous 12 months, by age group

The proportion of the population who had seen a GP in the last 12 months was highest for children aged less than five years and adults aged over 65 years. The lowest proportion was for children aged 10–14 years (Figure 6.1).

Figure 6.1: Children and adults who saw a GP in the previous 12 months, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

## Saw a GP in the previous 12 months, by ethnic group

Pacific boys (SRR 1.05, 1.01–1.10) were significantly more likely than boys in the total population to have seen a GP in the previous 12 months. European/Other adults (SRR 1.02, 1.01–1.02) were significantly more likely than the total adult population to have seen a GP in the previous 12 months, while Asian adults (SRR 0.91, 0.88–0.95) were less likely to have done so.

## Saw a GP in the previous 12 months, by neighbourhood deprivation

There were no significant differences in the use of GP services by neighbourhood deprivation for either children or adults.

## Saw a GP in the previous 12 months, by DHB area

The proportion of children who saw a GP in the previous 12 months was significantly higher in the Auckland DHB area than the national rate, while this proportion was significantly lower in the South Island DHBs, excluding Canterbury (Table 6.1).

There were no significant differences in proportion of adults in each DHB area who saw a GP in the previous 12 months.

Table 6.1: Children and adults who saw a GP in the previous 12 months, by DHB area (unadjusted)

DHB area	Prevalence in children (95% CI)	Number of children	Prevalence in adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	81.7 (78.4–85.0)	94400	82.6 (80.4–84.8)	310200
Waitemata	80.0 (75.4–84.6)	83200	81.4 (78.3–84.5)	308400
Auckland	83.8 (79.4–88.1) +	62600	79.3 (76.0–82.7)	256000
Counties Manukau	80.1 (76.0–84.2)	89100	83.3 (80.5–86.0)	268500
Waikato	75.3 (71.0–79.6)	57400	80.8 (78.5–83.1)	209500
Bay of Plenty / Taranaki / MidCentral	78.3 (73.8–82.8)	77100	79.8 (77.1–82.5)	280400
Wairarapa / Hutt Valley / Capital and Coast	80.9 (76.1–85.6)	72300	82.2 (79.6–84.7)	284800
Canterbury	79.0 (73.4–84.6)	71800	83.0 (80.3–85.8)	308200
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	73.3 (67.2–79.4) –	68900	79.3 (76.1–82.4)	311400
<b>New Zealand total</b>	<b>79.2 (77.7–80.7)</b>	<b>676800</b>	<b>81.3 (80.3–82.3)</b>	<b>2537400</b>

Source: 2006/07 New Zealand Health Survey

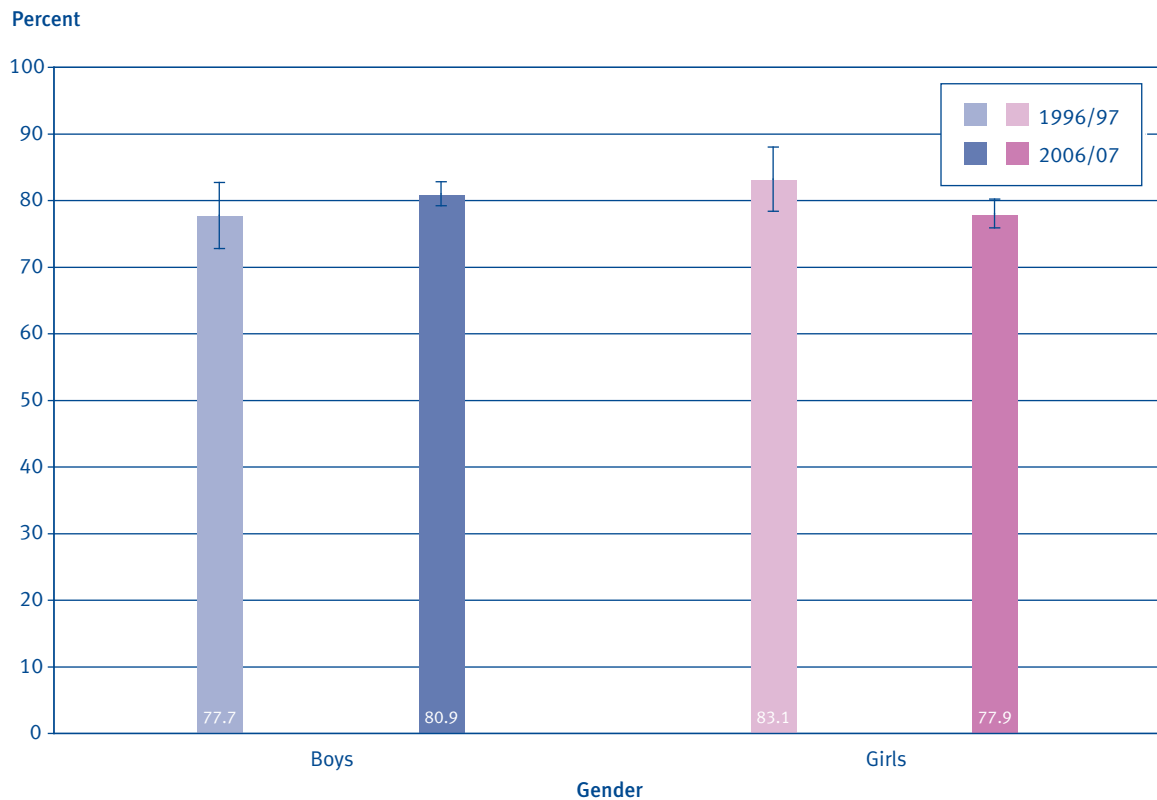
Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

## Time trends in the use of GPs in the previous 12 months

Between 1996/97 and 2006/07, there has been no change in the proportion of boys who saw a GP in the previous 12 months, adjusted for age (Figure 6.2). For girls, adjusted for age, there has been a small, but not significant decline in the proportion who saw a GP in the previous 12 months from 83.1% to 77.9% (p-value = 0.05).

There was no change in the proportion of Māori children who saw a GP in the previous 12 months between 1996/97 and 2006/07, adjusted for age.

Figure 6.2: Children who saw a GP in the previous 12 months, by gender, 1996/97 and 2006/07 (age standardised prevalence)



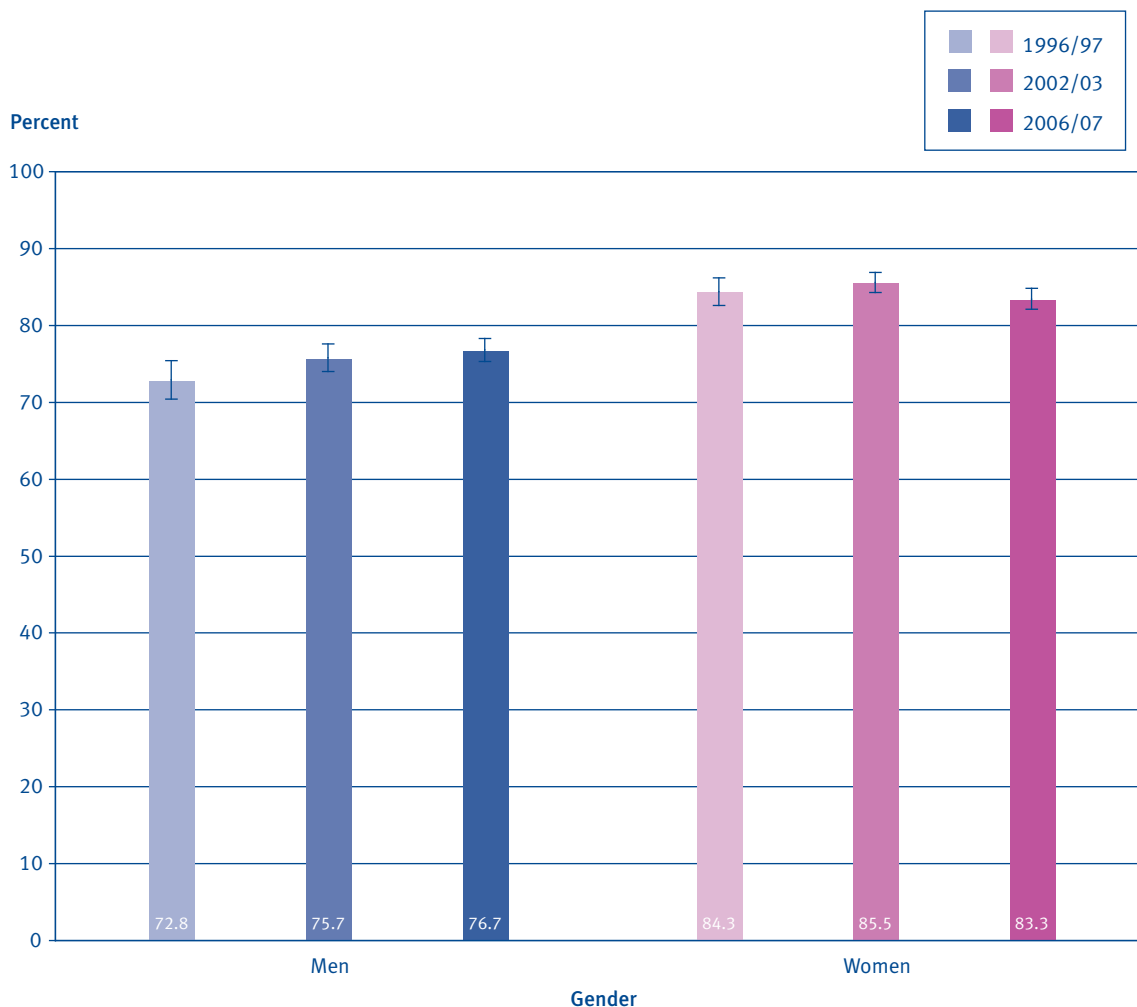
Source: 1996/97 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability. Data not available for 2002/03.

For men, between the 1996/97 and 2006/07 New Zealand Health Surveys, there was an increase in the proportion who saw a GP in the previous 12 months (p-value < 0.05), adjusted for age (Figure 6.3). For women, there was a significant decline between 2002/03 and 2006/07 in the proportion that saw a GP in last 12 months (p-value < 0.05).

For Māori, there was a significant increase in the proportion of men who saw a GP in the previous 12 months between the 2002/03 and 2006/07 health surveys, adjusted for age (Figure 6.4).

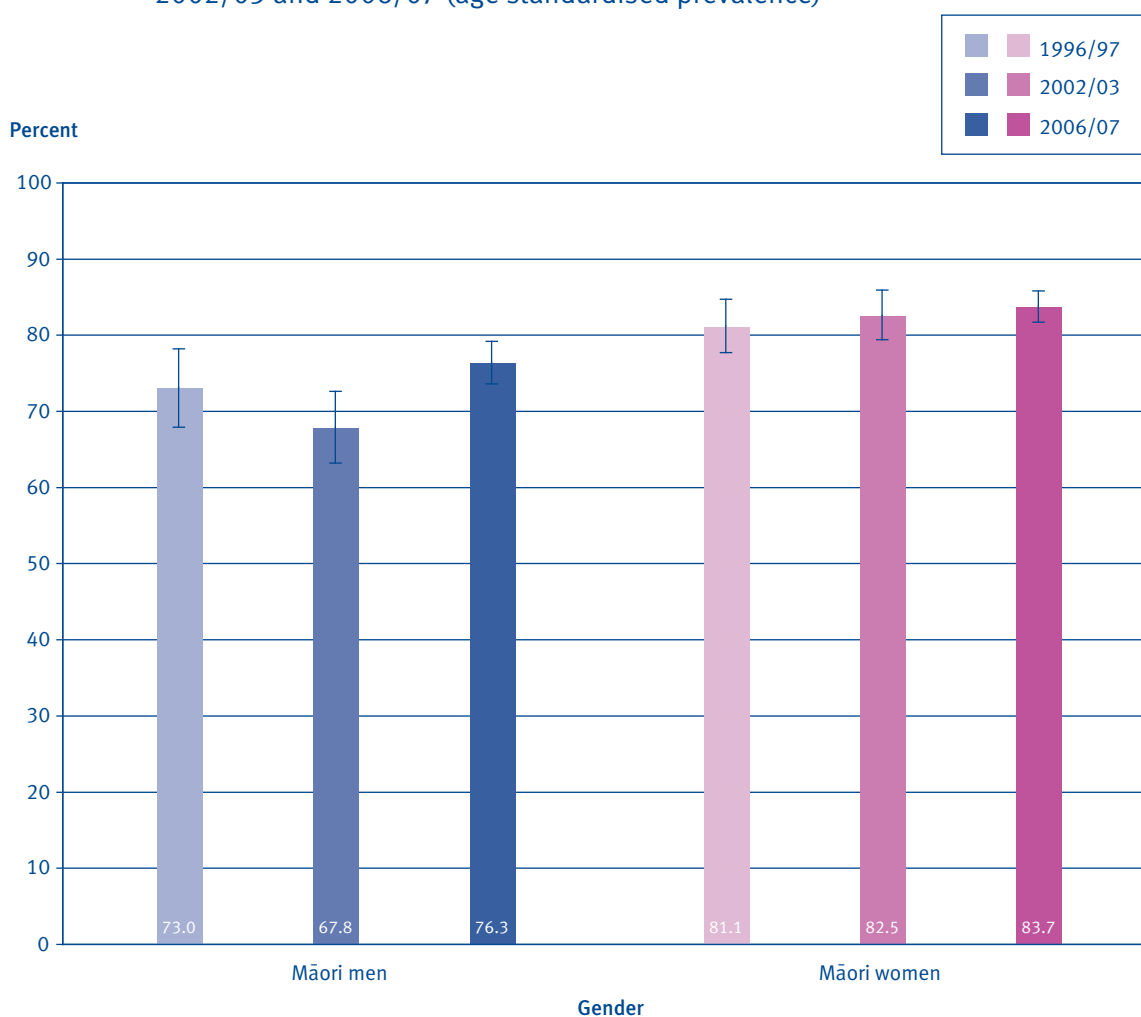
Figure 6.3: Adults who saw a GP in the previous 12 months, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

