

Chapter 5: Primary Health Care Providers

Introduction

‘Primary health care’ refers to the professional health care that people receive in the community and is the first point of contact with the health care system. A strong primary health care system is central to improving the health of all New Zealanders and reducing health inequalities between different groups.

The introduction of the Primary Health Care Strategy in 2001 (Minister of Health 2001), followed by the establishment of Primary Health Organisations (PHOs), set a new direction and vision for primary health care services in New Zealand. Although many primary health care services are provided by general practitioners (GPs), the Primary Health Care Strategy places a greater emphasis on further developing the roles of a broader multidisciplinary primary health care team: GPs, nurses, pharmacists, and allied health professionals (including physiotherapists, dietitians, psychologists, counsellors, occupational therapists and community health workers).

PHOs are the local structures which deliver and co-ordinate the wide range of services provided in primary health care by health professionals. Between July 2002 and July 2007, the government provided new funding to PHOs in order to reduce the cost of visits to GPs and prescriptions. This funding was available for all New Zealanders enrolled in PHOs from 1 July 2007.

The 2006/07 New Zealand Health Survey included a range of questions designed to monitor the primary health care system in New Zealand. Three components of primary health care were measured in the survey, based on Starfield’s framework for monitoring primary health care:

- access
- comprehensiveness
- continuity and co-ordination (Starfield 1998).

Participants’ experience of primary health care in the previous 12 months was also measured by asking whether they had been treated with respect and dignity, listened to carefully, and had their health care discussed as much as they wanted.

The term ‘primary health care provider’ is used in this report to refer to the GP clinic, student health clinic, 24-hour accident and medical centre or nurse clinic that the survey participant (or the parents of child participants) reported they go to *first* when feeling sick or injured.

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

Access to primary health care providers

The Primary Health Care Strategy aims to ensure that all New Zealanders have access to primary health care providers when they need them by reducing barriers such as cost and location and ensuring appropriateness of the service for the client.

This section reports findings from the 2006/07 New Zealand Health Survey that can be used to examine issues relating to access to primary health care providers in New Zealand.

What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants and parents of child participants were asked whether they had a health practitioner or service that they usually go to *first* when they are feeling unwell or are injured.

If adult participants answered yes to this question, they were also asked about the type of provider it was (e.g. a GP clinic), which health care workers they had seen, their use of services at that place over the previous 12 months, and whether they were able to see this primary health care provider when they needed to.

Only participants who had a GP clinic, student health clinic, 24-hour accident and medical centre or nurse clinic they go to first when feeling unwell or injured have been included in the analyses.

Further information on the use of and access to GPs and practice nurses specifically, as well as oral health care workers, is included in Chapter 6.

Has a primary health care provider

Nearly all children (97.4%, 96.8–98.0) and nine out of ten adults (93.3%, 92.8–93.8) had a primary health care provider (a GP clinic, student health clinic, 24-hour accident and medical centre or nurse clinic) they go to first when feeling unwell or injured.

