

## 9. HEALTH SERVICES

NSW Health provides a range of health care services to New South Wales residents that are delivered across a variety of settings. In 2004, the New South Wales Population Health Survey included a range of questions that addressed access to and satisfaction with health care services. Measuring consumer satisfaction with health care services is part of the process of monitoring the success of community participation and quality improvement strategies. Questions focused on difficulties getting health care when needed, admission to hospital or attendance at an emergency department, or use of community health centres or public dental services.

### Difficulties getting health care

#### Introduction

In order to identify some of the issues around access to health services, the 2004 New South Wales Population Health Survey included questions about difficulties that people may have had getting health care. In this context, health care means any health service provided by general practitioners and specialists, public and private hospitals and dental clinics, pharmacists, allied health services (for example, physiotherapy), and community health services. Respondents were asked 'Do you have any difficulties getting health care when you need it?'. Those who responded 'Yes' were then asked, 'Please describe the difficulties you have'.

#### Results

Only 13.9 per cent of people reported having difficulties getting health care. The main difficulties reported were waiting time for an appointment with a general practitioner (40.7 per cent), waiting time for dental services (13.3 per cent), waiting time for elective surgery (11.5 per cent), difficulty accessing specialists (10.9 per cent), emergency department waiting time (10.0 per cent), no bulk billing (9.4 per cent), and cost of health care services (8.2 per cent).

There was no significant difference in the proportion of females and males who reported difficulties in getting

health care. A significantly lower proportion of people aged 16–24 years (7.4 per cent) and 75 years and over (8.5 per cent), and a significantly greater proportion of those aged 35–44 years (18.0 per cent) reported having difficulties getting health care, compared to the overall adult population.

There was significant geographic variation in the reporting of difficulties in getting health care, with a significantly greater proportion of rural residents (24.6 per cent) than urban residents (11.0 per cent) reporting difficulties getting health care. A significantly lower proportion of residents in the Sydney South West (8.3 per cent) and South Eastern and Illawarra (8.5 per cent) Health Areas, and a significantly greater proportion of residents in the Hunter and New England (20.3 per cent), Greater Western (23.5 per cent), North Coast (23.8 per cent), and Greater Southern (25.2 per cent) Health Areas reported difficulty getting health care.

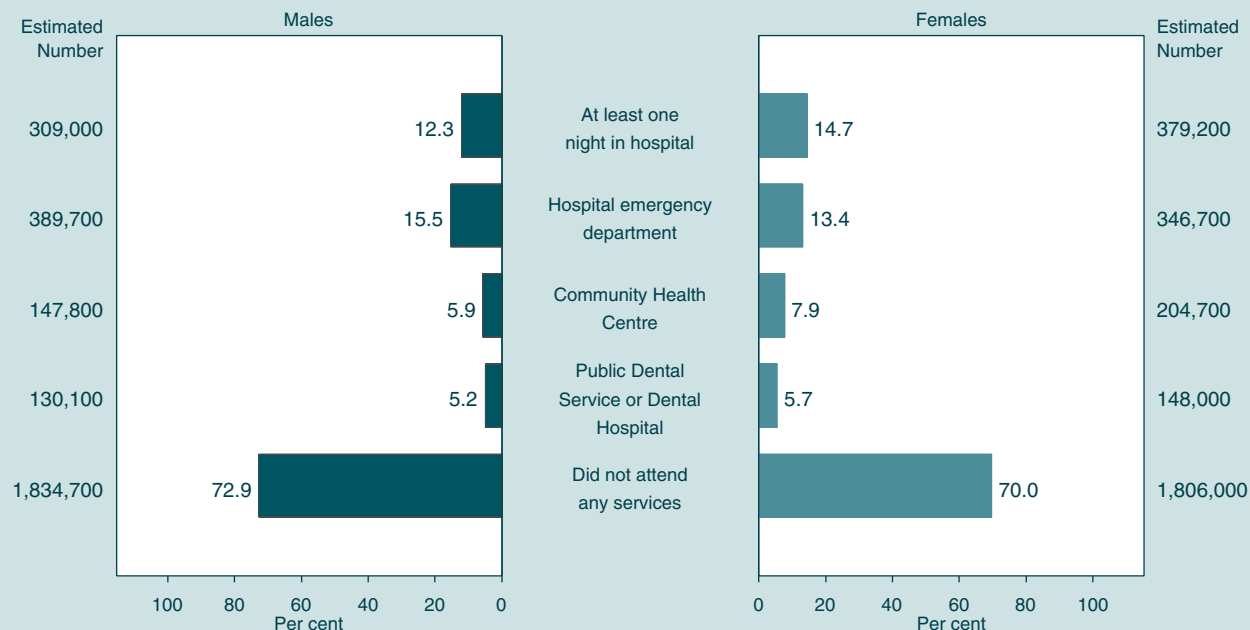
Overall, a significantly lower proportion of people in the least disadvantaged (8.3 per cent) and the second least disadvantaged (10.7 per cent) quintiles reported difficulty getting health care, compared to the overall adult population. A significantly greater proportion of people in the second most disadvantaged quintile (22.3 per cent) reported difficulties in getting health care, compared to the overall adult population.