Figure 6.4: Māori adults who saw a GP in the previous 12 months, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

## Number of visits to a GP in previous 12 months

The median number<sup>16</sup> of visits to a GP in the previous 12 months for both children and adults was two. Children aged less than five years had a higher median number of visits (three), as did adults aged 55–64 years (three) and those aged 65 years and over (four). There were no significant differences in the number of visits by ethnic group or neighbourhood deprivation for either children or adults.

## Time trends in the number of visits to a GP in the previous 12 months

There are no time trends available for children on the number of visits to a GP in the previous 12 months.

From 2002/03 to 2006/07, there was no change in the median number of two visits to a GP in the previous 12 months, for both men and women, adjusted for age.

<sup>16</sup> Other reports may use the mean (average) number of visits, which is slightly higher than the median number of visits in the previous 12 months, due to a small number of people in this sample with a very high number of visits.

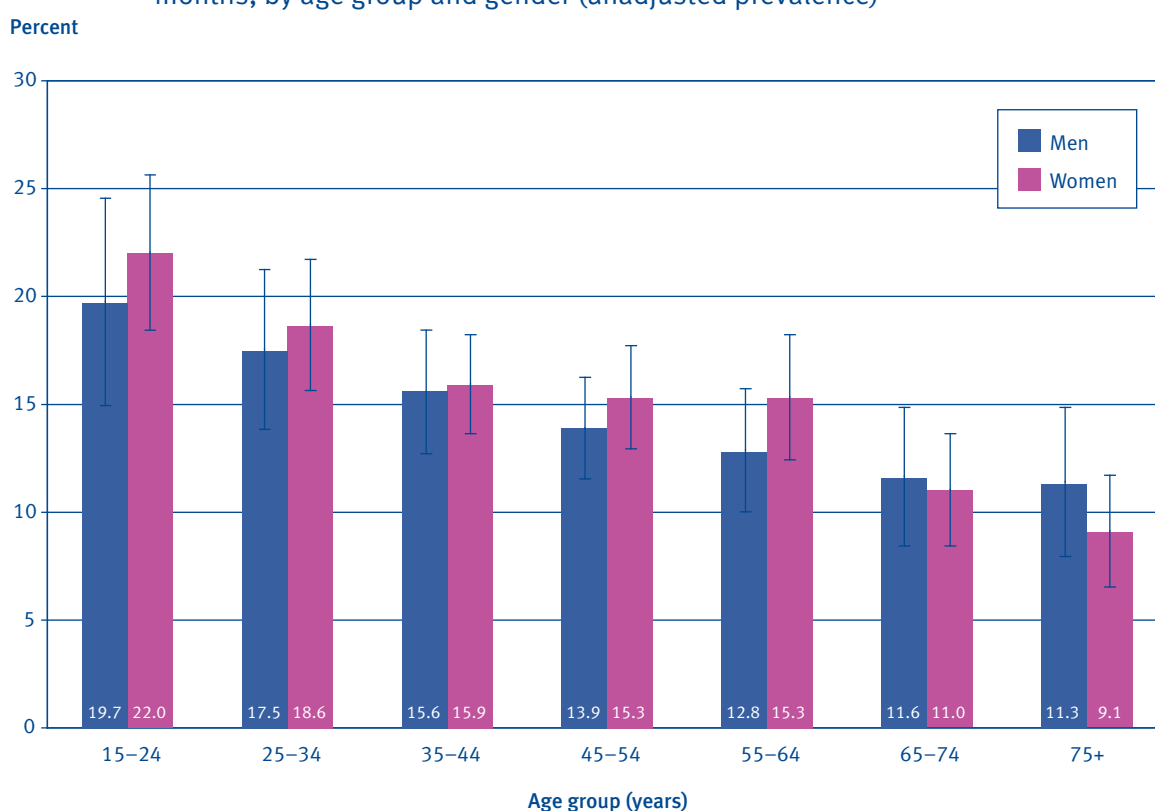
Among Māori men, the median number of visits increased from one in 2002/03 to two in 2006/07, adjusted for age. There was no difference in the median number of visits among Māori women (remaining steady at three visits).

## Saw a GP at another primary health care provider

One in six (15.7%, 14.8–16.6) adults with a primary health care provider saw a GP in the previous 12 months who was not based at their usual primary health care provider<sup>17</sup>.

The proportion of adults who saw a GP at a different primary health care provider decreased with age (Figure 6.5). Adults aged 65 years and over were significantly less likely than those aged less than 65 years to have seen a GP at a different primary health care provider.

Figure 6.5: Adults who saw a GP outside their primary health care provider in the previous 12 months, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

The most common reasons given for seeing a GP at a different primary health care provider were:

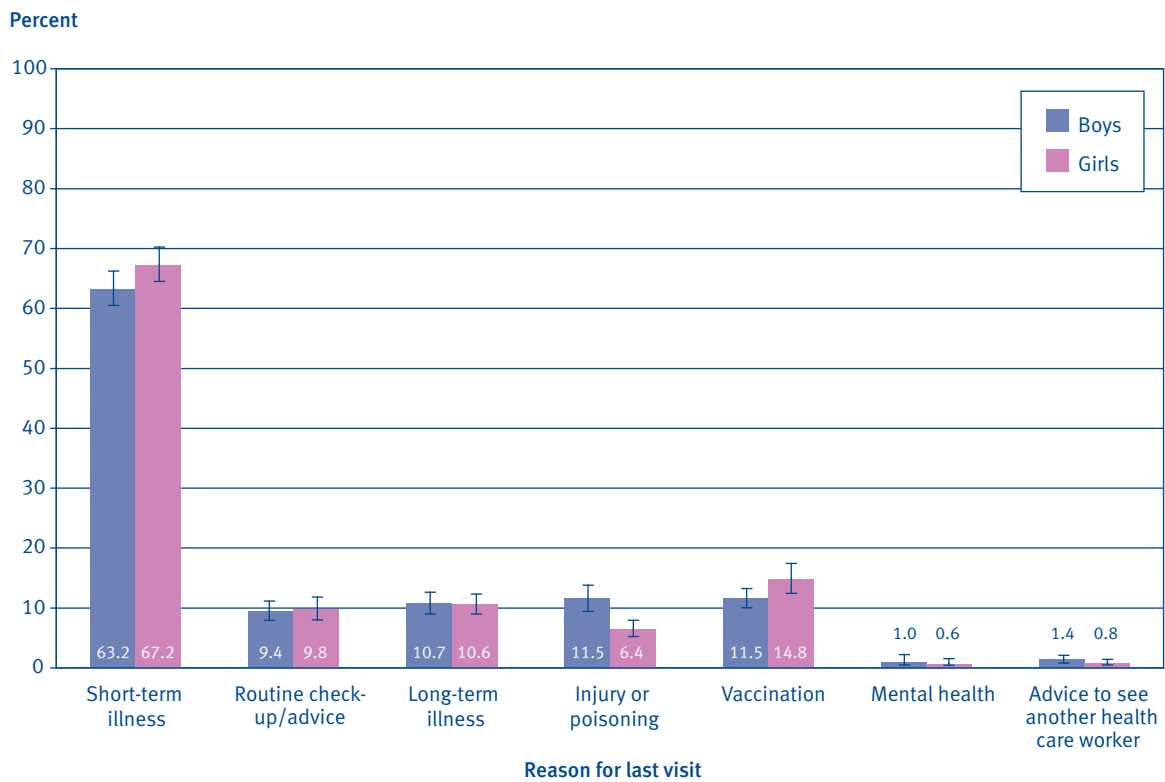
- it was after hours (38.3%, 35.3–41.3)
- I see different GPs for different conditions (18.0%, 15.5–20.5)
- I could not get an appointment with my usual health care provider (16.7%, 14.7–18.6)
- I was on holiday or at work away from my usual health care provider (13.3%, 11.4–15.2)
- another GP was closer/more convenient (5.5%, 4.1–6.9).

<sup>17</sup> Chapter 5 contains more information about primary health care providers.

## Reason for last visit to GP

For children who saw a GP in the previous 12 months, the usual reason for their last GP visit was a short-term condition, followed by vaccination for girls and injury/poisoning or vaccination for boys (Figure 6.6).

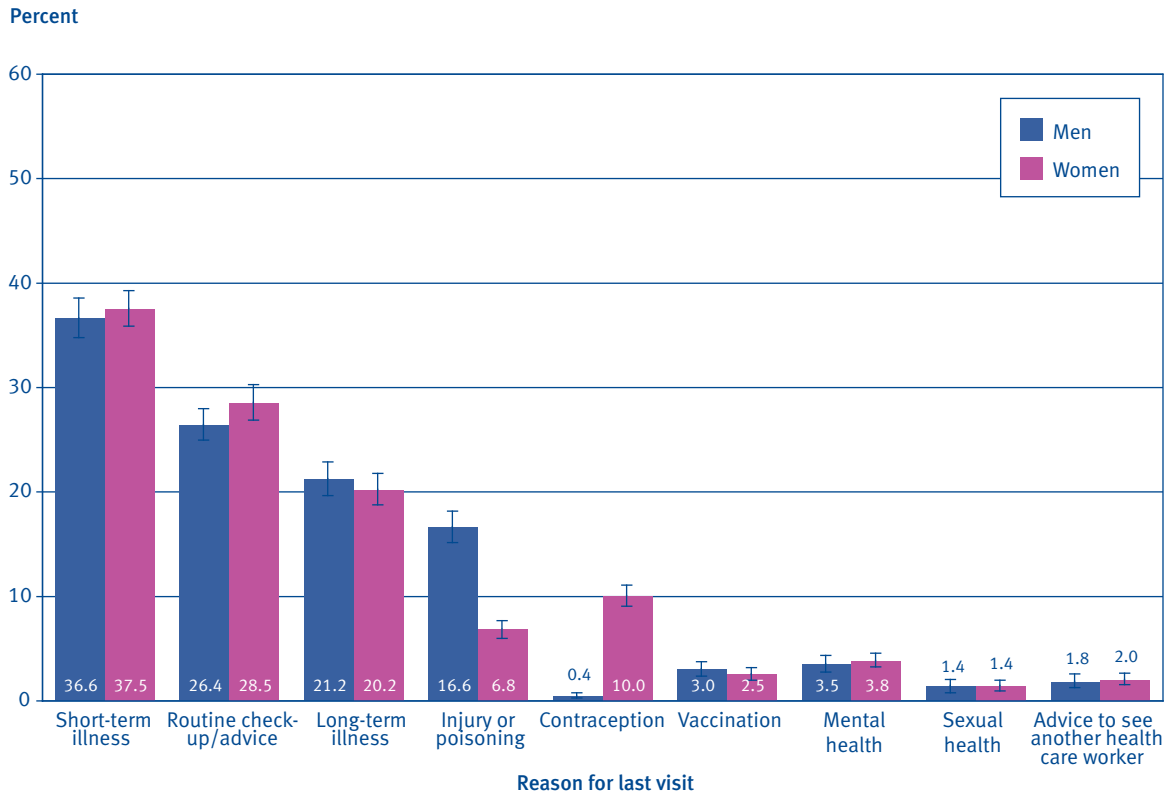
Figure 6.6: Reason for last visit to GP for children, by gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

For adults who saw a GP in the previous 12 months, the most common reason for the last GP visit was for a short-term illness, followed by a routine check-up or advice. Adjusted for age, men were much more likely than women to have seen a GP for an injury or poisoning, and women were much more likely than men to have seen a GP for contraception (Figure 6.7).

