Section 7: Barriers to Accessing Health Care

Primary health care services, such as GP clinics and medical centres, are the first (and main) place for meeting New Zealanders’ health needs.

People need to be able to access primary health care so that they can get treatment for a health condition before it becomes more severe. If someone delays seeking medical help, the condition may worsen and the person may need to go to hospital.

This section focuses on a number of indicators about barriers to accessing health care in New Zealand. Only limited time trends were possible for unmet need indicators, as the 2011/12 survey was the first time the New Zealand Health Survey asked directly about most of the unmet need indicators.
Key findings

• **Most adults were able to access primary health care when they needed to**
  However, about 27% of adults had an unmet need for primary health care at some time in the past year.

  The most common causes of this unmet need were that people were unable to get an appointment at their usual medical centre within 24 hours (16%), did not use GP services when they had a medical problem due to cost (14%) and did not use after-hours services when they needed to due to cost (7%).

• **The proportion of people unable to get an appointment within 24 hours has fallen**
  While 16% of adults reported that they could not get an appointment at their usual medical centre within 24 hours, this percentage was lower than in 2006/07 (when the rate was 18%).

• **Many prescriptions are left unfilled due to cost**
  About 267,000 adults (8%) did not collect one or more prescription items in the past 12 months due to the cost.

• **Women aged 25–44 years are much more likely to have experienced unmet need**
  Women – particularly younger women – had much higher levels of unmet need than men. People aged 65 years and over were less likely to have experienced unmet need.

• **Māori and Pacific adults and people living in more deprived areas are more likely to have experienced unmet need**
  Levels of unmet need for primary health care were generally higher among adults of Māori or Pacific ethnicity, and adults living in the more deprived areas.

Table 28: Summary of barriers to health care for adults aged 15 years and over, 2011/12

<table>
<thead>
<tr>
<th>Indicator (in past 12 months)</th>
<th>Percent</th>
<th>Estimated number</th>
<th>Time trends since 2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced unmet need for primary health care(^1)</td>
<td>27</td>
<td>947,000</td>
<td>Not collected in 2006/07</td>
</tr>
<tr>
<td>Unable to get appointment at usual medical centre within 24 hours</td>
<td>16</td>
<td>507,000</td>
<td>▼ Decrease</td>
</tr>
<tr>
<td>Unmet need for GP services due to cost</td>
<td>14</td>
<td>487,000</td>
<td>Not collected in 2006/07</td>
</tr>
<tr>
<td>Unmet need for after-hours services due to cost</td>
<td>7</td>
<td>252,000</td>
<td>Not collected in 2006/07</td>
</tr>
<tr>
<td>Unfilled prescription due to cost</td>
<td>8</td>
<td>267,000</td>
<td>Not collected in 2006/07</td>
</tr>
</tbody>
</table>

\(^1\) Experienced any of the following at some time in the past 12 months: unable to get an appointment at their usual medical centre within 24 hours, unmet need for GP services due to cost or lack of transport, unmet need for after-hours services due to cost or lack of transport.
7.1 Unmet need for primary health care

Most adults were able to access primary health care when they needed to.

Barriers to accessing health care can occur for a number of reasons. For example, a person may be unable to get an appointment soon enough, may not have enough money to pay for an appointment at a medical centre or may not have the transport to get there.

This indicator gives a broad picture of adults who reported that they had experienced unmet need for primary health care in the past 12 months. These people experienced one or more of the following in the past year:

- unable to get an appointment at their usual medical centre within 24 hours
- unmet need for GP services due to cost
- unmet need for after-hours services due to cost
- unmet need for GP services due to lack of transport
- unmet need for after-hours services due to lack of transport.

Some of the more common types of unmet need are discussed in more detail later in this section. Time trends were not available for most of the specific indicators of unmet need as the 2011/12 survey was the first time the New Zealand Health Survey asked directly about them.

Most adults were able to access primary health care when they needed to

However, one in four adults (27%) had experienced unmet need for primary health care in the past 12 months. This is almost one million adults.