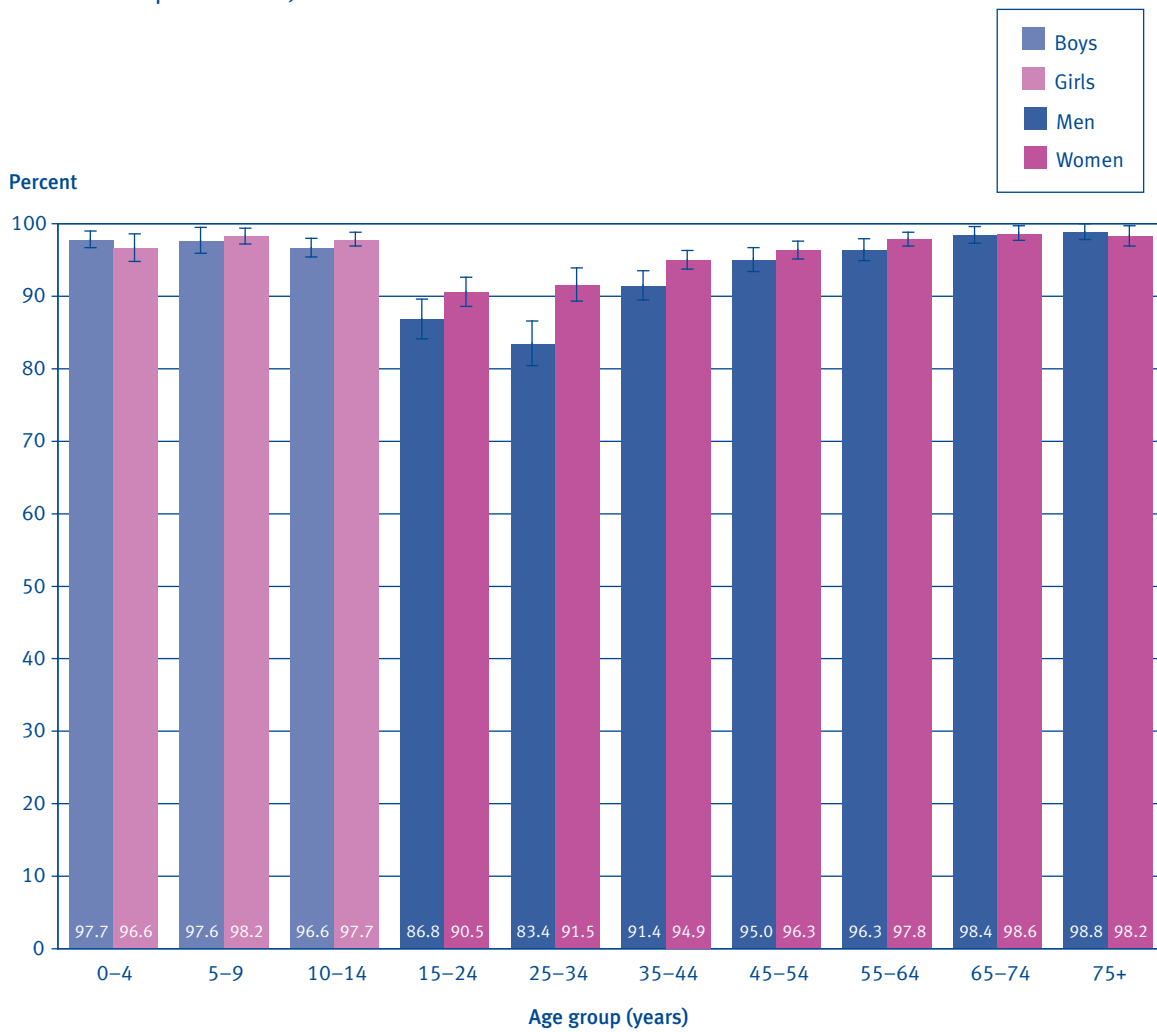
After adjusting for age, boys and girls were equally likely to have a primary health care provider they go to first when feeling unwell or injured. Women (94.1%, 93.3–94.8) were significantly more likely than men (90.5%, 89.6–91.5) to have a primary health care provider they go to first when feeling unwell or injured.

For almost all children (99.0%, 98.6–99.3) and adults (97.8%, 97.2–98.3) the primary health care provider they go to first is a GP clinic.

Has a primary health care provider, by age group

Children and adults aged over 45 years were significantly more likely than adults aged 15–44 years to have a primary health care provider they go to first when feeling unwell or injured (Figure 5.1). Women aged 25–44 years were significantly more likely than men of the same age to have a primary health care provider they go to first.