Figure 6.7: Reason for last visit to GP for adults, by gender (age standardised prevalence)

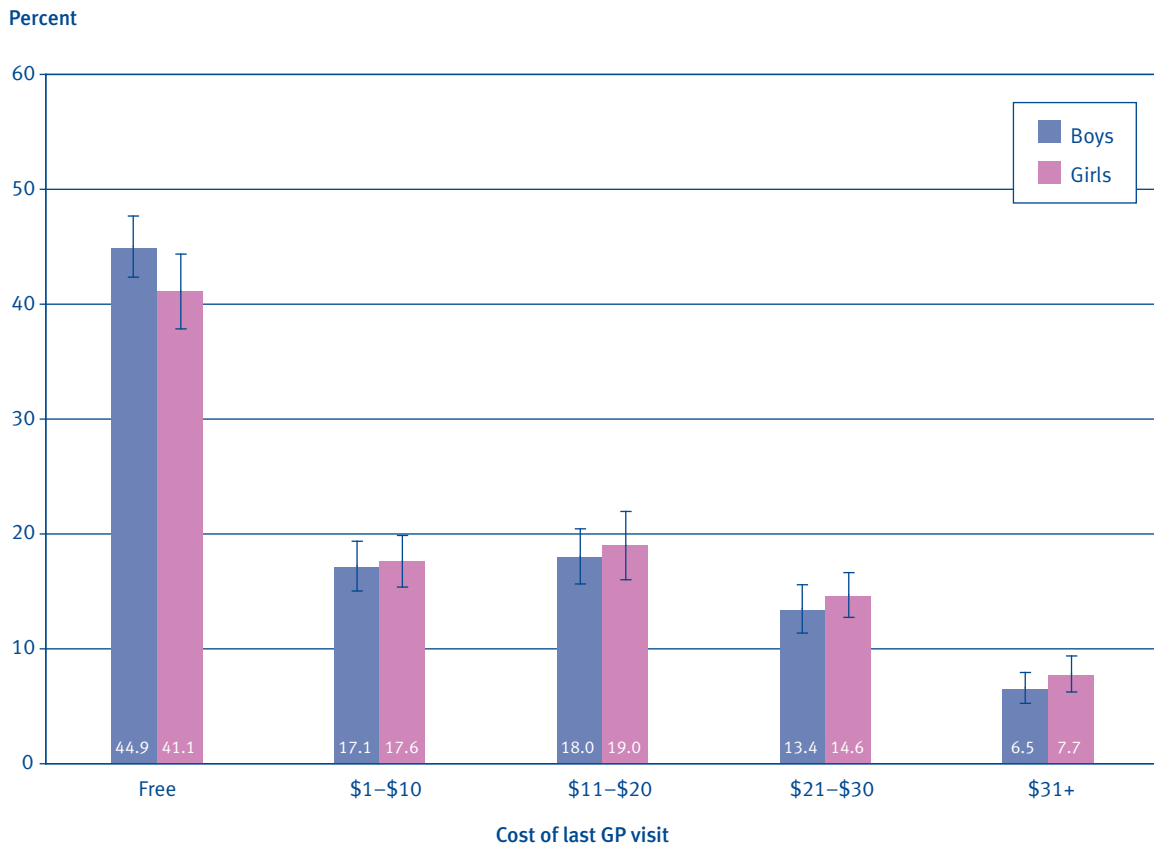


Source: 2006/07 New Zealand Health Survey

## Cost of last visit to GP

The last visit to a GP was free for two out of five children (42.5%, 40.3–44.7) aged from birth to 14 years, while the cost for a further 17.3% (15.6–19.0) was \$10 or less. Adjusted for age, there were no significant differences between boys and girls in the cost of last visit to a GP (Figure 6.8)

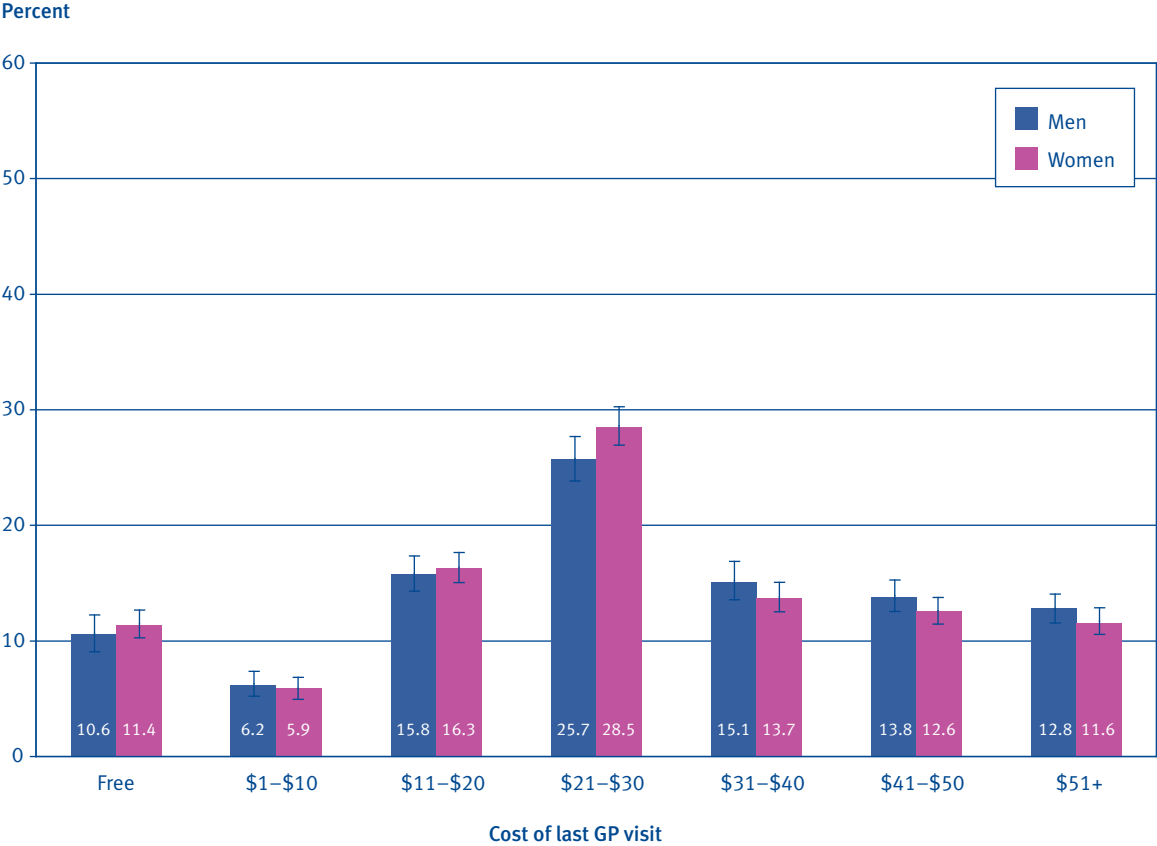
Figure 6.8: Cost of last GP visit for children, by gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

For men and women, the most common cost of their last GP visit was \$21 to \$30, followed by \$11–20 (Figure 6.9). One in ten adults were not charged for their last visit to a GP. Adjusted for age, there was little difference between men and women in the cost for their last GP visit, however women were slightly more likely than men to be charged \$21–30 (Figure 6.9).

Figure 6.9: Cost of last GP visit for adults, by gender (age standardised prevalence)



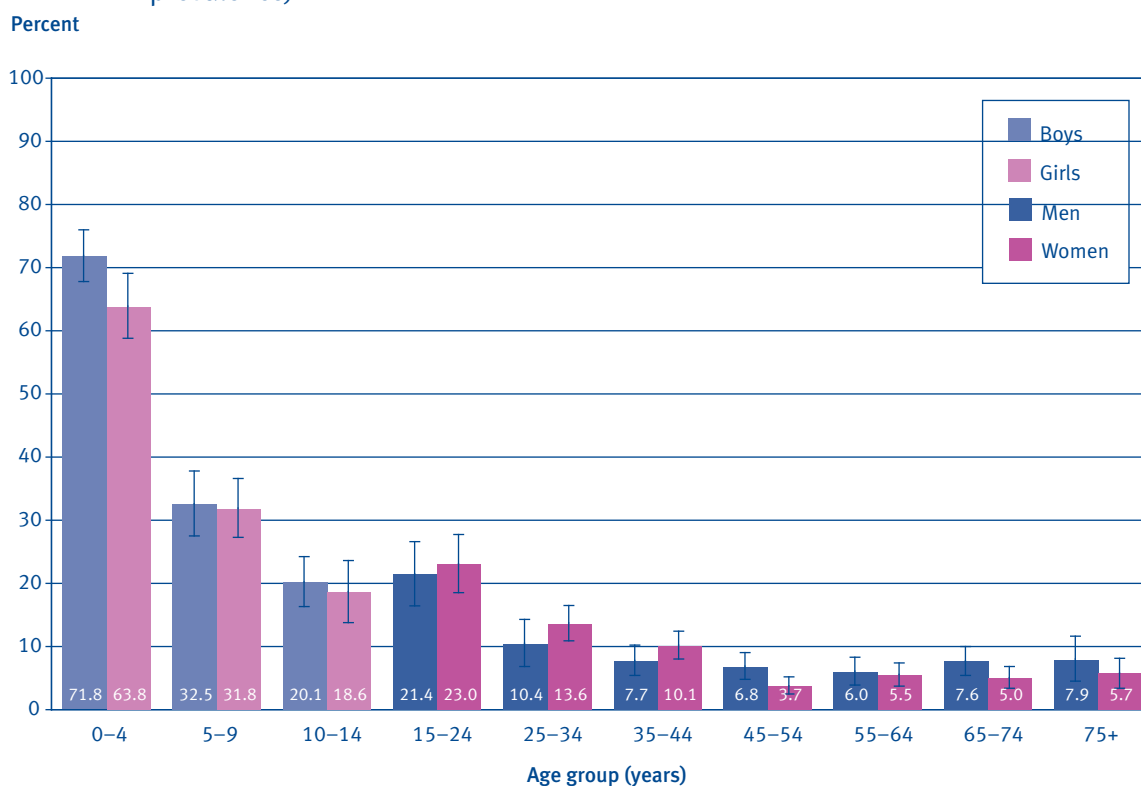
Source: 2006/07 New Zealand Health Survey

## Last GP visit free, by age group

The proportion of children whose last GP visit was free decreased with increasing age. Children aged 0–4 years (68.0%, 64.9–71.1) were significantly more likely than those aged 5–9 years (32.2%, 28.5–35.9) and 10–14 years (19.4%, 16.2–22.6) to have had a free last GP visit (Figure 6.10). The last GP visit was free for two-thirds (67.0%, 64.2–69.9) of children aged less than six years.

Adults aged 15–24 years were significantly more likely than all other adult age groups to have had a free last GP visit with one in five (22.3%, 19.0–25.6) adults aged 15–24 years not charged for their last GP visit (Figure 6.10). For adults aged 65 years and over, 6.4%, (5.1–7.8) had a free last GP visit.