The most common reasons for this unmet need were being unable to get an appointment within 24 hours (16% of adults), unmet need for GP services due to cost (14%) and unmet need for after-hours services due to cost (7%) (Figure 56). Lack of transport was a less common reason for unmet need for primary health care.

**Figure 56: Unmet need for primary health care in the past 12 months, by type**

<table>
<thead>
<tr>
<th>Unmet Reason</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing unmet need for primary health care</td>
<td>27</td>
</tr>
<tr>
<td>Unable to get appointment at usual medical centre</td>
<td>16</td>
</tr>
<tr>
<td>Unmet need for GP services due to cost</td>
<td>14</td>
</tr>
<tr>
<td>Unmet need for after-hours services due to cost</td>
<td>7</td>
</tr>
<tr>
<td>Unmet need for GP services due to lack of transport</td>
<td>3</td>
</tr>
<tr>
<td>Unmet need for after-hours services due to lack of transport</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: Respondents could report multiple types of unmet need.
Source: 2011/12 New Zealand Health Survey (15 years and over)
Women were more likely to have experienced unmet need in the past year (32%) than men (21%).

**Two in five women aged 25–44 years experienced unmet need for primary health care**

Among people aged 15–64 years, women were more likely than men to report unmet need for primary health care in the past 12 months.

Women aged 25–44 years had a particularly high rate of unmet need, with about two in five affected (Figure 57).

**Figure 57: Experienced unmet need for primary health care in the past 12 months, by age group and sex**

![Bar chart showing experienced unmet need for primary health care by age group and sex.](chart)

Note: Unmet need includes any of the following in the past 12 months: being unable to get an appointment at their usual medical centre within 24 hours; unmet need for GP services due to cost and/or lack of transport; unmet need for after-hours services due to cost and/or lack of transport.

Source: 2011/12 New Zealand Health Survey (15 years and over)

**Māori adults were more likely to have experienced unmet need in the past year**

Two in five (39%) Māori adults had experienced unmet need for primary health care in the past 12 months (Table 29). This rate was 1.5 times as high as the rate for non-Māori adults, after adjusting for differences in age and sex.
### Table 29: Experienced unmet need for primary health care in the past 12 months, by ethnic group and sex

<table>
<thead>
<tr>
<th></th>
<th>Total NZ</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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<tbody>
<tr>
<td><strong>Percent (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total NZ</strong></td>
<td>27</td>
<td>21</td>
<td>32</td>
<td>947,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Māori</strong></td>
<td>39</td>
<td>31</td>
<td>47</td>
<td>173,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td>31</td>
<td>23</td>
<td>37</td>
<td>63,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>22</td>
<td>16</td>
<td>28</td>
<td>83,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>European/Other</strong></td>
<td>26</td>
<td>21</td>
<td>31</td>
<td>725,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adjusted rate ratios</strong> (comparing each ethnic group with people not in that ethnic group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Māori</strong></td>
<td>1.5*</td>
<td>1.5*</td>
<td>1.5*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>0.7*</td>
<td>0.7*</td>
<td>0.7*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Adults may be counted in more than one ethnic group. Unmet need includes any of the following in the past 12 months: being unable to get an appointment at their usual medical centre within 24 hours; unmet need for GP services due to cost and/or lack of transport; unmet need for after-hours services due to cost and/or lack of transport.

1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.
2 Adjusted rate ratios compare people, men or women in each ethnic group with people, men or women not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (15 years and over)

### Rates of unmet need were higher in deprived areas

Adults living in the most deprived areas had higher rates of unmet need in the past year (34%) than those living in the least deprived areas (22%). This pattern was seen for both men and women (Figure 58).

Figure 58: Experienced unmet need for primary health care in the past 12 months, by neighbourhood deprivation and sex

[Bar chart showing experienced unmet need for primary health care in the past 12 months by NZDep2006 quintile and sex]

Note: Unmet need includes any of the following in the past 12 months: being unable to get an appointment at their usual medical centre within 24 hours; unmet need for GP services due to cost and/or lack of transport; unmet need for after-hours services due to cost and/or lack of transport.