Figure 5.1: Has a primary health care provider, by age group and gender (unadjusted prevalence)

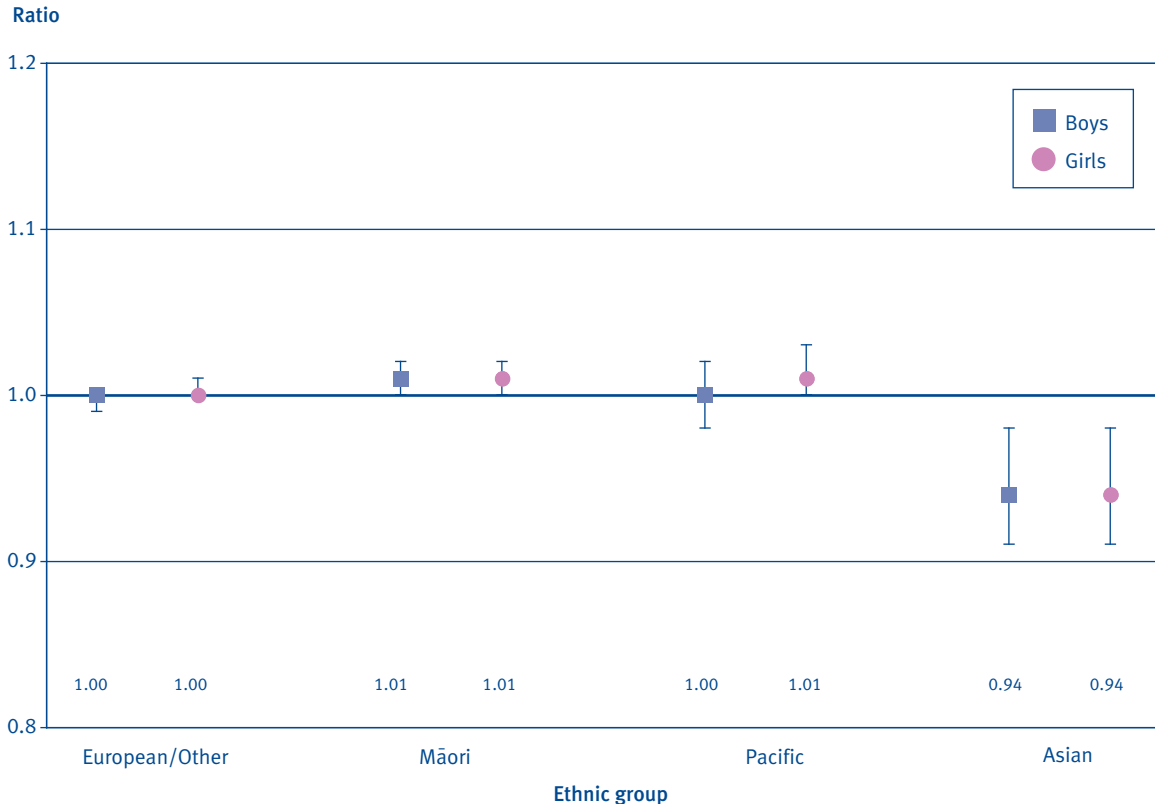


Source: 2006/07 New Zealand Health Survey

Has a primary health care provider, by ethnic group

After adjusting for age, Asian boys and girls were significantly less likely than boys and girls in the total population to have a primary health care provider they go to first (Figure 5.2).

Figure 5.2: Children who have a primary health care provider, by ethnic group and gender (age standardised rate ratio)