Figure 6.10: Population whose last GP visit was free, by age group and gender (unadjusted prevalence)

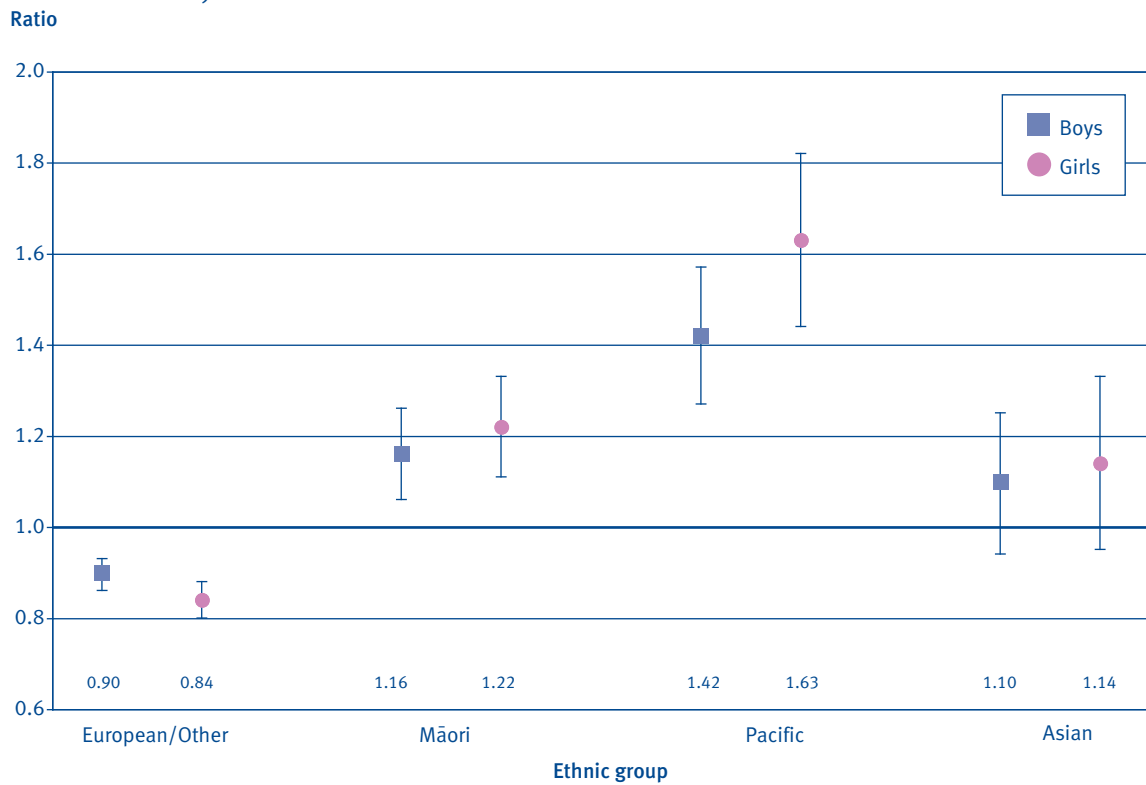


Source: 2006/07 New Zealand Health Survey

## Last GP visit free, by ethnic group

After adjusting for age, Māori and Pacific boys and girls were significantly more likely than boys and girls in the total population to have had a free last GP visit (Figure 6.11). Māori (SRR 1.16, 1.10–1.22) and Pacific (SRR 1.25, 1.15–1.35) children under six years of age were also significantly more likely than all children under six years of age to have had a free last GP visit (graph not shown).

Figure 6.11: Last GP visit free for children, by ethnic group and gender (age standardised rate ratio)

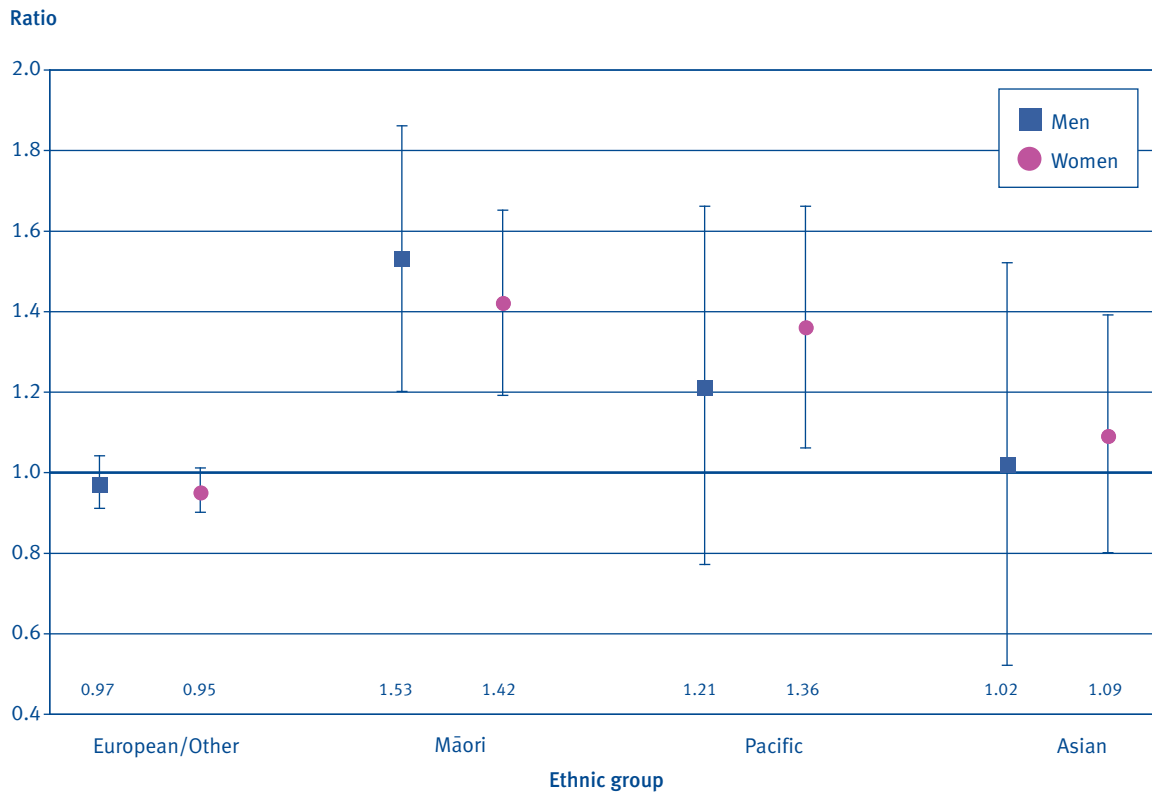


Source: 2006/07 New Zealand Health Survey

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 from birth to 14 years. Total response standard output for ethnic groups has been used.

Māori men and women and Pacific women were significantly more likely than men and women in the total adult population to report that their last GP visit was free (Figure 6.12).

Figure 6.12: Last GP visit free for adults, by ethnic group and gender (age standardised rate ratio)



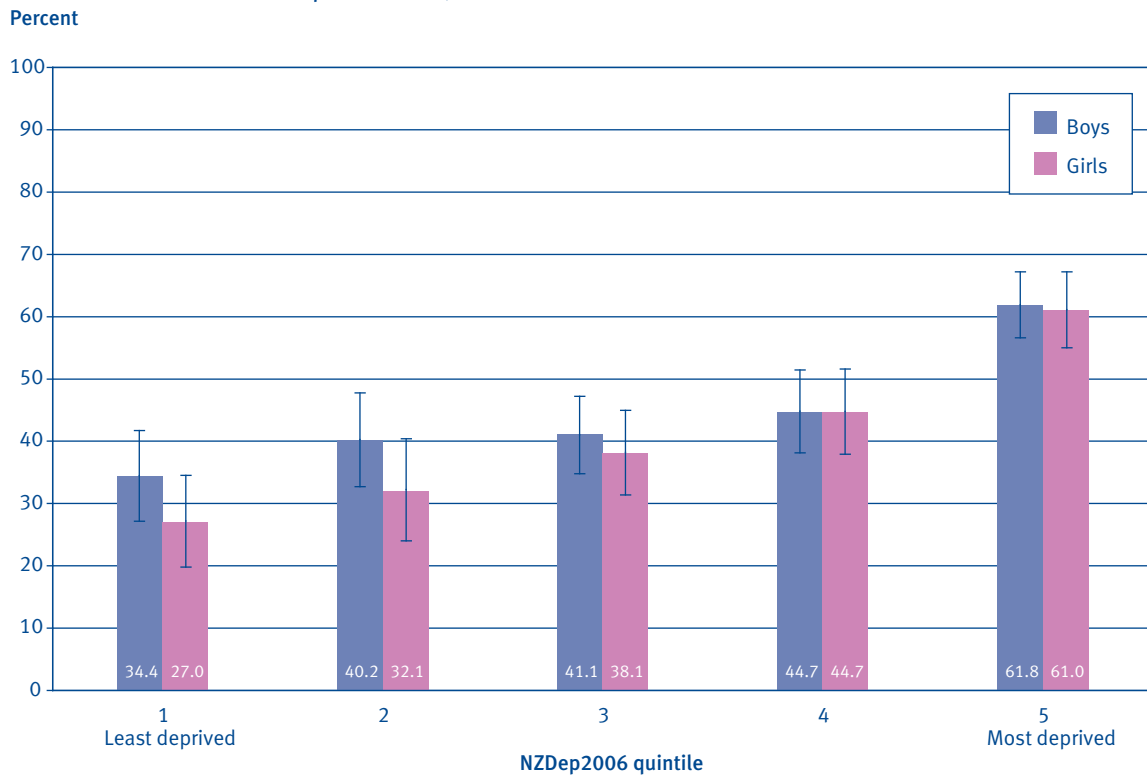
Source: 2006/07 New Zealand Health Survey

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.

## Last GP visit free, by neighbourhood deprivation

Children in NZDep2006 quintile 5 (most deprived) neighbourhoods were significantly more likely to have had a free last GP visit than those in any other NZDep2006 quintile (Figure 6.13). The same trend was seen for children aged under six years.

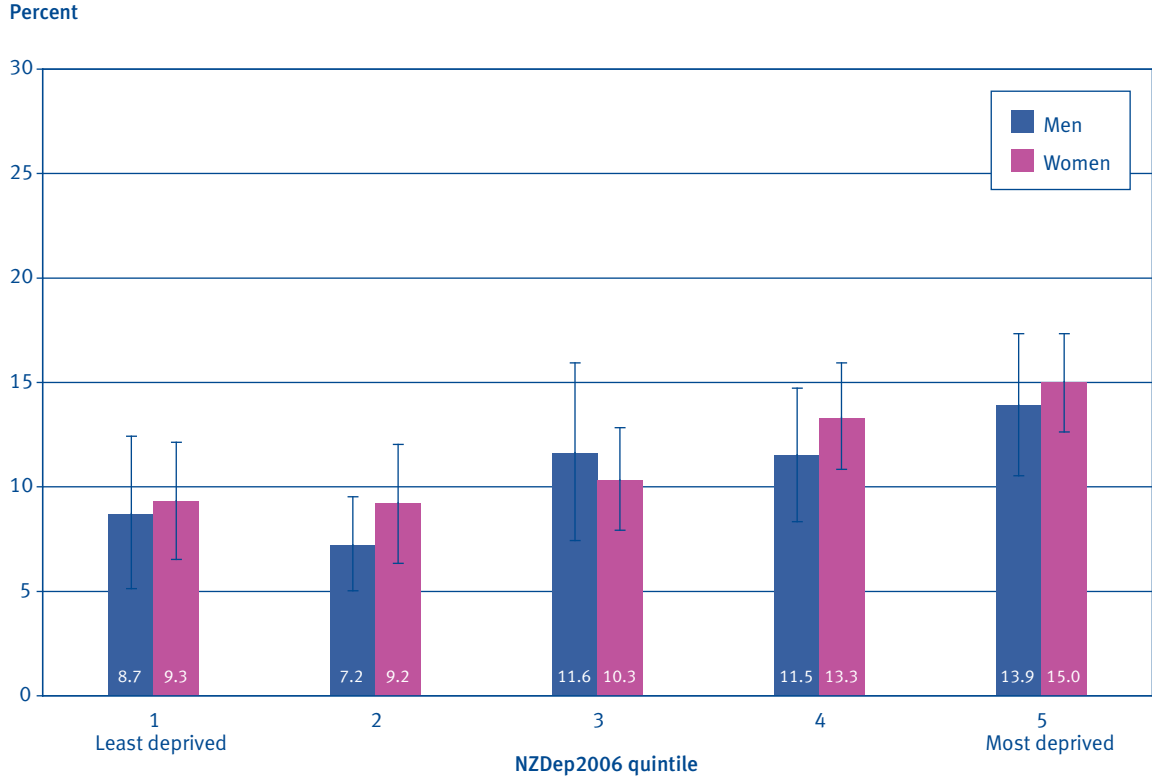
Figure 6.13: Children whose last GP was free, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Women in NZDep2006 quintile 5 (most deprived) neighbourhoods were significantly more likely to have had a free GP visit than women in NZDep2006 quintiles 1 (least deprived) and 2 (Figure 6.14).

Figure 6.14: Adults whose last GP was free, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

## Last GP visit free, by DHB area

There was a lot of variation by DHB area in the proportion of the population whose last visit to a GP was free.

The proportion of children whose last GP visit was free was significantly higher in the Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui and Counties Manukau DHB areas than nationally, while this proportion was significantly lower in Wairarapa / Hutt Valley / Capital and Coast and Canterbury DHB areas than nationally (Table 6.2).