Source: 2011/12 New Zealand Health Survey (15 years and over)

Adjusting for differences in age, sex and ethnic group, people living in the most deprived areas were 1.4 times as likely to have experienced unmet need as people in the least deprived areas.
Where can you go for more information?
You can find the data for following indicators in Appendix 3 and in the online data tables:

- unmet need for primary health care
- unable to get an appointment at their usual medical centre within 24 hours of wanting one
- unmet need for GP services due to the cost
- unmet need for after-hours services due to the cost.

Data for the following indicators are available in the online data tables:

- unmet need for GP services due to lack of transport
- unmet need for after-hours services due to lack of transport.

What were the survey questions?
The 2011/12 New Zealand Health Survey asked people aged 15 years and over:

- In the past 12 months, has there been a time when you wanted to see a GP, nurse or other health care worker at your usual medical centre within the next 24 hours, but they were unable to see you?
- In the past 12 months, was there a time when you had a medical problem but did not visit a GP because of cost?
- In the past 12 months, was there a time when you had a medical problem but did not visit a GP because you had no transport to get there?
- In the past 12 months, was there a time when you had a medical problem outside regular office hours but did not visit an after-hours medical centre because of cost?
- In the past 12 months, was there a time when you had a medical problem outside regular office hours but did not visit an after-hours medical centre because you had no transport to get there?

The broad indicator of ‘unmet need for primary health care’ reports whether people had experienced one or more of the above more detailed indicators in the past 12 months. This overall measure may be an underestimate of all barriers if people experience some other barriers that are not captured here.
7.2 Unable to get appointment at usual medical centre within 24 hours

The proportion of people unable to get an appointment at their usual medical centre within 24 hours has fallen since 2006/07.

Timely access to health care is critical. If a person cannot get an appointment promptly when they ask for one, they face an important barrier to health care.

This indicator focuses on whether people reported an experience in the past 12 months when they wanted to see a GP, nurse or other health care worker at their usual medical centre within 24 hours but could not get an appointment. Possible reasons for this unmet need included that there were no appointments available, that the times offered did not suit, or that the appointment was with a doctor they didn’t want to see.

One in seven adults could not get an appointment at their usual medical centre within 24 hours

One in seven adults (16%) reported that they were unable to get an appointment at their usual medical centre within 24 hours at some time in the past 12 months. This is about half a million adults.

More women (18%) than men (13%) were unable to get an appointment within 24 hours at some time in the past 12 months. Adjusting for age, women were 1.4 times as likely as men to have been unable to get an appointment within 24 hours.

The proportion of people unable to get an appointment within 24 hours has fallen

Fewer people reported that they were unable to get an appointment at their usual medical centre within 24 hours in 2011/12 (16%) than in 2006/07 (18%).

The rates decreased for both men and women over this period (Figure 59).

Figure 59: Unable to get an appointment at usual medical centre within 24 hours in past 12 months, by sex, 2006/07 and 2011/12

Note: Rates are age-standardised to the WHO world population.
Source: New Zealand Health Surveys (2006/07, 2011/12) (15 years and over)
Many women aged 25–44 years were unable to get an appointment within 24 hours

Almost one in four women aged 25–44 years was unable to get an appointment at their usual medical centre within 24 hours, at some time in the past 12 months (Figure 60).

Figure 60: Unable to get an appointment at usual medical centre within 24 hours in past 12 months, by age group and sex

![Graph showing percentage unable to get an appointment within 24 hours by age group and sex]

Source: 2011/12 New Zealand Health Survey (15 years and over)

One in four Māori women was unable to get an appointment within 24 hours in the past year

Māori women were more likely (24%) than other women to have been unable to get an appointment within 24 hours at some time in the past 12 months (Table 30).