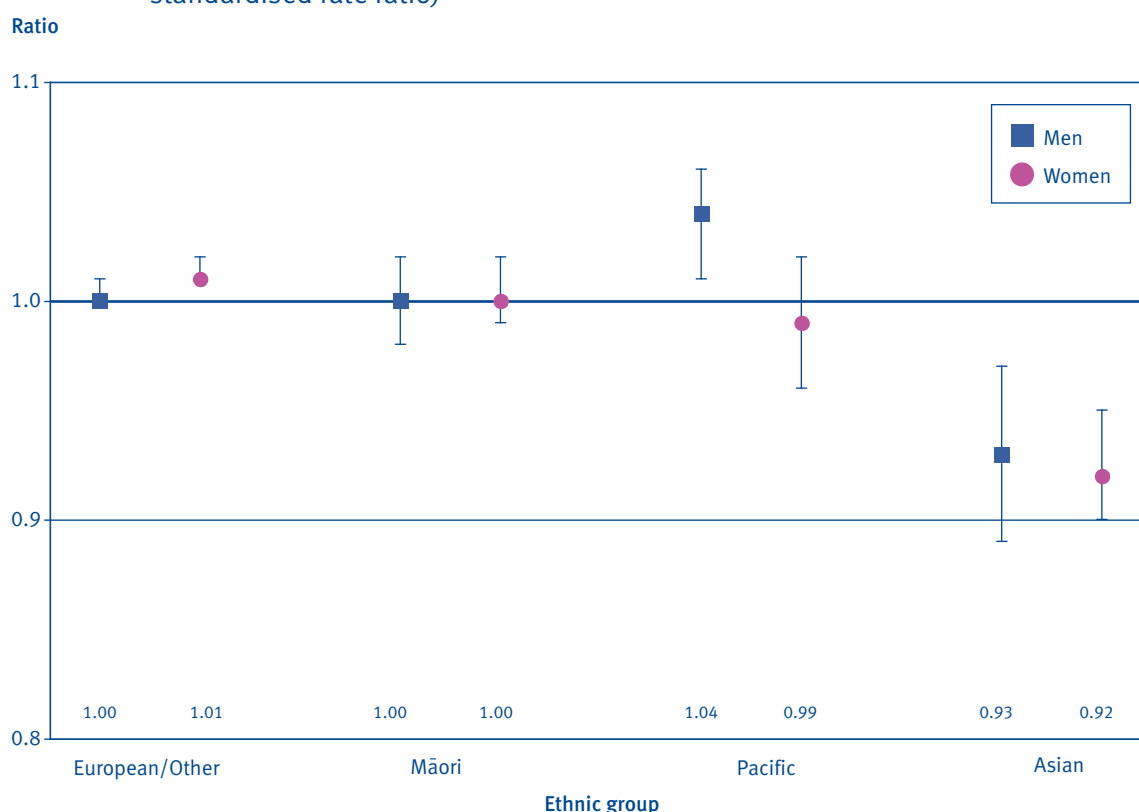


Source: 2006/07 New Zealand Health Survey

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

Asian men and women were significantly less likely than men and women in the total population to have a primary health care provider they go to first when they are feeling sick or injured (Figure 5.3).

Figure 5.3: Adults who have a 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.

Has a primary health care provider, by neighbourhood deprivation

Women living in neighbourhoods of high deprivation (NZDep 2006 quintile 5: 92.1%, 90.2–94.0) were slightly less likely to have a primary health care provider than women living in neighbourhoods of low deprivation (NZ Dep 2006 quintile 1: 95.8%, 94.1–97.5). This pattern was evident, but not statistically significant, for men as well.

Has a primary health care provider, by DHB area

The proportion of children who had a primary health care provider they go to first was significantly higher in the Bay of Plenty / Taranaki / MidCentral DHB area compared to the national rate, while this proportion was significantly lower in the Waikato DHB area (Table 5.1).

The proportion of adults who had a primary health care provider they go to first was significantly higher than the national rate in the following DHB areas:

- Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui
- Counties Manukau
- Bay of Plenty / Taranaki / MidCentral
- Nelson Marlborough / West Coast / South Canterbury / Otago / Southland.

The proportion of adults who had a primary health care provider they go to first was significantly lower in the Auckland and Waikato DHB areas (Table 5.1).

Table 5.1: Children and adults who have a primary health care provider, 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	98.2 (96.5–99.2)	113300	96.6 (95.8–97.5) +	363000
Waitemata	97.1 (95.0–98.5)	101100	92.8 (91.0–94.5)	351400
Auckland	96.1 (92.8–98.1)	71800	91.1 (89.0–93.2) –	293900
Counties Manukau	96.9 (94.9–98.3)	107700	95.3 (93.9–96.6) +	307100
Waikato	95.4 (93.4–97.4) –	72700	90.9 (88.7–93.2) –	235800
Bay of Plenty / Taranaki / MidCentral	98.8 (97.8–99.5) +	97300	95.7 (94.4–97.0) +	336300
Wairarapa / Hutt Valley / Capital and Coast	98.5 (96.5–99.5)	88100	93.5 (91.7–95.3)	324100
Canterbury	96.6 (93.2–98.6)	87700	92.1 (90.0–94.1)	341600
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	98.4 (95.0–99.7)	92500	95.5 (93.9–97.1) +	375300
New Zealand total	97.4 (96.8–98.0)	832200	93.8 (93.3–94.3)	2928500

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.