The proportion of adults whose last GP visit was free was significantly higher in the Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui DHB area than nationally, while this proportion was significantly lower in the Waitemata and Bay of Plenty / Taranaki / MidCentral DHB areas (Table 6.2).

Table 6.2: Last visit to GP was free, children and adults, by DHB area (unadjusted)

DHB area	Prevalence in children (95% CI)	Number of children	Prevalence in adults (95%CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	41.5 (36.9–46.1) +	47900	12.5 (10.2–14.7) +	38700
Waitemata	28.0 (21.4–34.5)	29100	6.8 (4.7–8.8) –	20900
Auckland	39.6 (32.7–46.4)	29600	7.6 (5.0–10.3)	19500
Counties Manukau	47.1 (41.3–53.0) +	52400	10.1 (8.0–12.3)	27200
Waikato	32.1 (26.6–37.5)	24500	10.0 (7.1–12.9)	21000
Bay of Plenty / Taranaki / MidCentral	32.8 (27.6–37.9)	32300	6.8 (5.2–8.4) –	19100
Wairarapa / Hutt Valley / Capital and Coast	22.4 (17.1–27.6) –	20000	11.9 (9.1–14.6)	33800
Canterbury	22.1 (16.4–27.7) –	20100	11.7 (8.9–14.6)	36200
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	30.3 (23.6–36.9)	28500	11.6 (8.9–14.4)	36300
<b>New Zealand total</b>	<b>33.3 (31.5–35.1)</b>	<b>284800</b>	<b>10.0 (9.2–10.8)</b>	<b>252600</b>

Source: 2006/07 New Zealand Health Survey

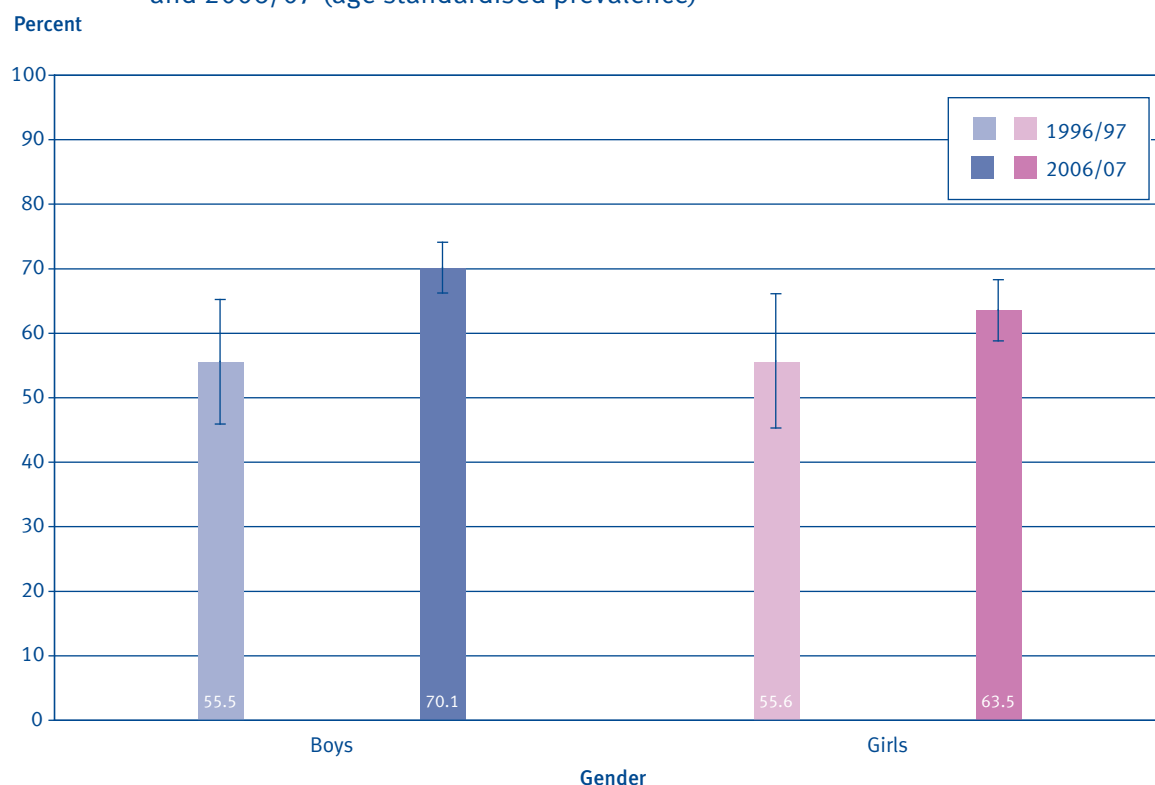
Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

## Time trends in last GP visit free

Overall for children in the total population, between 1996/97 and 2006/07, there was no change in the proportion whose last visit to a GP was free. For children under six years of age, there was a significant increase in the proportion of children whose last visit to a GP was free, adjusting for age, from 55.5% (48.5–62.6) in 1996/97 to 67.0% (64.1–69.8) in 2006/07. When looking at boys and girls separately, this increase is significant only in boys (Figure 6.15).

There was also a significant increase in the proportion of Māori boys under 6 years of age whose last visit to a GP was free from 61.8% (44.5–79.2) in 1996/97 to 80.7% (75.0–86.5) in 2006/07 (p-value < 0.05), with no change for Māori girls.

Figure 6.15: Children aged under 6 years whose last visit to GP was free, by gender, 1996/97 and 2006/07 (age standardised prevalence)



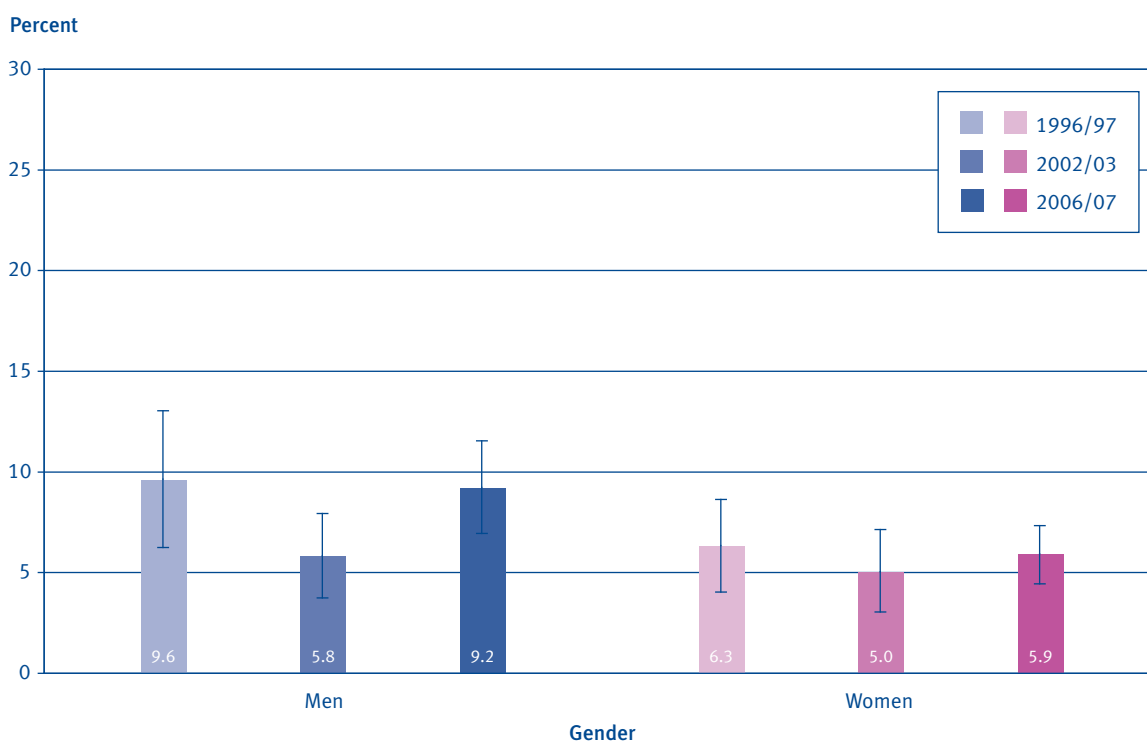
Source: 1996/97 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability. Data not available for 2002/03.

Among adults, between 1996/97 and 2002/03, there was no change in the proportion whose last visit to a GP was free. Among adults aged 65 years and over, there was an increase in the proportion of men whose last visit to a GP was free (p-value < 0.05) (Figure 6.16).

There was also a significant increase in the proportion of Māori men over 65 years of age whose last visit to a GP was free from 7.3 % (2.6–11.9) in 2002/03 to 26.4% (15.7–39.6) in 2006/07, with no change for Māori women.

Figure 6.16: Adults aged 65 years and over whose last visit to GP was free, by gender, 1996/97, 2002/03, 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

## Unmet need for GP services in previous 12 months

Four percent (3.3–4.8) of children and 6.3% (5.8–6.9) of adults needed to see a GP in the previous 12 months but were unable to for any reason, that is, they had an unmet need for a GP. This equates to 34,600 children and 197,400 adults.

For children who had unmet need for a GP visit in the previous 12 months:

- 55.5% were unable to see a GP once
- 29.4% were unable to see a GP twice
- 15.1% were unable to see a GP three times or more.

Parents, whose child was unable to see a GP when needed, reported that the last time this happened they:

- did nothing (23.5%, 15.2–31.7)
- saw their child's GP at a later date (16.9%, 10.6–23.1)
- went to an after-hours medical centre (13.0%, 7.9–19.7)
- went to a hospital emergency department (9.5%, 4.9–16.1), or
- went to a pharmacy instead (7.0%, 4.0–11.4).

For adults who had unmet need for a GP visit in the previous 12 months:

- 40.4% were unable to see a GP once
- 31.1% were unable to see a GP twice
- 28.5% were unable to see a GP three times or more.

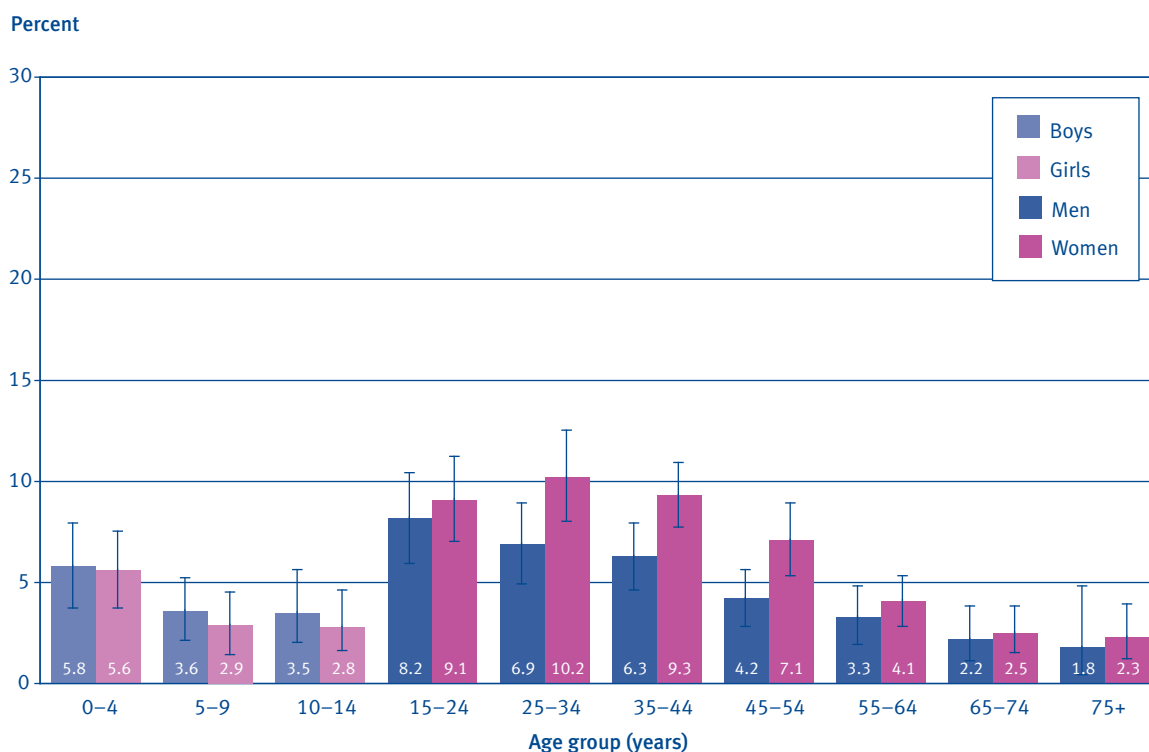
Adults who were unable to see a GP when needed, reported the last time this happened they:

- did nothing (45.8%, 41.7–50.0)
- went to a pharmacy (13.7%, 10.4–17.0)
- saw their GP at a later date (13.1%, 10.1–16.1)
- went to a hospital emergency department (3.9%, 2.3–5.5), or
- went to an after-hours medical centre instead (2.9%, 1.7–4.5).

