National Healthcare Agreement: PI 16-People deferring access to selected healthcare due to cost, 2012 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 500661

Registration status: Health!, Superseded 14/01/2015

Data quality

Institutional environment: Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey, collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment

Collection authority: The *Census and Statistics Act 1905* and the Aust*ralian Bureau of Statistics Act 1975*.

Data Compiler(s): Data are compiled by the Health and Disability section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*.

The ABS notifies the public through a note on the website when any error in data is identified. The data are withdrawn, and the publication is re-released with correct data. Key users are notified by email.

Timeliness: Collection interval/s: Patient Experience data are collected annually.

Data available: The 2010-11 data used for this indicator became available in November 2011.

Referenced Period: July 2010 to June 2011.

There are not likely to be revisions to these data after their release.

Accessibility: Data publicly available. These data are available in *Health Services: Patient Experiences in Australia, 2009* (Cat. no. 4839.0.55.001), and *Patient Experiences in Australia: Summary of Findings, 2010-11* (Cat. no. 4839.0). The data are shown by remoteness and jurisdiction.

Data are not available prior to public access.

Supplementary data are available. Additional data from the patient experience survey are available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the Health and Disability section of the ABS on (02) 6252 5000.

Spreadsheets of data can be freely downloaded from the ABS website. A confidentialised unit record file (CURF) will be released in 2012. Data are confidentialised for privacy reasons.

Interpretability:

Context: These data were collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

The ABS Patient Experience data are published in *Patient Experiences in Australia: Summary of Findings, 2010-11* (Cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The Socio-Economics Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA IRSD is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1,000 and roughly two-thirds of the scores lie between 900 and 1,100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom ten per cent of CDs, Decile 2 contains the next ten per cent of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in *Patient Experiences in Australia: Summary of Findings, 2010-11* (Cat. no. 4839.0).

Relevance:

Level of Geography: Data are available by State/Territory, and by Remoteness (major cities, inner and outer regional and remote Australia).

Data Completeness: All data are available for this indicator from this source.

Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data are available by the SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator were collected for all persons in Australia, excluding persons in very remote communities, as well as the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.

The exclusion of persons usually resident in very remote communities only has a small impact on estimates, except for the Northern Territory, where such persons represent 24% of the population. Patient Experience data are weighted to account for non-response.

As data are drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with a relative standard error between 25% and 50% should be used with caution, and estimates with a relative standard error over 50% are considered too unreliable for general use.

Data were self-reported for this indicator.

Accuracy:

Method of Collection: The data were collected by computer assisted telephone interview.

Data Adjustments: Data were weighted to represent the total Australian population, and were adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: The sample for the 2010-11 patient experience data was 26,423 fully-responding households.

Response rate: Response rate for the survey was 81.4%

Standard Errors: The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data.

Known Issues: Data were self-reported

Year to year change: As the sample for 2010-11 and future patient experience surveys is around 27,000, the data should be sensitive to small year to year changes.

The data are self-reported but not attitudinal as people are reporting instances where they did not see a health professional, have a test, or get a prescription filled at any time in the past 12 months due to cost. Explanatory footnotes are provided with the data.

Coherence:

Consistency over time: 2009 was the first year data were collected for this indicator. Data from 2009 and 2010-11 have shown some small changes.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 24 per cent of people in NT.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data are collected the same way across all jurisdictions.

The 2009 and 2010-11 PEx data are the only data available for this indicator. At this stage, there are no other directly comparable data sources, although the ABS Aboriginal and Torres Strait Islander Health Survey asks a multi-response question about whether respondents did not see a GP or specialist when they needed to, with cost being one of the possible responses. This question is matched in the PEx for non-Indigenous comparisons.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 16-People deferring access to GPs, medical specialists or prescribed medications due to cost, 2011 QS
Health!, Superseded 04/12/2012

Has been superseded by National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2013 QS
Health!, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 16-People deferring access to selected healthcare due to cost, 2012
Health!, Superseded 25/06/2013