



Access to Primary Health Care

What is this?

Primary health care is professional health care provided in the community, usually by a general practitioner (GP), practice nurse, pharmacist or other health professional working within a general practice. Primary health care provides a broad range of health services, including diagnosis, treatment, health education, counselling, disease prevention and screening.¹ Having good access to primary health care means a person is able to get the care they need when they need it, and at an affordable cost.

Why is it important?

Countries with strong primary health care systems have been found to have healthier populations. In 2008, The World Health Report encouraged all countries to orient their health care systems toward strengthened primary care.²

Access to primary health care is central to improving the health of all New Zealanders and reducing inequalities between different groups. The introduction of the *New Zealand Primary Health Care Strategy* in 2001 set a new direction for primary health care services in New Zealand. The aim of the Strategy is:

*[P]eople will be part of local primary health care services that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care. Primary health care services will focus on better health for the population, and actively work to reduce health inequalities between different groups.*³

Building on this, in 2009 a policy was introduced to provide *Better, Sooner, More Convenient Health Care in the Community*. The aim of this policy is to encourage health professionals to work together in order to provide *better* health care for patients in the community. Working together creates stronger links between primary and secondary health care providers, which means patients receive their care *sooner*. Being able to access health care through their local GP is *more convenient* for patients than travelling to the nearest public hospital.⁴ Providing care closer to home is now a priority for the Ministry of Health.⁵

Data

Measuring how well a primary health care system is performing involves looking at both the accessibility of care and how much people use primary health care services when they need to.⁶



The 2012-2013 annual update from the New Zealand Health Survey describes the level of unmet need for primary care in New Zealand. Unmet need is described as being when a person needs medical care but for some reason, e.g. high cost, lack of transport or appointment availability, they are unable to access it. The update found that 27% of adults and 21% of children in New Zealand had unmet need for primary health care services. Adults and children living in the most deprived areas were more likely to have an unmet need, while women were more likely than men and Māori were more likely than non-Māori to have had an unmet need.⁷

District Health Boards (DHBs) must provide after hours primary health care services within 60 minutes travel time of 95% of their population. DHBs must also work with Primary Health Organisations (PHOs), after hours service providers, and hospital emergency departments to put in place a strategy for after hours care in their district. This strategy must provide an accessible, effective and sustainable after hours service.⁸

Research was carried out to see how people in Christchurch use after hours health care. The research showed a link between people's age, gender and household income and their use of after hours health care. Some groups are less likely to use after hours primary care services, these include adults aged 18-29 years and people from households with incomes less than \$70,000. Men of all ages are less likely to use after hours care than women. This is also true for when adults are accessing care for themselves or for someone else, such as their children.⁹ A Canterbury DHB Direction Paper¹⁰ noted that the cost of accessing the after hours primary health care service was a problem for some people, so many went to the hospital emergency department when they could have been treated in primary care.

Impact on inequalities

It is essential that primary health care services are available for all people who need them, regardless of age, gender, ethnicity, household income or health status.¹¹ Primary health care has the potential to reduce the association of income inequality with health, and therefore reduce inequity in health outcomes.

Some barriers that make it hard for people to access primary health care services include:

- Cost
- Time
- Cultural and ethnic issues or practices
- Language
- Distance to services
- Transport issues
- Knowledge of the healthcare system
- Health literacy



Minority and low income population groups are often disadvantaged in access to health services. Children are particularly disadvantaged as they rely on their parents to access the services on their behalf. Māori and Pacific children, those from low-income families, and immigrants and refugees are the most disadvantaged in New Zealand.¹²

Canterbury has challenges to overcome in the provision of primary health care. These include an ageing population, an increasing demand for services, inequalities in health status and inequalities in access to services.

In Canterbury, fewer Maori are enrolled with a GP than non-Maori. The Canterbury Maori Health Action Plan 2015/2016 notes that 83% of the Māori population is enrolled with a PHO, compared to 96% of the total population. Because of this, Canterbury wants to achieve higher rates of primary care enrolment for Māori. When primary health care services are more accessible to Māori, whānau are more likely to be enrolled, to access health services early and stay out of hospital.¹³

Solutions

There is general agreement that a comprehensive approach is needed to improve access to primary care. A recent paper by Pegasus Health¹⁴ identified six areas for action:

- Commitment and leadership
- Systems
- Models of service delivery that work for people
- Workforce cultural competency
- Build health literacy in the population
- Measure, monitor and evaluate

The Canterbury DHB is a member of the Canterbury Clinical Network (CCN)¹⁵, an alliance of healthcare leaders in Canterbury. Formed in 2009 when government set the *Better, Sooner, More Convenient Health Care in the Community* health target, the Network includes many primary health care providers. It has specific service level alliances relating to many types of primary health care including community services, immunisation, pharmacy, radiology and urgent care. The Network's mission is to provide leadership for the transformation of the Canterbury Health System. To do this, it takes a person centred approach to improve health outcomes and achieve three objectives:

- People take greater responsibility for their own health
- People stay well in the own homes and communities
- People receive timely and appropriate complex care

The work of the CCN aligns well with the New Zealand Health Strategy¹⁶ which aims to ensure that “**All New Zealanders live well, stay well, get well**, in a system that is **people-powered**, provides services **closer to home**, is designed for **value and high performance**, and works as **one team** in a **smart system**.”



There are a range of practical approaches to improve access to primary care and reduce health inequalities. One way is to work directly with individuals and families in disadvantaged communities to help them address the barriers that may be preventing access to the care they need. Examples include the health navigator, community health worker, and partnership community worker models. Evidence suggests that navigators and/or community health workers backed up by high-quality, appropriate and well-resourced services can improve access to primary care for disadvantaged populations with which they share links of culture and experience. Other approaches provide services where the barriers are minimised as much as possible. These include nurse-led services, Whānau Ora, and youth health services.¹⁷

Data limitations

Work is underway to provide more up to date data for the Canterbury region.

Connections with other issues

Public Transport, Age Friendly City, Income, Employment, Telephone and Internet Access, Migrant Social Support.

Last updated July 2016

Prepared by Community and Public Health, a division of the Canterbury District Health Board.

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Read about the Te Pae Mahutonga Māori Health Model at
<http://www.hauora.co.nz/resources/tepaemahutongatxtvers.pdf>