The remainder of this section only includes results for adults, as only the adult questionnaire included extra questions on primary health care.

Reason for choosing primary health care provider

The most common reasons given by adults for choosing their primary health care provider were:

- they were the closest health care provider (46.6%, 45.2–48.0)
- I was referred to them by a friend or relative (28.8%, 27.5–30.1)
- they were willing to spend more time discussing my health (8.5%, 7.8–9.3)
- it was cheaper than going to another health care provider (6.0%, 5.4–6.6).
- I felt more comfortable talking to someone who understands my culture (5.7%, 5.1–6.2).

Use of primary health care provider in the previous 12 months

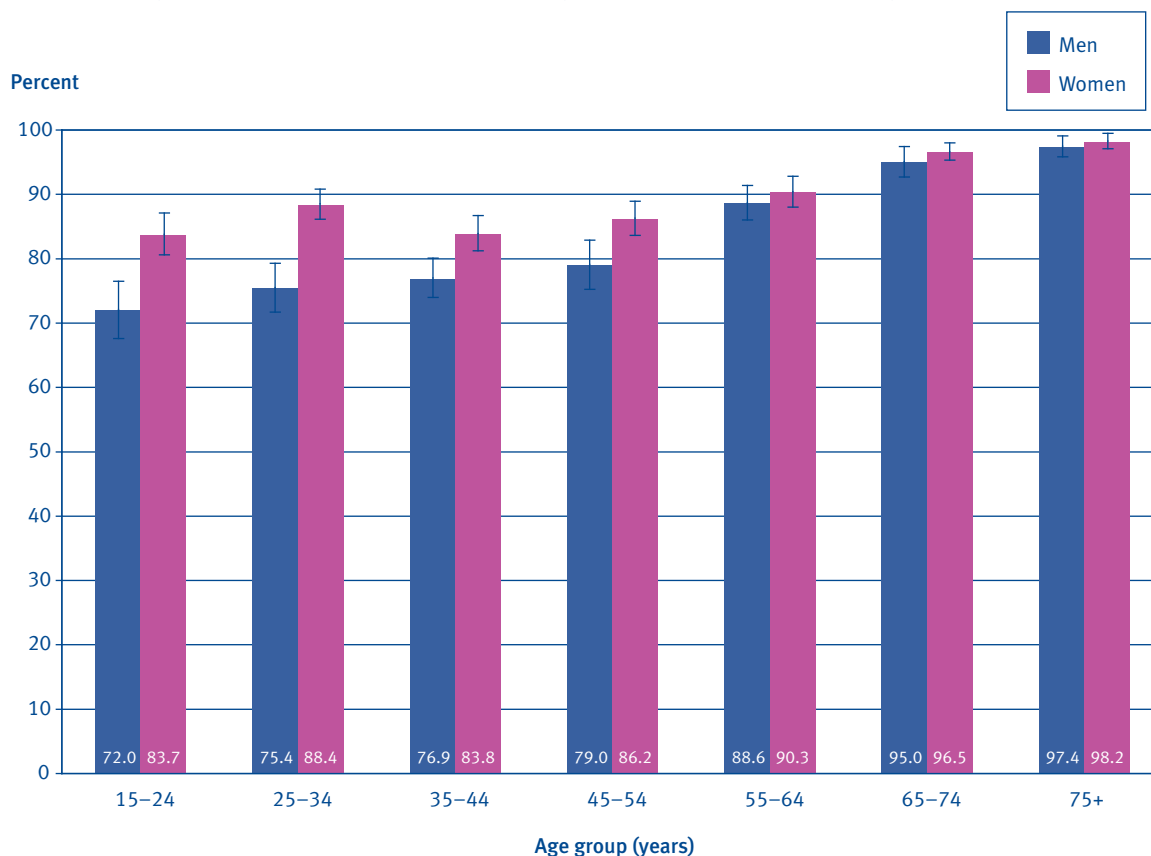
Five out of six adults (84.7%, 83.7–85.6) saw a health care worker from their usual primary health care provider about their own health in the previous 12 months.

