

# National Healthcare Agreement: PI 13-Waiting times for public dentistry, 2015 QS

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# National Healthcare Agreement: PI 13-Waiting times for public dentistry, 2015 QS

## Identifying and definitional attributes

**Metadata item type:** Data Quality Statement  
**METEOR identifier:** 559119  
**Registration status:** [Health!](#), Superseded 08/07/2016

## Data quality

### Data quality statement summary:

**Institutional environment:** Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is 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 on the ABS website at [www.abs.gov.au](http://www.abs.gov.au).

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

Data Compiler(s): Data is compiled by the Health section of the 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 an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

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

Data available: The 2013–14 data used for this indicator became available from 28 November 2014.

Referenced Period: July 2013 to June 2014.

There are not likely to be revisions to this data after its release.

**Accessibility:** Data publicly available. Tables showing dental data are available in *Patient Experiences in Australia: Summary of Findings, 2011-12, 2012-13 and 2013-14* (cat. no. 4839.0).

The dental data available in 4839.0 is shown by Socio-Economic Indexes for Areas (SEIFA), remoteness, self-assessed health status and whether has a long term health condition. Jurisdictional data is not currently publicly available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

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

Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.

**Interpretability:**

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. The data was collected over a twelve month period and therefore should minimise any seasonality effects in the data.

Other Supporting information: The ABS Patient Experience data is published in *Patient Experiences in Australia: Summary of Findings, 2013-14* (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage 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 2011 SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status quintile derivation: Quintiles 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 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Quintile 1 contains the bottom 20% of CDs, quintile 2 contains the next 20% and so on. Further information on SEIFA can be found in the ABS Technical paper [Socio-Economic Indexes for Areas 2011](#) (cat. No. 2033.0.55.001).

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, 2013-14* (cat. no. 4839.0).

**Relevance:**

Level of Geography: Data is available by State/Territory, Sex, 2011 SEIFA (Index of Relative Socio-economic Disadvantage) and 2011 Remoteness (major cities, inner and outer regional, remote and very remote Australia).

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

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia aged 15 years and over, excluding 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
- people living in discrete indigenous communities

The 2011–12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The 2013–14 iteration continues to include data from very remote areas. The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010–11 and 2011–12 may in part be due to the inclusion of households in very remote areas.

Data was self-reported for this indicator.

**Accuracy:**

Method of Collection: For this iteration of the Patient Experience Survey, an additional sample was selected in particular areas using a separate survey called the Health Services Survey (HSS). The HSS collected the same information as the Patient Experience Survey, with enumeration taking place between September 2013 and December 2013. The additional sample was collected to improve the quality of estimates at the Medicare Local catchment level. Sample from the Patient Experience Survey and HSS were combined to produce output.

The data was predominantly collected by computer assisted telephone interview, although the HSS interviews were predominantly conducted face-to-face. MPHS PEx included one person aged 15 years and over from each household, while the HSS included two persons aged 15 and over from each household.

Analysis was conducted to determine whether there was any difference between the estimates which would have been obtained using the MPHS PEx sample only and estimates obtained using the combined MPHS PEx and HSS sample. This was particularly important given the predominantly different modes used between the two surveys (The majority of MPHS PEx interviews were conducted over the telephone while a larger proportion of HSS interviews were conducted face-to-face and included up to two persons per household). This analysis showed that combining the sample from the two surveys did not produce significantly different estimates. Therefore, estimates can be compared over time with other iterations of the Patient Experience Survey

Response rate and sample size: The response rate in 2013–14 to the MPHS PEx was 77% (27,327 fully responding persons) while the response rate to HSS was 83% (8,541 fully responding persons) resulting in a total sample size of 35,868 fully responding persons. This included 629 proxy interviews for people aged 15 to 17 where permission was not given by a parent or guardian for a personal interview.

Note this is a substantial increase from the 2012–13 sample size of 30,749. This increase will improve the reliability of the data, particularly at finer levels of disaggregation.

Data Adjustments: Data was weighted to represent the total in scope Australian population, and was adjusted to account for confidentiality and non-response. Data for MPHS PEx and HSS were weighted separately and then combined to produce output.

**Confidentiality:**

For the first time in 2013–14, the data has been perturbed. This has been footnoted in the tables. Perturbation is used to minimise the risk of identifying individuals in aggregate statistics. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.

After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.

As data is 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.

RSEs for this indicator are often greater than 25% and should either be used with caution or are considered too unreliable for general use. Specifically, data for the “less than one month” waiting time category have high RSEs and should be used with caution.

Known Issues: This indicator may not cover those who saw a public dental professional but were not placed on a public dental waiting list.

Explanatory footnotes are provided for each table.

**Coherence:** Consistency over time: Questions relating to this indicator were first asked in the 2011–12 and 2012-13 Patient Experience Survey, and were again asked in the 2013–14 cycle.

ABS recommends that this data item is not comparable over time. Specifically, 2013–14 data is not comparable to any previous years. There was a significant change in question wording and sequencing in the 2013–14 and 2012–13 Patient Experience Survey for the "waiting times for public dentistry" questions. In 2013–14, respondents were asked to include public dental services provided at a private dental clinic. Also, from 2012–13, this indicator no longer excludes 'urgent dental care'. Further, in 2012–13 the "waiting times for public dentistry" questions were asked of all people who needed to see a dental professional. In 2011–12, it was only asked of those whose most recent dental visit was to a government clinic. As a result, time series comparisons are not possible. This has been footnoted in the relevant tables.

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 discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.

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

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

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Due to differences in survey scope, collection methodology and question wording, these data are not comparable to data from the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS).

## Relational attributes

### Related metadata references:

Supersedes [National Healthcare Agreement: PI 13-Waiting times for public dentistry \(Patient Experience Survey\), 2014 QS](#)  
[Health!](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 13-Waiting times for public dentistry, 2016 QS](#)  
[Health!](#), Superseded 31/01/2017

### Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 13-Waiting times for public dentistry, 2015](#)  
[Health!](#), Superseded 08/07/2016