Table 30: Unable to get an appointment at usual medical centre within 24 hours in past 12 months, by ethnic group and sex

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Total NZ</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>Estimated number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NZ</td>
<td>16</td>
<td>13</td>
<td>18</td>
<td></td>
<td>507,000</td>
</tr>
<tr>
<td>Māori</td>
<td>20</td>
<td>16</td>
<td>24</td>
<td></td>
<td>81,000</td>
</tr>
<tr>
<td>Pacific</td>
<td>15</td>
<td>12</td>
<td>18</td>
<td></td>
<td>29,000</td>
</tr>
<tr>
<td>Asian</td>
<td>15</td>
<td>11</td>
<td>17</td>
<td></td>
<td>47,000</td>
</tr>
<tr>
<td>European/Other</td>
<td>15</td>
<td>13</td>
<td>17</td>
<td></td>
<td>395,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjusted rate ratios (comparing each ethnic group with people not in that ethnic group)</th>
<th>Māori</th>
<th>Pacific</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NZ</td>
<td>1.3*</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>Māori</td>
<td>1.3*</td>
<td>0.9</td>
<td>0.9</td>
</tr>
</tbody>
</table>

* Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Adults may be counted in more than one ethnic group.

1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.

2 Adjusted rate ratios compare people, men or women in each ethnic group with people, men or women not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (15 years and over)

Since 2006/07 the proportion of Pacific men unable to get an appointment within 24 hours has fallen (Figure 61). There were no other changes by ethnic group over this time.
One in five women in the most deprived areas was unable to get an appointment within 24 hours

In the past 12 months, 21% of women living in the most deprived areas could not get an appointment within 24 hours, compared with 16% of women in the least deprived areas (Figure 62).

Where can you go for more information?
You can find the data for the above indicator in Appendix 3 and in the online data tables.

What was the survey question?
The 2011/12 New Zealand Health Survey asked people aged 15 years and over:
> In the past 12 months, has there been a time when you wanted to see a GP, nurse or other health care worker at your usual medical centre within the next 24 hours, but they were unable to see you?
7.3 Unmet need for GP services due to cost

One in seven adults did not visit a GP when they had a medical problem due to the cost, at some time in the past year.

A general practice or medical clinic is often the first place people go to when they are unwell and need help, except in emergencies.

All New Zealanders are eligible for reduced health care costs when they go to their regular practice. However, cost may still be a barrier to accessing primary health care.

This indicator focuses on whether there was a time in the past 12 months when people had a medical problem but did not visit a GP because of cost. Time trends are not reported because the wording of this question has changed since 2006/07.

Cost prevented one in seven adults from visiting a GP when they had a medical problem

In 2011/12 one in seven adults (14%) reported that at some time in the last 12 months they had a medical problem but did not visit a GP because of cost. This is about 487,000 adults.

Women were almost twice as likely to have been unable to see a GP due to cost at some time in the past 12 months (17%) as men (10%).

Women 25–44 years were more likely to be affected

About 25% of women aged 25–44 years reported that they did not visit a GP due to cost at some time in the past 12 months. This proportion is much higher than for other groups (Figure 63).

In contrast, cost was much less likely to be a barrier for older people. Less than 10% of those aged 65+ years reported that this reason had prevented them from visiting a GP at some time in the past 12 months.

Figure 63: Unmet need for GP services due to cost in the past 12 months, by age group and sex

![Bar chart showing the unmet need for GP services due to cost by age group and sex.]

Source: 2011/12 New Zealand Health Survey (15 years and over)
Māori have higher rates of unmet GP need due to cost

Māori adults had high rates of unmet need for GP services due to cost in the past year (16% for Māori men and 29% for Māori women, Table 31). Overall, Māori adults were 1.6 times as likely to have been unable to visit a GP at some time in the past 12 months due to cost as non-Māori adults, adjusting for age and sex.

Pacific men had higher rates of unmet GP need due to cost in the past year than non-Pacific men, adjusting for age and sex. There were no differences between Pacific women and other women.