After adjusting for age, women (87.4%, 86.2–88.6) were significantly more likely than men (79.6%, 78.1–81.2) to have seen a health care worker from their usual primary health care provider in the previous 12 months about their health.

Use of primary health care provider in previous 12 months, by age group

The proportion of adults who saw a health care worker from their usual primary health care provider in the previous 12 months generally increased with age. Adults aged over 65 years were significantly more likely than younger adults to have seen a health care worker from their usual primary health care provider about their own health in the previous 12 months (Figure 5.4).

Figure 5.4: Adults who saw a health care worker from their primary health care provider in the previous 12 months, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

Use of primary health care provider in the previous 12 months, by ethnic group

Asian women (SRR 0.94, 0.89–0.98) were significantly less likely and European/Other women (SRR 1.01, 1.01–1.02) were more likely than women in the total population to have seen any health care worker at their usual primary health care provider in the previous 12 months. There were no other significant differences by ethnic group.

Use of primary health care provider in the previous 12 months, by neighbourhood deprivation

There were no significant differences by neighbourhood deprivation in terms of the proportion of adults who saw a health care worker at their primary health care provider in the previous 12 months.

Able to see primary health care provider within 24 hours

Four out of five adults (82.3%, 81.4–83.1) who had seen their primary health care provider in the previous 12 months reported that there was no time when they were unable to see their primary health care provider within 24 hours when they wanted to during this period. The 17.7% (16.9–18.6) of adults who could not see their primary health care provider within 24 hours when they wanted to in the previous 12 months equates to 436,300 adults.

When adjusting for age, women (20.8%, 19.8–21.9) were significantly more likely than men (15.4%, 13.8–16.9) to report that they had not been able to see their health care provider within 24 hours when they wanted to.

Māori women were significantly more likely than women in the total population (SRR 1.26, 1.12–1.40) to report that they had not been able to see their health care provider within 24 hours when they wanted to.

Adults in the most deprived neighbourhoods (NZDep2006 quintile 5: 78.8%, 76.6–80.9) were less likely than adults in the least deprived neighbourhoods (NZDep2006 quintile 1: 82.4%, 80.2–84.7) to have been able to see their primary health care provider within 24 hours in the previous 12 months.

Comprehensiveness of primary health care

The Primary Health Care Strategy envisages a primary health care sector which promotes a comprehensive approach to health, moving beyond just treating ill health. Comprehensive care in primary health includes services that promote and preserve health (eg, vaccinations and nutrition advice) and services that can identify disease at its early stages (eg, screening, blood pressure and diabetes checks).

This section measures how well primary health care providers in New Zealand promote and preserve health, by considering the provision and type of health advice and health checks received by adults who had seen a primary health care provider in the previous 12 months.

What were the survey questions?

In the 2006/07 New Zealand Health Survey adult participants with a primary health care provider were asked which health checks and discussions (listed on a show card) they had had at their primary health care provider or that had been arranged by their primary health care provider in the previous 12 months.

All female participants aged 20 years and over were also asked whether they had had a mammogram in the past two years or a cervical smear in the past three or five years.

Health discussions with primary health care provider

Exercise (12.5%, 11.6–13.3), weight (11.9%, 11.1–12.7), nutrition (11.4%, 10.6–12.2) and smoking (9.5%, 8.7–10.2) were the subjects most commonly discussed with adults who saw their primary health care provider in the previous 12 months.

When adjusting for age, men were significantly more likely than women to report that their primary health care provider had talked with them about smoking and alcohol in the previous 12 months (Figure 5.5).