# National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2018 QS

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# National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2018 QS

## Identifying and definitional attributes

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| **Metadata item type:** | Data Quality Statement |
| **METEOR identifier:** | 681629 |
| **Registration status:** | Health!, Standard 30/01/2018 |

## Data quality

**Institutional environment:**

Data collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey (MPHS). 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, see ABS institutional environment.

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

Data compiler(s): data are 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 The data are withdrawn, and the publication is re-released with the correct data.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 with enumeration undertaken over the financial year.

Data available: the 2016–17 data used for this indicator became available from 14 November 2017.

Reference period: July 2016 to June 2017.

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

**Accessibility:**

Data are publicly available. Tables showing patients experience with health professionals are available in:

*Health services: patient experiences in Australia, 2009* (ABS 2010)

*Patient experiences in Australia: summary of findings, 2010–11* (ABS 2011)

*Patient experiences in Australia: summary of findings, 2011–12* (ABS 2012)

*Patient experiences in Australia: summary of findings, 2012–13* (ABS 2013a)

*Patient experiences in Australia: summary of findings, 2013–14* (ABS 2014)

*Patient experiences in Australia: summary of findings, 2014–15* (ABS 2015)

*Patient experiences in Australia: summary of findings, 2015–16* (ABS 2016)

*Patient experiences in Australia: summary of findings, 2016–17* (ABS 2017).

Data for this indicator are shown by age, sex, Socio-Economic Indexes for Areas (SEIFA) and remoteness.

Data are not available prior to public access.

Data from this survey will also be accessible in the TableBuilder environment, enabling users to create their own customised output as required. For further details, refer to the *Microdata Entry Page* on the ABS website.

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 ABS National Information and Referral Service 1300 135 070, or email client.services@abs.gov.au.

**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 data were collected over a 12-month period and therefore should minimise seasonality effects in the data.

Other supporting information: the ABS Patient Experience data are published in *Patient experiences in Australia: summary of findings, 2016–17* (ABS 2017). This publication includes explanatory and technical notes.

Socioeconomic status definition: the 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 2011 SEIFA IRSD is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, jobs in relatively unskilled occupations and dwellings without motor vehicles.

Socioeconomic status deciles derivation: deciles are based on an equal number of areas. A score for a Statistical Area Level 1 (SA1) is created by adding together the weighted characteristics of that SA1. The scores for all SA1s are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The SA1s are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10% of SA1s, decile 2 contains the next 10% of SA1s and so on. Further information on SEIFA can be found in the ABS technical paper*Socio-economic indexes for areas 2011* (ABS 2013b).

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, 2016–17* (ABS 2017).

**Relevance:**

Level of geography: data are available by state/territory, sex, 2011 SEIFA IRSD and 2011 remoteness (*Major cities, Inner* and *Outer regional, Remote* and *Very remote* Australia).

Data completeness: all data are 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
- certain 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, nursing homes, 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 2016–17 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 Northern Territory 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: the data were collected using Computer Assisted Interviewing (CAI, whereby responses were recorded directly onto an electronic questionnaire in a notebook computer, with interviews conducted either face-to-face or over the telephone. The majority of interviews were conducted over the telephone.

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 2016–17 Patient Experience Survey was 28,207 fully-responding persons.

Response rate: response rate for the survey was 72.1%.

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. Estimates should be considered with reference to their corresponding relative standard error (RSE) of estimate and proportions should be considered with reference to their corresponding 95% margin of error (MOE) of proportion. Estimates with an RSE of estimate between 25% and 50% should be used with caution, and estimates with an RSE of estimate over 50% are considered too unreliable for general use. Proportions with an MOE of proportion greater then 10 percentage points indicate that the range in which the true population value is expected is relatively wide.

This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSE of estimates for some of the breakdowns (i.e. by age and sex) are greater than 25% and should either be used with caution or are considered too unreliable for general use.

The data are self-reported but not attitudinal, as respondents are reporting their experiences of using the health system (in these instances, whether the respondent delayed or did not see a GP or delayed or did not get their prescribed medication due to cost).

Explanatory footnotes are provided for each table.

Confidentiality:

As in 2013–14, 2014–15 and 2015–16, the 2016–17 data have been perturbed. This has been footnoted in the tables. Data from previous cycles (2009 to 2012–13) have not been perturbed. Perturbation is used to minimise the risk of identifying individuals in aggregate statistics. Perturbation involves a 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.

**Coherence:**

Consistency over time: 2009 was the first year data were collected for this indicator. Questions relating to this indicator were also asked in 2010–11, 2011–12, 2012–13, 2013–14, 2014–15, 2015–16 and 2016–17.

Time series issues with this indicator are outlined below.

**Delayed or did not see GP due to cost:**

2016–17 is comparable to 2015–16, 2014–15, 2013–14 and 2012–13, but not before this (i.e. not comparable to 2011–12, 2010–11 or 2009). While the question wording itself did not change, the position in the survey (i.e. where the question was asked) did change. There has been a noticeable context effect with this change in question ordering. 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:**

2016–17 is comparable to 2015–16, 2014–15, 2013–14, 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 the sample will affect the Northern Territory more than it affects other jurisdictions.

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

Collections across populations: data are 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).

## Source and reference attributes

**Reference documents:**

ABS (Australian Bureau of Statistics) 2010. Health services: patient experiences in Australia, 2009. ABS cat.no. 4839.0.55.001. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4839.0.55.0012009.

ABS 2011. Patient experiences in Australia: summary of findings 2010–11. ABS cat. no. 4839.0. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/9606ED9BB0A8D82FCA257ABE0012F144?opendocument.

ABS 2012. Patient experiences in Australia: summary of findings 2011–12. ABS cat. no. 4839.0. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/EF9A58BF23BD5957CA257C29000FFAA8?opendocument.

ABS 2013a. Patient experiences in Australia: summary of findings 2012–13. ABS cat. no. 4839.0. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/FACB879D128C03A6CA257D9D000C1D57?opendocument.

ABS 2013b. Census of population and housing: socio-economic indexes for areas (SEIFA), Australia, 2011. ABS cat. no. 2033.0.55.001. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2033.0.55.001Main+Features12011?OpenDocument

ABS 2014. Patient experiences in Australia: summary of findings 2013–14. ABS cat. no. 4839.0. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/7B1190A3CC5DF0EACA257EFB00114069?opendocument.

ABS 2015. Patient experiences in Australia: summary of findings 2014–15. ABS cat. no. 4839.0. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/FC8EFE56746DD682CA25806B000F5EE3?opendocument.

ABS 2016. Patient experiences in Australia: summary of findings 2015–16. ABS cat. no. 4839.0. Viewed 21 June 2017, http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/F55FE82671AE2F73CA2581D7007968EF?opendocument.

ABS 2017. Patient experiences in Australia: summary of findings 2016–17. ABS cat. no. 4839.0. Viewed 5 June 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0.

## Relational attributes

**Related metadata references:**

Supersedes 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, 2018
Health!, Superseded 19/06/2019