Table 31: Unmet need for GP services due to cost in the past 12 months, by ethnic group and sex

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Total NZ</th>
<th>Māori</th>
<th>Pacific</th>
<th>Asian</th>
<th>European/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>14</td>
<td>10</td>
<td>17</td>
<td>487,000</td>
<td></td>
</tr>
<tr>
<td>Māori</td>
<td>23</td>
<td>16</td>
<td>29</td>
<td>101,000</td>
<td></td>
</tr>
<tr>
<td>Pacific</td>
<td>17</td>
<td>15</td>
<td>19</td>
<td>35,000</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
<td>9</td>
<td>12</td>
<td>39,000</td>
<td></td>
</tr>
<tr>
<td>European/Other</td>
<td>13</td>
<td>9</td>
<td>17</td>
<td>366,000</td>
<td></td>
</tr>
</tbody>
</table>

Adjusted rate ratios (comparing each ethnic group with people not in that ethnic group)^2

| Māori | 1.6* | 1.5* | 1.6* |
| Pacific | 1.1 | 1.4* | 0.9 |
| Asian | 0.6* | 0.7  | 0.6* |

* Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Adults may be counted in more than one ethnic group.

1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.

2 Adjusted rate ratios compare people, men or women in each ethnic group with people, men or women not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (15 years and over)

One in five adults in the most deprived areas did not visit a GP due to the cost

Cost prevented one in five (19%) adults living in the most deprived areas from visiting their GP at some time in the past 12 months, compared with 9% of adults in the least deprived areas (Figure 64).

Figure 64: Unmet need for GP services due to cost in the past 12 months, by neighbourhood deprivation and sex

Source: 2011/12 New Zealand Health Survey (15 years and over)
People in the most deprived areas were 1.8 times as likely to have had unmet need for GP services due to cost in the past year as people in the least deprived areas, after adjusting for differences in age, sex and ethnic group.

**Another reason for not visiting a GP is having no transport to get there**

Having no transport to get to a GP is another potential reason why people may not visit a GP when they have a medical need.

A lack of transport had prevented about 3.4% of adults from visiting a GP when they needed to at some time in the past 12 months, which is about 121,000 adults. Women had higher rates (4.8%) than men (2.0%).

Of particular note were the high rates among Māori (8.6%) and Pacific adults (8.9%). These rates were 2–3 times as high as the rates for non-Māori and non-Pacific adults respectively, adjusting for age and sex differences.

Unmet GP need due to transport was strongly related to deprivation. Rates were much higher for people living in the most deprived areas (7.2%) than for those in the least deprived areas (1.4%) (Figure 65).

**Figure 65: Unmet need for GP services due to lack of transport in the past 12 months, by neighbourhood deprivation and sex**

People living in the most deprived areas were 3.4 times as likely to have found lack of transport prevented them from visiting a GP at some time in the past year as those in the least deprived areas, after adjusting for age, sex and ethnic differences.
Where can you go for more information?
You can find the data for the indicator ‘unmet need for GP services due to cost’ in Appendix 3 and in the online data tables. Data for the following indicator are also available in the online data tables:

- unmet need for GP services due to lack of transport.

What were the survey questions?
The 2011/12 New Zealand Health Survey asked people aged 15 years and over:

- In the past 12 months, was there a time when you had a medical problem but did not visit a GP because of cost?
- In the past 12 months, was there a time when you had a medical problem but did not visit a GP because you had no transport to get there?

The wording for these questions has changed since the 2006/07 New Zealand Health Survey. The questions now ask directly about any unmet need for GP services due to cost and due to transport in the previous year. Due to this change in question wording, it was not possible to reliably report time trends for these indicators.
7.4 Unmet need for after-hours services due to cost

About 252,000 adults (7%) were unable to visit an after-hours medical centre at some time in the past 12 months due to cost.

After-hours medical centres provide health care outside of normal primary care hours. Their hours include nights, weekends and public holidays, when most GP clinics and medical centres are closed.

One barrier to visiting after-hours medical centres is the cost. In New Zealand, medical care provided after regular office hours is normally more expensive than that during office hours.

This indicator focuses on whether people report an experience in the past 12 months when they had a medical problem outside regular office hours but did not visit an after-hours medical centre because of cost. It was not possible to present time trends as this is the first time the New Zealand Health Survey has asked this question.

About 7% of adults did not visit an after-hours service when they needed to due to cost in the past 12 months

In 2011/12, 7% of adults reported that they had a medical problem outside regular office hours but did not visit an after-hours medical centre because of the cost, at some time in the past 12 months. This is about 252,000 adults.