### Unmet need for GP services, by age group

The proportion of children reporting an unmet need for GP services decreased with age (Figure 6.17). For adults the same pattern can be seen, with the younger age groups having greater unmet need compared to the older age groups. Adjusted for age, boys and girls were equally likely to have an unmet need for a GP, while women (7.8%, 6.9–8.6) were significantly more likely than men (5.7%, 4.9–6.5) to report unmet need.

Figure 6.17: Unmet need for GP services for children and adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

## Unmet need for GP services, by ethnic group

Table 6.3 gives an indication of the proportions and numbers of children in New Zealand's main ethnic groups that were unable to see a GP when they needed to in the previous 12 months.

Table 6.3: Unmet need for a GP in the previous 12 months for any reason for children, by ethnic group (unadjusted)

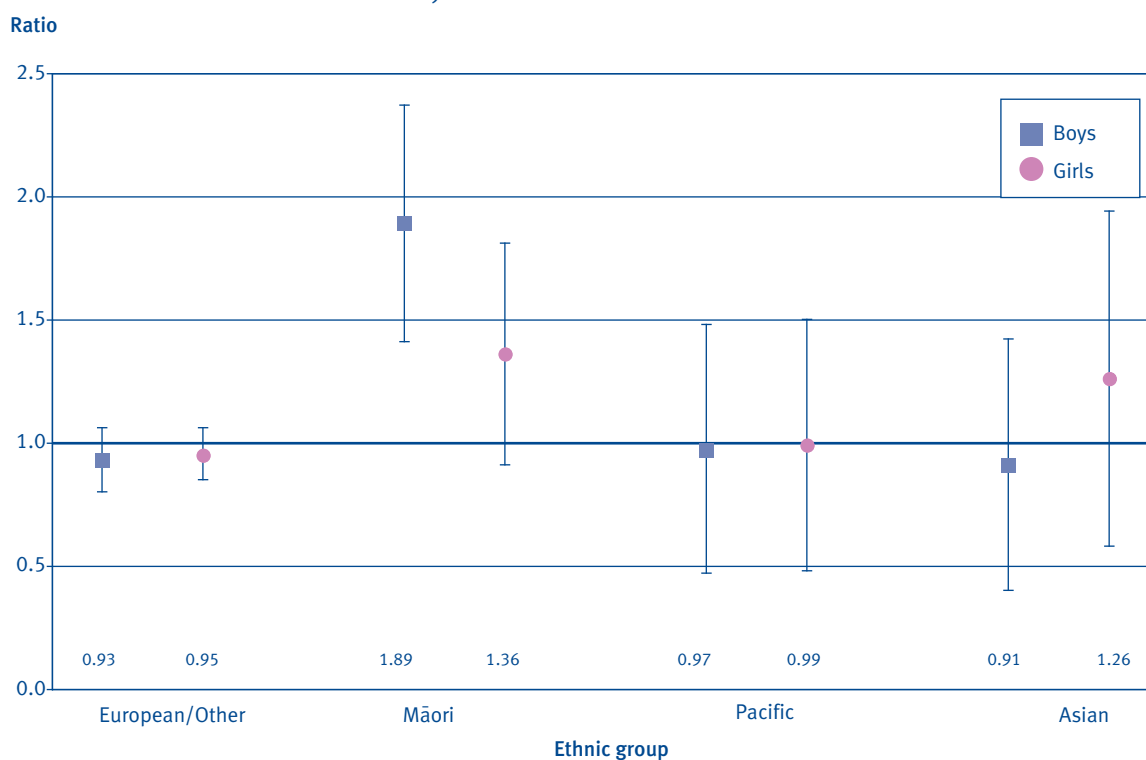
Ethnic group	Prevalence (95% CI)	Number of children
European/ Other	3.8 (3.0–4.6)	24500
Māori	6.7 (5.2–8.3)	13200
Pacific	4.0 (2.5–5.6)	4000
Asian	4.3 (2.4–6.1)	3300

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

After adjusting for age, Māori boys (SRR 1.89, 1.41–2.37) were significantly more likely than boys in the total population to have had an unmet need for GP services in the previous 12 months (Figure 6.18).

Figure 6.18: Unmet need for GP services for children, 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 from birth to 14 years. Total response standard output for ethnic groups has been used.

Table 6.4 gives an indication of the proportions and numbers of adults in New Zealand’s main ethnic population groups that were unable to see a GP when they needed to in the previous 12 months.

Table 6.4: Unmet need for a GP in the previous 12 months for any reason for adults, by ethnic group (unadjusted)

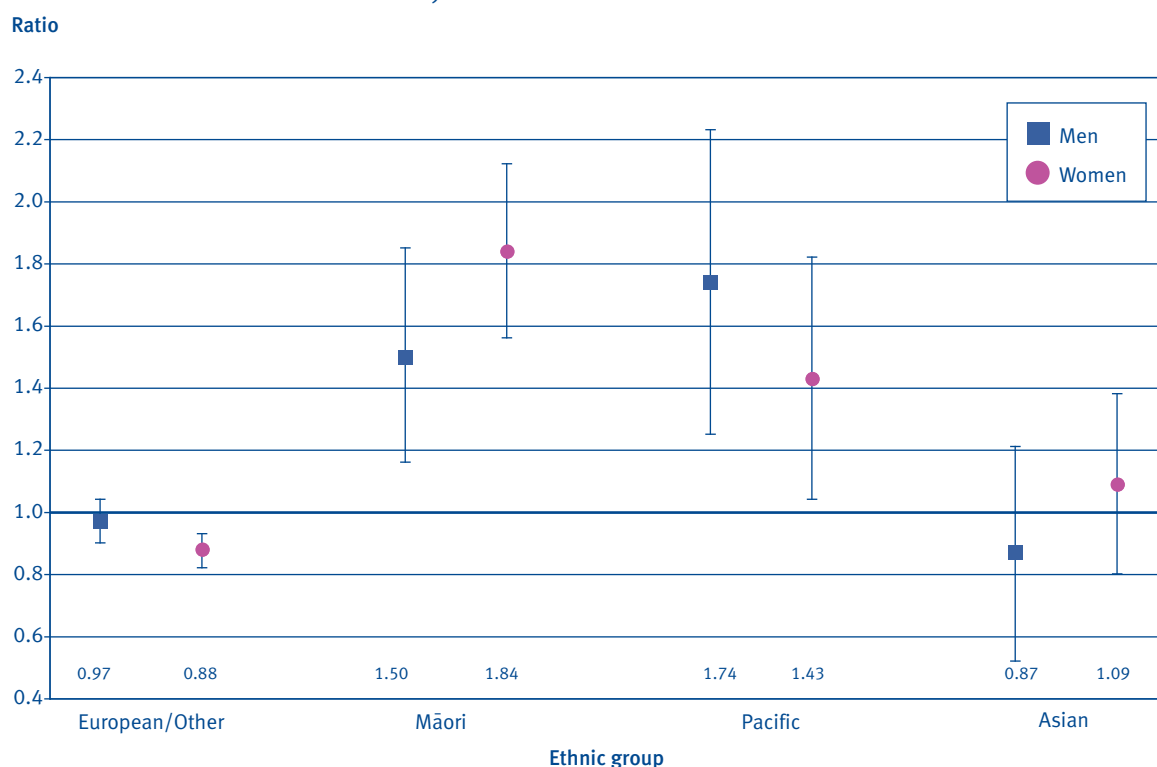
Ethnic group	Prevalence (95% CI)	Number of adults
European/ Other	5.6 (5.0–6.1)	141800
Māori	12.1 (10.6–13.6)	43100
Pacific	11.2 (8.5–13.9)	18500
Asian	7.4 (5.7–9.2)	20800

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

After adjusting for age, Māori and Pacific men and women were significantly more likely to report an unmet need for GP services in the previous 12 months compared to men and women in the total adult population (Figure 6.19).

Figure 6.19: Unmet need for GP services for adults, by ethnic group and gender (age standardised rate ratio)



Source: 2006/07 New Zealand Health Survey

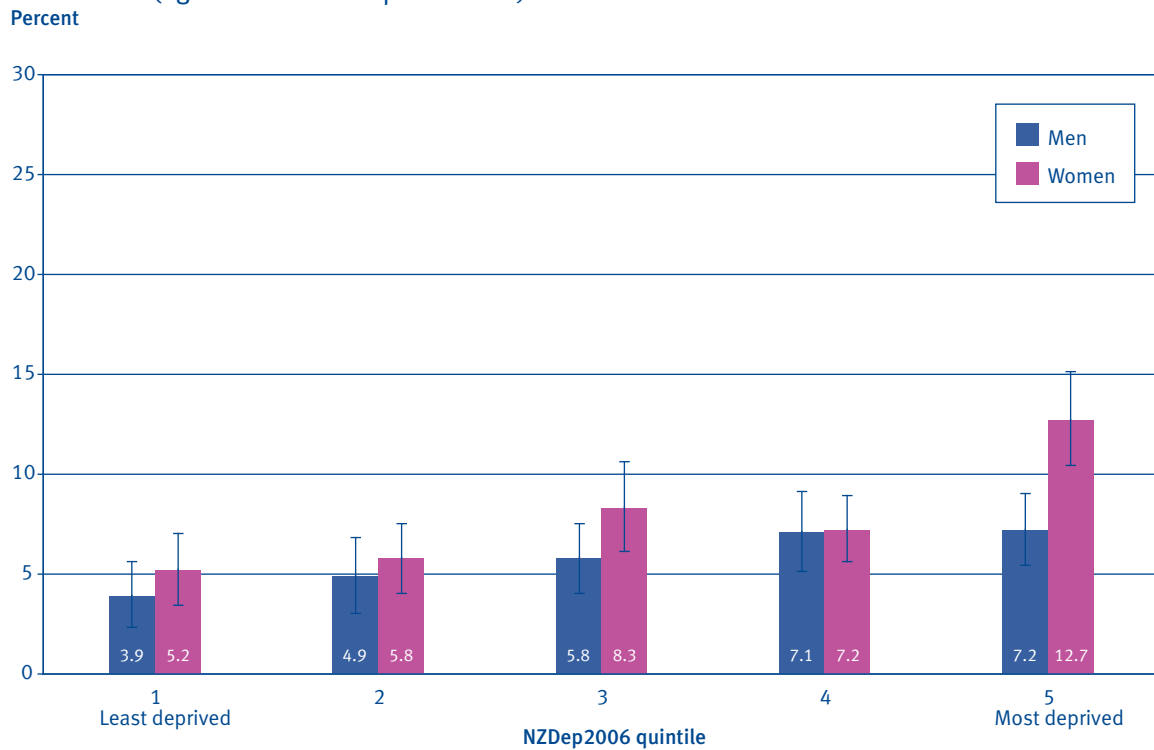
Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

## Unmet need for GP services, by neighbourhood deprivation

There were no significant differences in reporting an unmet need for GP services between NZDep2006 quintile 1 (least deprived) and quintile 5 (most deprived) for boys and girls.

Men and women in NZDep2006 quintile 5 (most deprived) neighbourhoods were significantly more likely to report an unmet need for GP services than those in quintile 1 (least deprived) (Figure 6.20).

Figure 6.20: Adults with an unmet need for GP services, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

## Unmet need for GP services, by DHB area

The proportion of children and adults having an unmet need for a GP visit was significantly lower in the Counties Manukau and Nelson Marlborough / West Coast / South Canterbury / Otago / Southland DHB areas than nationally (Table 6.5).

The proportion of adults having an unmet need for a GP visit was significantly lower in the Counties Manukau and the South Island DHBs, including Canterbury, than the national rate, while this proportion was significantly higher in Waikato and Wairarapa / Hutt Valley / Capital and Coast DHB areas than nationally.

