

# **National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2013 QS**

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# National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2013 QS

## Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	511940
Registration status:	<a href="#">Health</a> , Superseded 14/01/2015

## 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.

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 The data is withdrawn, and the publication is re-released with the correct data.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

Data available: The 2011-12 data used for this indicator became available from 23 November 2012.

Referenced Period: July 2011 to June 2012.

There are not likely to be revisions to this data after its 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* and *Patient Experiences in Australia: Summary of Findings, 2011-12* (cat. no. 4839.0).

The data is shown by age, sex, remoteness and Socio-Economic Indexes for Areas (SEIFA). Jurisdictional data is not currently publically 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.

Other Supporting information: The ABS Patient Experience data is published in *Patient Experiences in Australia: Summary of Findings, 2011-12* (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) uses a broad definition of relative socioeconomic 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 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. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 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, 2011-12* (cat. no. 4839.0).

**Relevance:**

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

Data Completeness: All data is 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 is available by the 2006 SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia, 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 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.

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 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.

Data was self-reported for this indicator.

**Accuracy:**

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

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

Sample/Collection size: The sample for the 2011-12 patient experience data was 26,437 fully-responding households.

Response rate: Response rate for the survey was 79.6 per cent.

The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data as well as remoteness and SEIFA breakdowns. RSEs are generally high for the 'other' remoteness category disaggregated by State and Territory (tables 14.2 and 14.6).

RSEs are generally high for the remote/very remote breakdowns (table 14.7).

Known Issues: Data was self-reported.

In 2011-12, persons who did not see a general practitioner (GP) in the last 12 months and delayed seeing a GP were not asked if the reason for delaying was due to cost. However, the numerator still includes those persons who saw a GP in the last 12 months and either delayed or did not see a GP due to cost, and persons who did not see a GP due to cost. It is expected that this will have minimal effect on the estimates. This issue is also present for Medical specialists and Dentists. As such, it impacts on the numerator for tables 14.1, 14.2, 14.4, 14.7, 14.8. This issue may impact on time series comparisons between 2010-11 and 2011-12 for this indicator. The ABS is unable to determine what is causing the time series change, for example, what proportion of the change is due to ABS question changes, and what proportion of the change is due to real world effects. However, the ABS advises that the question wording change will have minimal effects, but is unable to quantify what proportion of the time series change is due to these minimal effects.

In 2011-12, persons who did not receive a referral but believed they needed a test, but did not actually have a test, are excluded from the denominator. However, the denominator for this indicator still includes all persons who had a referred or non-referred test, and persons who were referred for a test but did not actually have one. It is expected that this will result in a very small group of persons being excluded from the population of need for Pathology/Imaging. The ABS is unable to determine what is causing the time series change, for example, what proportion of the change is due to ABS question changes, and what proportion of the change is due to real world effects. However, the ABS advises that the question wording change will have minimal effects, but is unable to quantify what proportion of the time series change is due to these minimal effects.

Explanatory footnotes relating to these issues are provided for the relevant tables.

**Coherence:**

Consistency over time: 2009 was the first year data was collected for this indicator. Differences between 2010-11 and 2011-12 are likely to be impacted by the known data issues explained above.

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.

## Relational attributes

### Related metadata references:

Supersedes [National Healthcare Agreement: PI 16-People deferring access to selected healthcare due to cost, 2012 QS](#)  
[Health](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers \(Patient Experience Survey\), 2014 QS](#)  
[Health](#), Superseded 14/01/2015

### Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2013](#)  
[Health](#), Superseded 30/04/2014