Women were much more likely to have experienced cost as a barrier to accessing after-hours services (9%) than men (5%).

Women aged 25–34 years were more likely to have been unable to visit after-hours services due to cost

Cost was more likely to have prevented women aged 25–34 years (16%) from visiting after-hours services when they had a medical problem, than other people (Figure 66).

Figure 66: Unmet need for after-hours services due to cost in the past 12 months, by age group and sex

![Figure 66: Unmet need for after-hours services due to cost in the past 12 months, by age group and sex](source: 2011/12 New Zealand Health Survey (15 years and over))
Cost was more likely to have prevented Māori from using after-hours services

About 11% of Māori men and 18% of Māori women did not visit an after-hours service when they needed to at some time in the past 12 months, due to cost (Table 32). Overall, Māori adults were over twice as likely to have experienced this unmet need in the past year as non-Māori adults, after adjusting for age and sex.

Pacific adults also had higher rates of unmet need for an after-hours service due to cost.

Table 32: Unmet need for after-hours services due to cost in the past 12 months, by ethnic group and sex

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Total NZ</th>
<th>Men</th>
<th>Women</th>
<th>Estimated number¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NZ</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>252,000</td>
</tr>
<tr>
<td>Māori</td>
<td>14</td>
<td>11</td>
<td>18</td>
<td>63,000</td>
</tr>
<tr>
<td>Pacific</td>
<td>10</td>
<td>7</td>
<td>13</td>
<td>21,000</td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>23,000</td>
</tr>
<tr>
<td>European/Other</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>173,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjusted rate ratios (comparing each ethnic group with people not in that ethnic group)²</th>
<th>Māori</th>
<th>Pacific</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (%)</td>
<td>2.1*</td>
<td>1.3*</td>
<td>0.7*</td>
</tr>
<tr>
<td>Adjusted rate ratios.adjusts for age and, for the total column, sex</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Adults may be counted in more than one ethnic group.
1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.
2 Adjusted rate ratios compare people, men or women in each ethnic group with people, men or women not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (15 years and over)

One in nine adults living in deprived areas was unable to visit after-hours services due to cost

Cost had prevented 11% of adults living in the most deprived areas from visiting after-hours services when they needed to at some time in the past 12 months, compared with 4% of adults in the least deprived areas (Figure 67).

Figure 67: Unmet need for after-hours services due to cost in the past 12 months, by neighbourhood deprivation

Source: 2011/12 New Zealand Health Survey (15 years and over)
After adjusting for age, sex and ethnic differences, people living in the most deprived areas were 2.4 times as likely to have had unmet need for after-hours services due to cost as people in the least deprived areas.

**Lack of transport is another reason for not using after-hours services**

Having no transport to get to an after-hours medical centre is another potential reason why people may not use its services when they have a medical need.

About 1.8% of adults did not visit after-hours services when they needed to due to a lack of transport at some time in the past 12 months. This is about 62,000 adults. Women had higher rates (2.4%) than men (1.1%).

This type of unmet need was much more common among Māori (4.6%) than other adults. Adjusting for age and sex, Māori adults were 3.2 times as likely as non-Māori to have been prevented from using after-hours services because they had no transport at some time in the past year.

There were also higher rates for Pacific adults (2.8%). Pacific adults were 1.5 times as likely as non-Pacific adults to experienced unmet need for after-hours care in the past year due to a lack of transport, after adjusting for age and sex.

Lack of transport was much more likely to be a barrier to accessing after-hours services for people living in the most deprived areas (3.7%) than for those in the least deprived areas (0.9%). People living in the most deprived areas were 3.6 times as likely to have experienced unmet need for after-hours care due to transport as those in the least deprived areas, adjusting for age, sex and ethnic group.

**Where can you go for more information?**

You can find the data for the indicator ‘unmet need for after-hours services due to cost’ in Appendix 3 and in the online data tables. Data for the following indicator are also available in the online data tables:

- unmet need for after-hours services due to lack of transport.

**What were the survey questions?**

The 2011/12 New Zealand Health Survey asked people aged 15 years and over:

- In the past 12 months, was there a time when you had a medical problem outside regular office hours but did not visit an after-hours medical centre because of cost?