Table 6.5: Unmet need for GP services for children and adults, by DHB area (unadjusted)

DHB area	Prevalence in children (95% CI)	Number of children	Prevalence in adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	4.5 (2.4–6.5)	5100	7.5 (6.1–8.8)	28200
Waitemata	4.4 (2.3–7.6)	4600	7.5 (5.6–9.3)	28400
Auckland	3.9 (1.9–7.1)	2900	7.0 (5.0–9.0)	22500
Counties Manukau	2.3 (1.3–3.8) –	2600	4.5 (2.9–6.1) –	14500
Waikato	5.9 (3.6–8.2)	4500	9.5 (7.1–12.0) +	24700
Bay of Plenty / Taranaki / MidCentral	3.9 (2.3–6.0)	3800	6.0 (4.6–7.4)	21100
Wairarapa / Hutt Valley / Capital and Coast	5.0 (2.5–8.9)	4500	8.8 (6.8–10.7) +	30400
Canterbury	4.9 (2.4–8.8)	4500	3.5 (2.3–4.7) –	12900
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	2.2 (0.9–4.6) –	2000	3.7 (2.4–5.1) –	14700
<b>New Zealand total</b>	<b>4.0 (3.3–4.8)</b>	<b>34500</b>	<b>6.3 (5.8–6.9)</b>	<b>197400</b>

Source: 2006/07 New Zealand Health Survey

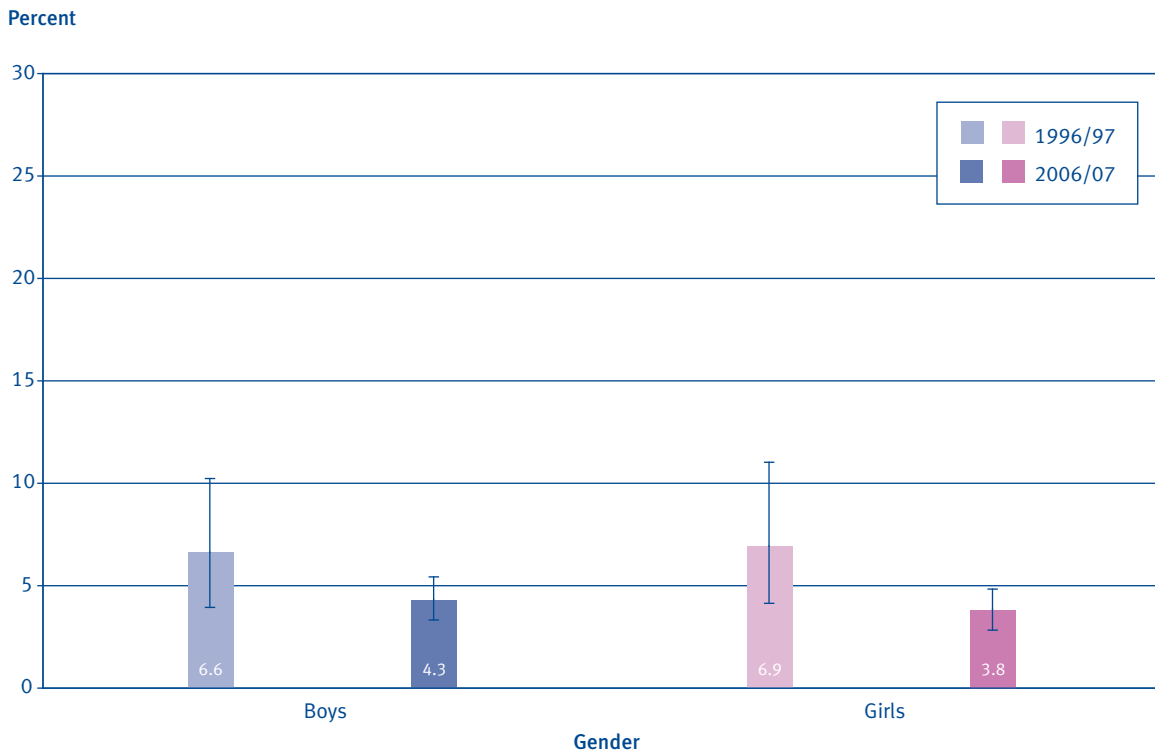
Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

## Time trends in unmet need for GP services (any reason)

Overall, between 1996/97 and 2006/07 there was a 40% decrease in the proportion of children whose parents reported an unmet need for GP services, adjusted for age, from 6.8% in 1996/97 to 4.1% in 2006/07. When looking at boys and girls separately, there were also decreases but these changes were not significant (Figure 6.21).

The number of Māori children in the 1996/97 Health Survey was too small to make any meaningful comparisons with the findings from the 2006/07 Health Survey results.

Figure 6.21: Unmet need for a GP visit for children (any reason), by gender, 1996/97 and 2006/07 (age standardised prevalence)



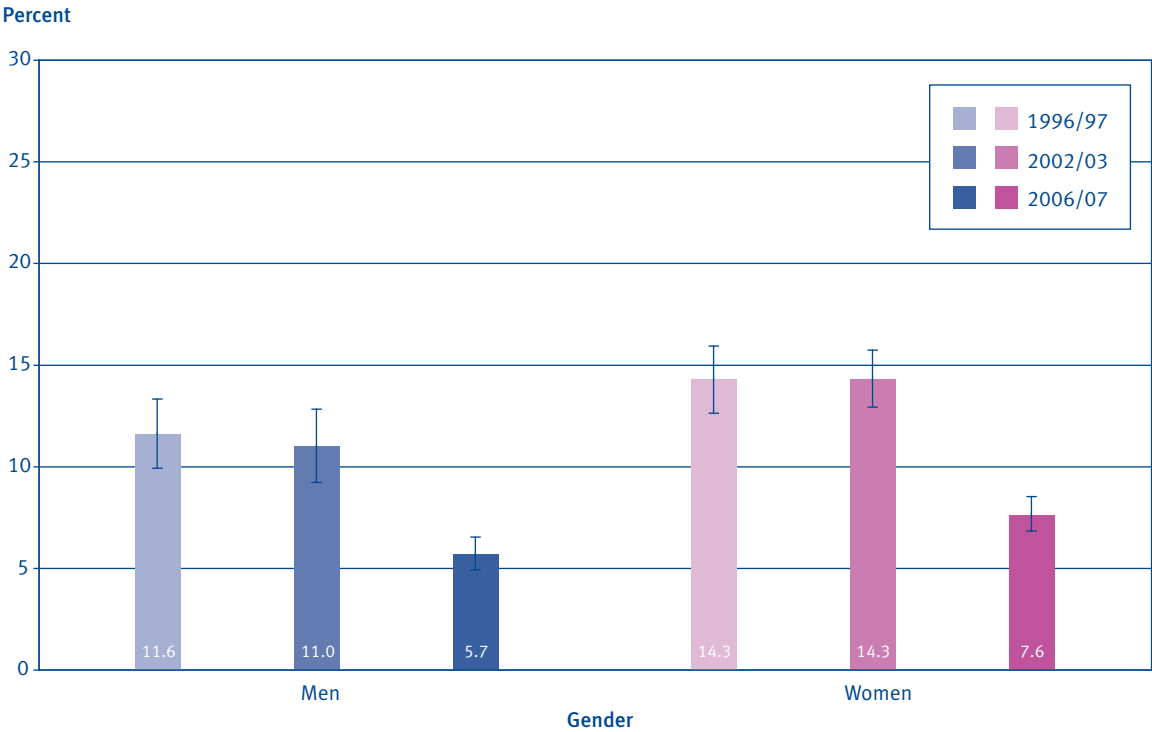
Source: 1996/97 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability. Data not available for 2002/03.

From 2002/03 to 2006/07 there was a large decrease (almost 50%) in the proportion of men and women reporting an unmet need for GP services, adjusted for age (Figure 6.22).

A similar trend can be seen for Māori adults, with the proportion reporting an unmet need for GP services declining in men and women, adjusted for age (Figure 6.23). However, the decrease is not as large for Māori, compared to men and women in the total population (43% decrease for Māori men and 35% decrease for Māori women in unmet need for GP services since 2002/03).

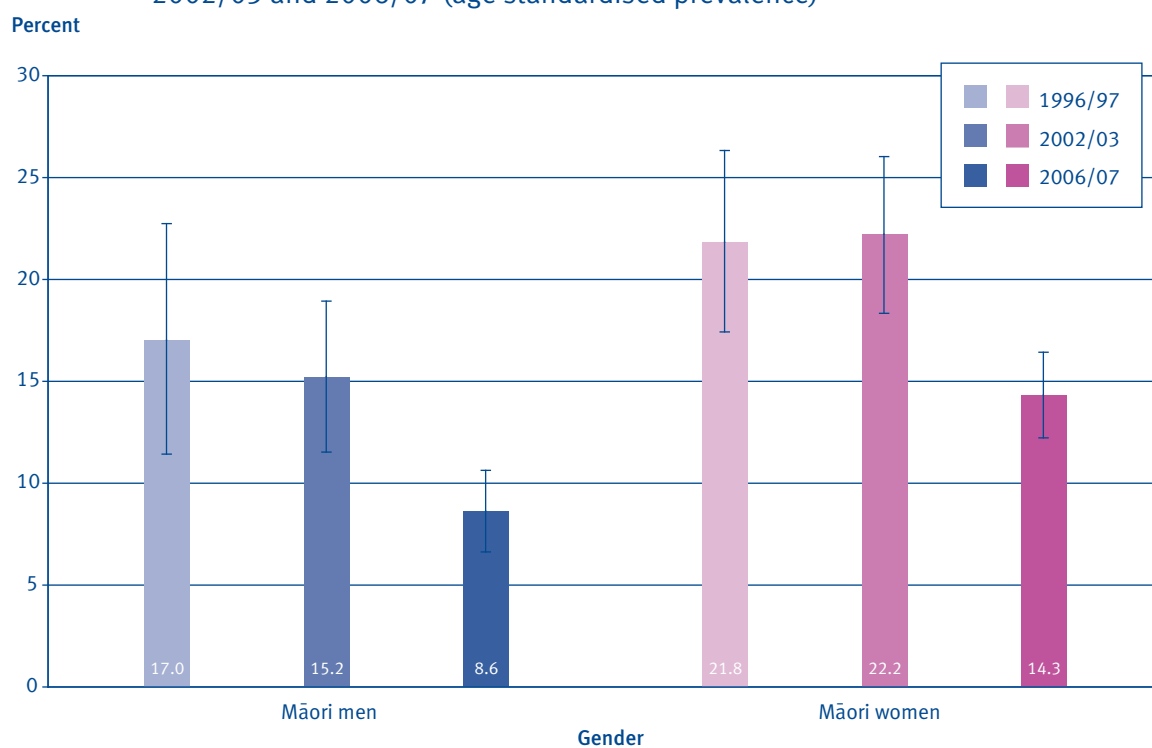
Figure 6.22: Unmet need for a GP visit for adults (any reason), by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

Figure 6.23: Unmet need for a GP visit for Māori adults (any reason), by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



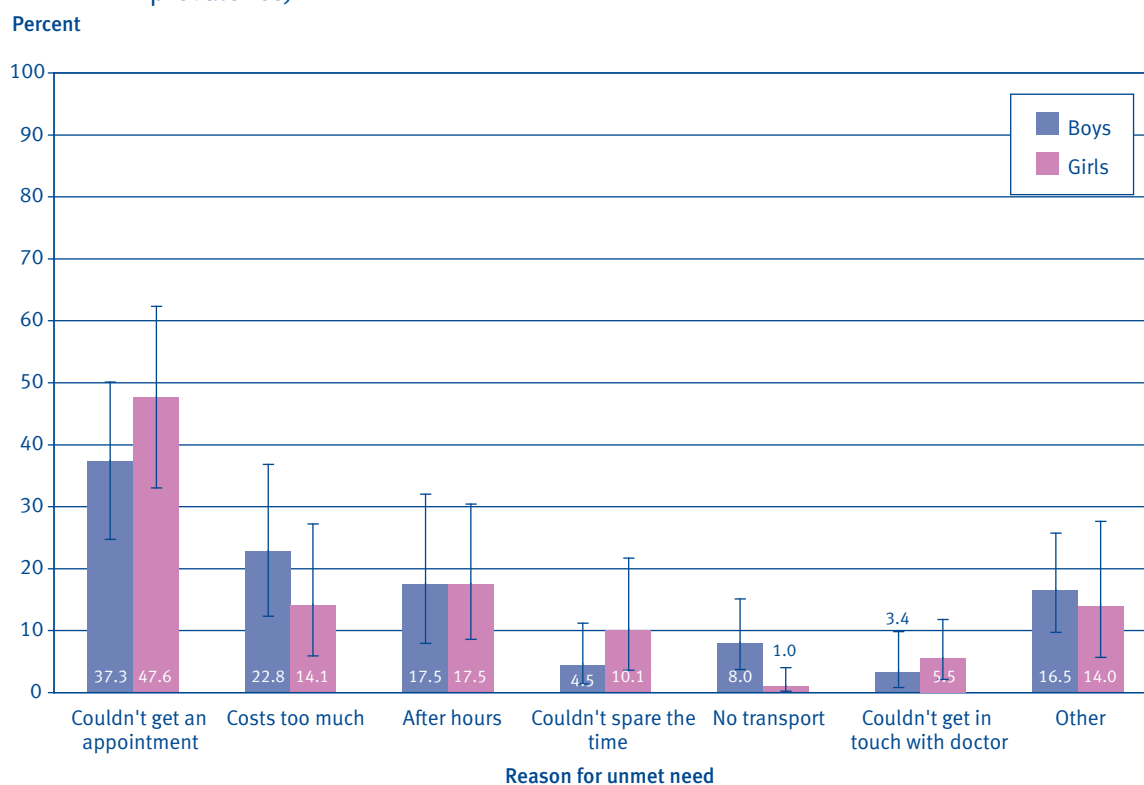
Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

## Reason for unmet need for GP services

The most common reasons given by parents for the last time their child could not see a GP when they needed to were: couldn't get an appointment soon enough or at a suitable time; it costs too much; and it was after hours (Figure 6.24).

