National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2016 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	600092
Registration status:	Health!, Superseded 31/01/2017

Data quality

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.

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 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 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 The data is withdrawn, and the publication is re-released with the correct data.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 are collected annually.

Data available: The data used for this indicator became available 22 November 2013 for 2012-13, 28 November 2014 for 2013-14 and 13 November 2015 for 2014-15.

Referenced Period: July 2014 to June 2015 (2014-15 data); July 2013 to June 2014 (2013-14 data); July 2012 to June 2013 (2012-13 data).

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

Accessibility:

Data publicly available. Tables showing patients experiences with health professionals are available in *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001), *Patient Experiences in Australia: Summary of Findings, 2010-11*, *Patient Experiences in Australia: Summary of Findings, 2011-12*, *Patient Experiences in Australia: Summary of Findings, 2012-13* and *Patient Experiences in Australia: Summary of Findings, 2013-14* (cat. no. 4839.0).

The data is shown by age, sex, remoteness and Socio-Economic Indexes for Areas (SEIFA). 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 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 seasonality effects in the data.

The 2014–15 ABS Patient Experience data are published in *Patient Experiences in Australia: Summary of Findings, 2014-15* (Cat. no. 4839.0). This publication includes explanatory and technical notes.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in the publication.

Relevance:

Level of Geography: Data are available by State/Territory, and by Remoteness (major cities, inner and outer regional, remote and, from 2011-12, very remote Australia).

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

Indigenous Statistics: Data are not available by Indigenous status for this measure. The 2012-13 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) collected data on GP waiting times but differences in survey design and collection methodology between the Patient Experience survey and the NATSIHS mean the data are not comparable.

Numerator/Denominator Source: Same data source.

Data for this indicator were collected for all people aged 15 years or over in Australia, excluding the following:

- 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.

From 2011-12, the Patient Experience survey included households in very remote areas (although discrete Indigenous communities were still excluded). The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the NT. 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. The exclusion of persons living in discrete Aboriginal and Torres Strait Islander communities has a small impact on estimates, except for the NT, where such persons make up more than 20 per cent of the population.

Data were self-reported for this indicator.

Accuracy:

Method of Collection: Data were collected by computer assisted telephone interview for all iterations of the Patient Experience Survey. Data from an additional sample for the 2013–14 Patient Experience Survery were predominantly collected face-to-face (see below for more information).

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

Sample/Collection size: The sample for the 2014–15 survey was 27 341 fully-responding persons.

Response rate: Response rate for the 2014–15 survey was 73 per cent.

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.

This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSEs for the waiting time '4 hours or more but within 24 hours' breakdowns are mostly greater than 25% and should either be used with caution or are considered too unreliable for general use. Similarly, data for the 'other' remoteness category has high RSEs when cross classified by State. Caution should be used when interpreting these data.

Confidentiality:

From 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.

Data were self-reported, but not attitudinal, as respondents are reporting their experiences of using the health system.

Data is used from personal interviews only (i.e. excluding proxy interviews).

Explanatory footnotes are provided for each table.

Information specific to the 2013–14 and preceding Patient Experience Surveys:

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, which had a response rate 78.9 per cent. 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.

Coherence:

2009 was the first year data was collected for this indicator. Questions relating to this indicator were also asked in 2010–11, 2011–12, 2012–13 and 2013–14.

Time series issues with this indicator are outlined below.

Delayed or did not see GP due to cost: 2014–15 are comparable to data for 2013–14 and 2012–13, but not to data for previous years, due to a change in question ordering in 2012–13 which had a noticeable context effect. As a result, ABS recommends that this data item is not comparable over time. This has been footnoted in the relevant tables.

Delayed or did not get prescription filled due to cost: data for 2013–14 are comparable to data for 2012–13, 2011–12 and 2010–11, but not before this (i.e. not comparable to 2009). This is due to changes in question wording/sequencing in the patient experience survey. As a result, a time series can be started from 2010–11 onwards. 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 all surveys, and of very remote communities in surveys for 2010–11 and previous years, will affect the NT more than it affects other jurisdictions (people usually resident in such areas account for more than 20 per cent of people in the NT).

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 14-People deferring access to selected healthcare due to financial barriers, 2015 QS
Health!, Superseded 08/07/2016

Has been superseded by National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2017 QS
Health!, Standard 31/01/2017

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 14–People deferring access to selected healthcare due to financial barriers, 2016
Health!, Superseded 31/01/2017