

National Health Performance Authority, Healthy Communities: Seeing a GP for urgent care, 2013–14

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National Health Performance Authority, Healthy Communities: Seeing a GP for urgent care, 2013–14

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Seeing a GP for urgent care, 2013–14
METEOR identifier:	611067
Registration status:	National Health Performance Authority (retired) , Retired 01/07/2016
Description:	Percentage of adults who saw a GP for urgent medical care in the preceding 12 months.
Indicator set:	National Health Performance Authority: Healthy Communities: 2011– National Health Performance Authority (retired) , Retired 01/07/2016

Collection and usage attributes

Population group age from:	For this indicator an adult is defined as a person aged 15 years and over
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Computation description: Participants in the Australian Bureau of Statistics (ABS) Patient Experience Survey 2013–14 who reported they saw a GP for urgent medical care in the preceding 12 months.

The numerator was calculated as the sum of calibrated sample weights for adults who responded they saw a GP for urgent medical care in the preceding 12 months and who were enumerated within the particular Primary Health Network catchment.

Population is limited to persons aged 15 years and over.

The denominator was calculated as the sum of calibrated sample weights for persons aged 15 years and over who saw a GP for their own health in the last 12 months (excluding proxy interviews) and who were enumerated within the Primary Health Network catchment.

Person level survey weights were calibrated to independent estimates of the population of interest, referred to as 'benchmarks'. Weights calibrated against population benchmarks ensure that the survey estimates conform to independently estimated distributions of the population, rather than to the distribution within the sample itself. These benchmarks account for the distribution of people across state and territory, age group, and sex categories. Note: These benchmarks have not been calibrated for Primary Health Network geography.

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of the person.

The measure is presented as a percentage.

95% confidence intervals and relative standard errors are calculated for rates.

The National Health Performance Authority developed a suppression protocol to ensure robust reporting of these data at small areas.

- These suppression rules are based on limits for Relative Standard Error¹ and Confidence Interval width of 30%, with additional cross-validation for estimates close to these limits, that is plus or minus 3% of the limits. If an estimate was marginal² with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal² with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor
- Data were suppressed based on the following rules:
 - Relative Standard Error of 33% or greater, or
 - Confidence Interval (95%) width of 33% or greater, or
 - Relative Standard Error between 27% and 33%, with significantly³ wider Confidence Interval width than the average for that indicator, or
 - Confidence Interval width between 27% and 33%, with significantly³ wider Relative Standard Error than the average for that indicator.

1. For a dichotomous proportion, Relative Standard Error can be defined as the ratio of the standard error and the minimum of the estimate and its complement (100%–estimate).

2. In this context, marginal is defined as within 10% of the 30% limit, or +/- 3%

3. In this context, statistical significance is defined as at least two standard deviations above average.

The ABS Patient Experience survey does not include individuals living in discrete indigenous communities. As a result, estimates derived for Northern Territory may not be adequately representative. Results for Northern Territory have been excluded from the tables and maps on the www.MyHealthyCommunities.gov.au website. Data for Northern Territory (excluding discrete indigenous communities) are available in the excel downloads available via the www.MyHealthyCommunities.gov.au website.

Computation: (Numerator ÷ Denominator) x 100
Numerator: Number of adults who reported seeing a GP for urgent medical care in the preceding 12 months.

Numerator data elements:

Data Element / Data Set
Person—age, total years N[NN]
Data Source
ABS Patient Experience Survey (PEX)
Guide for use
Data source type: Survey

Data Element / Data Set
Person—self-reported seeing a GP for urgent medical care , yes/no code N
Data Source
ABS Patient Experience Survey (PEX)
Guide for use
Data source type: Survey

Denominator: Total number of persons aged 15 years and over who saw a GP for their own health in the last 12 months (excludes interviews by proxy).

Denominator data elements:

Data Element / Data Set
Person—age, total years N[NN]
Data Source
ABS Patient Experience Survey (PEX)
Guide for use
Data source type: Survey

Disaggregation: By Primary Health Network catchments.

Disaggregation data elements:

Data Element / Data Set
Administrative health region—Primary Health Network identifier, code AAANNN

Representational attributes

Representation class: Percentage
Data type: Real
Unit of measure: Person
Format: N[NN].N

Indicator conceptual framework

Framework and dimensions: [PAF-Equity of access](#)

Data source attributes

Data sources:**Data Source**[ABS Patient Experience Survey \(PEX\)](#)**Frequency**

Annual

Data custodian

Australian Bureau of Statistics

Accountability attributes**Reporting requirements:** National Health Performance Authority - Performance and Accountability Framework**Organisation responsible for providing data:** Australian Bureau of Statistics**Accountability:** National Health Performance Authority**Release date:** 01/10/2015**Source and reference attributes****Submitting organisation:** National Health Performance Authority**Origin:** Healthy Communities**Reference documents:** National Health Performance Authority - Performance and Accountability Framework