- In the past 12 months, was there a time when you had a medical problem outside regular office hours but did not visit an after-hours medical centre because you had no transport to get there?

This is the first time that these questions have been included in the New Zealand Health Survey, so it was not possible to report time trends.
7.5 Unfilled prescriptions due to cost

Cost prevented about 267,000 adults from collecting one or more prescription items in the past 12 months.

Cost was a greater barrier for some ethnic groups and adults living in deprived areas.

Medication plays an important role in treating health problems. Prescription medicines can relieve pain, cure illnesses, help control many medical conditions and lower the complications associated with them. Medication can also help prevent health conditions from worsening and can help keep people out of hospital.

One barrier to accessing prescription medicines is cost. In New Zealand, most prescription medicines are subsidised so that people only need to pay a relatively small amount for each prescription (in 2011/12 this cost was $3).

This indicator focuses on whether people reported that at some time in the past 12 months they had a prescription for themselves but did not collect one or more items because of cost. It was not possible to present reliable time trends because the wording of the question has changed since 2006/07.

About 8% of adults did not fill a prescription due to cost in past 12 months

In 2011/12, 8% of adults reported that cost had prevented them from collecting a prescription at some time in the past 12 months. This is about 267,000 adults.

Cost was more likely to prevent women from collecting a prescription item (9%) than it was for men (6%).

Cost was a greater barrier to filling prescriptions for younger women

One in eight (about 12%) women aged 15–34 years did not fill a prescription due to the cost in the past year (Figure 68). These rates are higher than the rates for other people.

Figure 68: Unfilled prescription due to cost in the past 12 months, by age group and sex

Source: 2011/12 New Zealand Health Survey (15 years and over)
Māori and Pacific adults were more likely to have not collected a prescription due to the cost in the past year

About 18% of Māori adults had not filled a prescription at some time in the past 12 months due to the cost (Table 33). Māori adults were 2.8 times as likely to have found the cost to be a barrier to filling a prescription as non-Māori adults, after adjusting for age and sex differences.

Among Pacific adults, 13% had not collected a prescription due to the cost at some time in the past 12 months. This rate was 1.6 times as high as the rate for non-Pacific adults, after adjusting for age and sex.

The cost barrier was greater for women in both these ethnic groups: 21% of Māori women and 16% of Pacific women had not collected prescriptions in the past 12 months due to the cost.

Table 33: Unfilled prescription due to cost in the past 12 months, by ethnic group and sex

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Total NZ</th>
<th>Total NZ number</th>
<th>Māori</th>
<th>Māori number</th>
<th>Pacific</th>
<th>Pacific number</th>
<th>Asian</th>
<th>Asian number</th>
<th>European/Other</th>
<th>European/Other number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
<td>Estimated number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Māori</td>
<td>18</td>
<td>15</td>
<td>21</td>
<td>81,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific</td>
<td>13</td>
<td>10</td>
<td>16</td>
<td>27,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>20,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European/Other</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>170,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Adults may be counted in more than one ethnic group.
1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.
2 Adjusted rate ratios compare people, men or women in each ethnic group with people, men or women not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (15 years and over)

Not filling prescriptions due to cost was much more common in deprived areas

In the past 12 months, 14% of people living in the most deprived areas had not filled a prescription due to the cost, compared with 4% of people in the least deprived areas (Figure 69).
People living in the most deprived areas were 3.2 times as likely to have not filled a prescription due to cost as people in the least deprived areas, after adjusting for differences in the age, sex and ethnic group.

**Where can you go for more information?**
You can find the data for the above indicator in Appendix 3 and in the online data tables.

**What was the survey question?**
The 2011/12 New Zealand Health Survey asked people aged 15 years and over:

- In the past 12 months, was there a time when you got a prescription for yourself but did not collect one or more prescription items from the pharmacy or chemist because of cost?

This is the first time that the New Zealand Health Survey has asked directly about any unfilled prescriptions due to cost in the previous year. For this reason, it was not possible to report time trends.