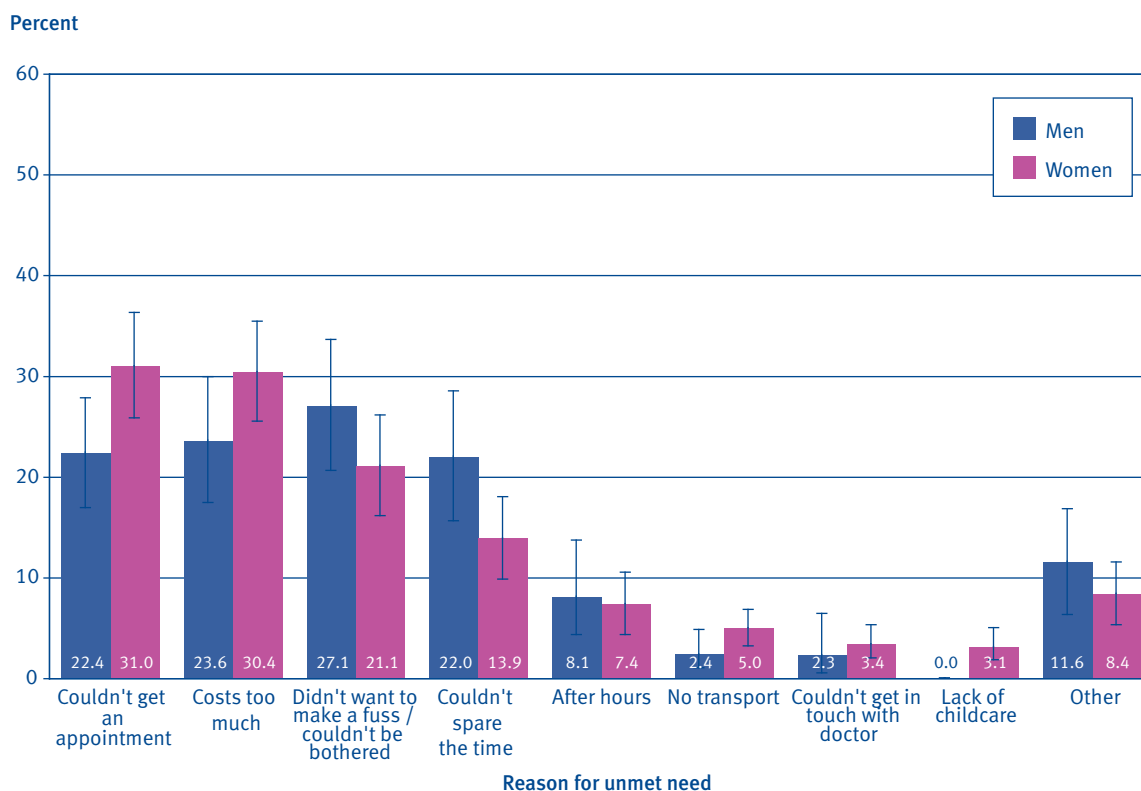
Figure 6.24: Reason for unmet need for GP services for children, by gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

The most common reasons for women being unable to see a GP when they last needed to were being unable to get an appointment soon enough or at a suitable time and cost, while for men the most common reasons given were that they didn't want to make a fuss / couldn't be bothered, followed by cost, being unable to get an appointment soon enough or at a suitable time, and couldn't spare the time (Figure 6.25).

Figure 6.25: Reason for unmet need for GP services for adults, by gender (age standardised)



Source: 2006/07 New Zealand Health Survey

## Unmet need for GP services due to cost

One in 125 children (0.8%, 0.4–1.1) and 1 in 59 adults (1.7%, 1.4–1.9) were unable to see a GP due to cost (that is, cost was the barrier for the last time they couldn't see a GP when they wanted to in the previous 12 months), which equates to 6600 children and 52,500 adults.

When adjusting for age, boys and girls were equally likely, while women (2.4%, 1.9–2.8) were significantly more likely than men (1.4%, 0.9–1.8), to be unable to see a GP due to cost.

Māori children (SRR 2.33, 1.30–3.36) and Māori adults (SRR 2.19, 1.67–2.70) were significantly more likely than children and adults in the total population respectively to be unable to see a GP due to cost. Asian boys (SRR 0.12, 0.00–0.37) and Asian men (SRR 0.27, 0.00–0.55) were significantly less likely than boys and men in the total population respectively to be unable to see a GP due to cost.

Adults in the most deprived neighbourhoods (NZDep2006 quintile 5) (3.0%, 2.2–3.8) were significantly more likely than those in the least deprived neighbourhoods (quintile 1) (1.2%, 0.7–2.0) to be unable to see a GP due to cost. There were no significant differences in neighbourhood deprivation for children.

## Time trends in reason for unmet need for GP services

Among children, after adjusting for age, there was a significant decrease in unmet need due to cost, from 4.0% (2.5–6.1) in 1996/97 to 0.8% (0.4–1.1) in 2006/07 (an 80% decline). For Māori children, there has also been a decrease in unmet need due to cost, from 10.8% (5.8–17.9) in 1996/97 to 1.8% (0.9–3.2) in 2006/07 (an 83% decline).

For adults, between 2002/03 and 2006/07 there was also a significant decrease in the proportion of adults who reported an unmet need for GP services due to cost from 6.3% (5.4–7.1) to 1.8% (1.5–2.1) (a 71% decline). Among Māori, there was also a decrease in unmet need for GP services due to cost from 10.8% (8.3 - 13.3) in 2002/03 to 4.1% (3.2–5.1) in 2006/07 (a 62% decline).

In 2002/03, after adjusted for age, the main reason for unmet need for GP services for men was ‘cost’, but in 2006/07 the main reason for unmet need had become ‘didn’t want to make a fuss / couldn’t be bothered’ and ‘unable to get an appointment soon enough or at a suitable time’. Between 2002/03 and 2006/07, the proportion of women who reported being ‘unable get an appointment soon enough or at a suitable time’ as a reason for unmet need also increased, replacing ‘cost’ as the main reason in 2006/07.

For Māori adults, although the proportion reporting ‘cost’ as the reason for unmet need declined from 2002/03 to 2006/07, it remained the main reason for unmet need in 2006/07 for this ethnic group.

## Uncollected prescriptions due to cost

GPs are the most common prescribers of medicine in New Zealand – in the 2006/07 survey, 94.4% (93.9–95.0) of adults who had a prescription in the previous 12 months received their prescription from a GP.

Overall 1.1% (0.8–1.5) of parents of all children and 1.4% (1.2–1.7) of all adults did not collect their prescription due to cost the last time they had an uncollected prescription, which equates to 9700 children and 44,200 adults. When adjusting for age, there were no significant differences in uncollected prescriptions by gender for children or adults.

## Uncollected prescriptions due to cost, by ethnic group

Asian children were much less likely (SRR 0.29, 0.00–0.59) than children in the total population to have an uncollected prescription due to cost. European/Other (SRR 0.79, 0.68–0.90) adults were significantly less likely than adults in the total population to have an uncollected prescription due to cost, while Māori (SRR 2.31, 1.74–2.88) and Pacific (SRR 2.88, 2.03–3.73) adults were significantly more likely.

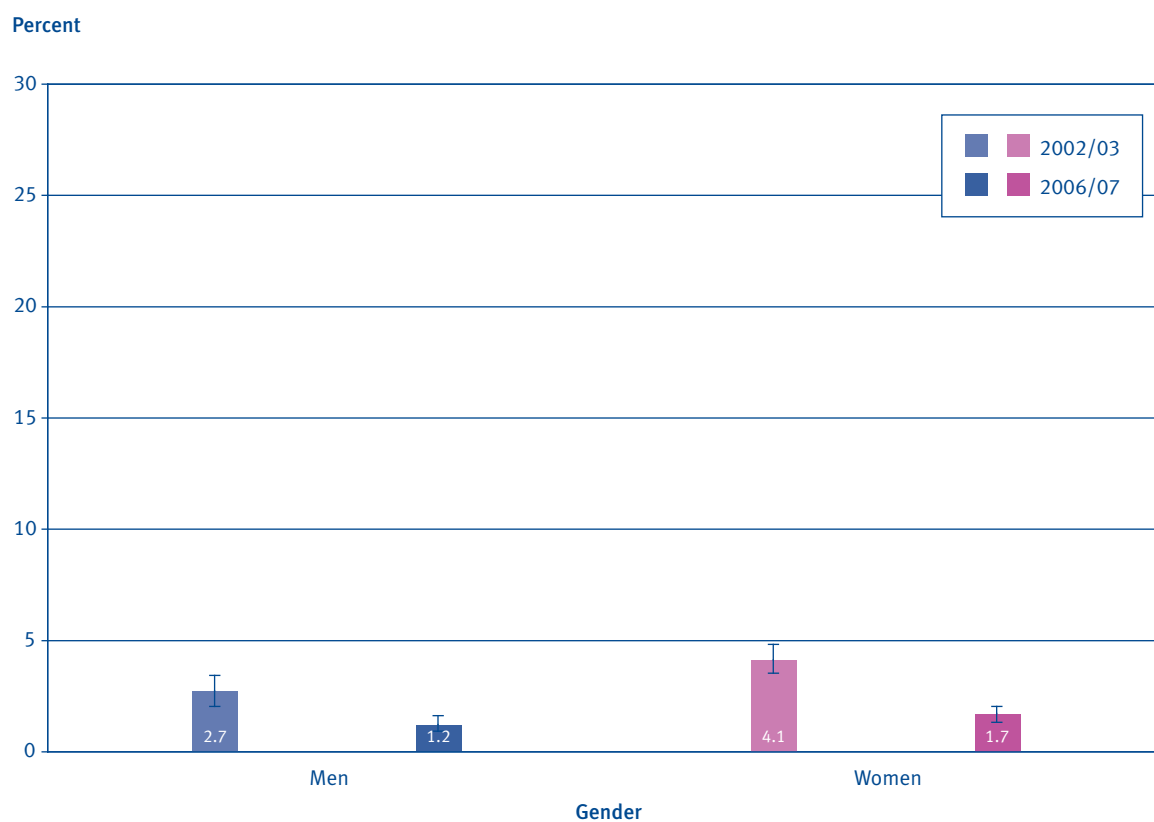
## Uncollected prescriptions due to cost, by neighbourhood deprivation

Children (2.2%, 1.3–3.6) and adults (3.3%, 2.4–4.2) in the most deprived neighbourhoods (NZDep2006 quintile 5) were significantly more likely than children (0.4%, 0.1–1.0) and adults (0.6%, 0.3–1.1) in the least deprived neighbourhoods (quintile 1) to have an uncollected prescription due to cost.

## Time trends in uncollected prescriptions due to cost

From 1996/97 to 2006/07 there was no change in the proportion of children with uncollected prescriptions in the previous 12 months due to cost, adjusted for age (graph not shown). For adults, from 2002/03 to 2006/07 there was a significant decline in the proportion of men and women with uncollected prescriptions in the previous 12 months due to cost, adjusted for age (Figure 6.26).

Figure 6.26: Adults with uncollected prescription due to cost in the previous 12 months, by gender, 2002/03 and 2006/07 (age standardised prevalence)



Source: 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.