There has been a significant increase in the proportion of people having difficulties getting health care, from 9.9 per cent in 1997 to 13.9 per cent in 2004. This increase was observed in both females (11.0 per cent to 15.1 per cent) and males (8.8 per cent to 12.6 per cent).

Figure 84 shows the health services attended in the last 12 months by sex. Figure 85 shows the proportion of people reporting difficulty getting health care when needing it by age. Figure 86 and Table 10 shows difficulties in getting health care when needing it by health area. Figure 87 shows the types of difficulties in getting health care when needing it by sex.

**FIGURE 84**

**HEALTH SERVICES ATTENDED IN LAST 12 MONTHS BY SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 85**

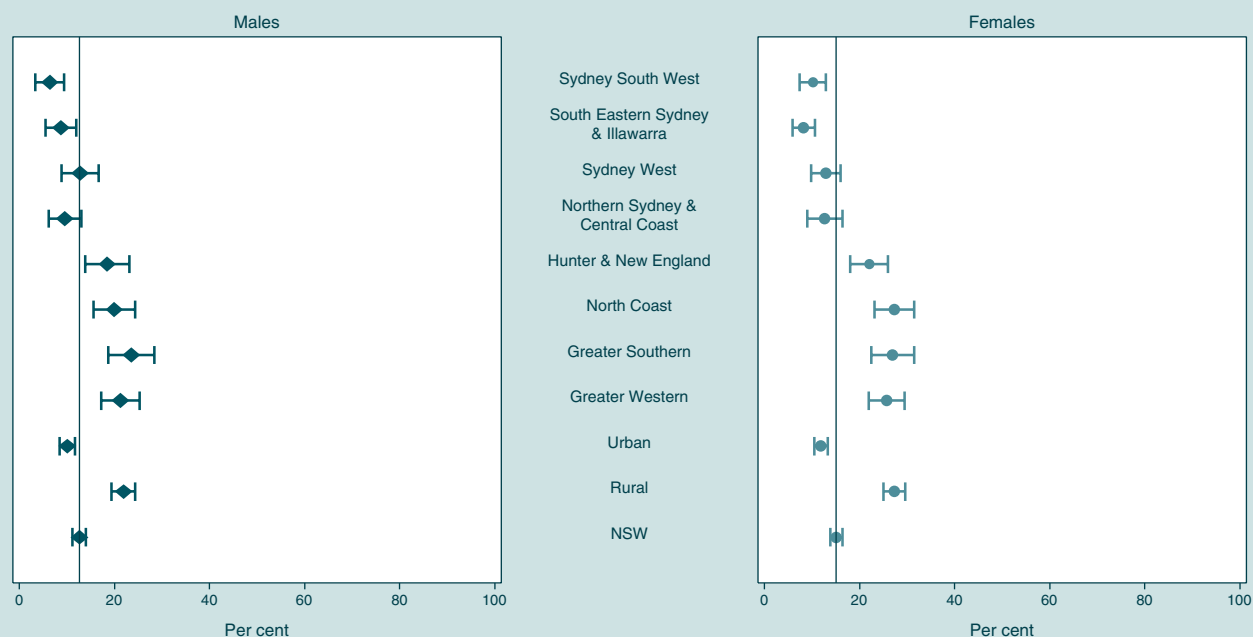
**DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT BY AGE AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 86**

**DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT BY HEALTH AREA AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**TABLE 10**

**DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT BY HEALTH AREA AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**

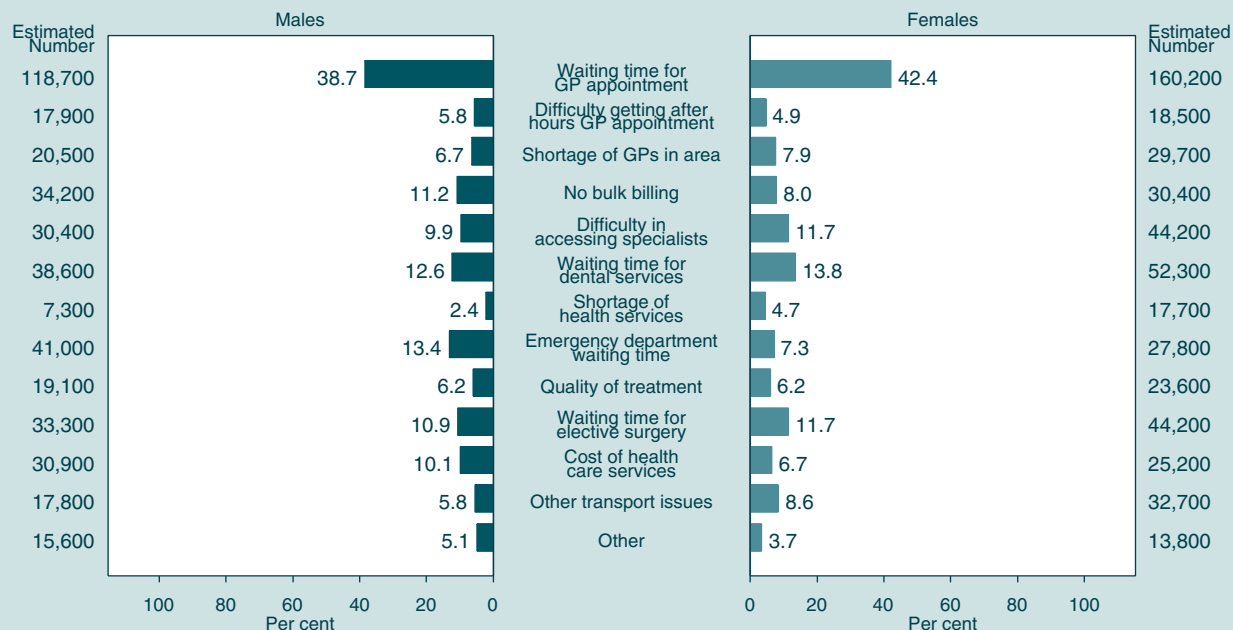
Area	Males				Females				Persons			
	(no.)	LL 95% CI	UL 95% CI	(est. no.)	(no.)	LL 95% CI	UL 95% CI	(est. no.)	(no.)	LL 95% CI	UL 95% CI	(est. no.)
Sydney South West	6.4	3.4	9.4	30700	10.1	7.3	13	50200	8.3	6.2	10.3	81000
South Eastern Sydney & Illawarra	8.7	5.5	12	39100	8.2	5.9	10.5	37300	8.5	6.5	10.5	76400
Sydney West	12.8	8.9	16.7	48000	12.9	9.8	16	51400	12.9	10.4	15.3	99400
Northern Sydney & Central Coast	9.6	6.1	13	39400	12.7	8.9	16.5	55500	11.2	8.6	13.8	94900
Hunter & New England	18.5	13.9	23.1	56600	22	18.1	25.9	68500	20.3	17.2	23.3	125100
North Coast	20	15.6	24.3	33300	27.3	23.1	31.5	49700	23.8	20.7	26.8	83000
Greater Southern	23.6	18.7	28.4	40300	26.9	22.4	31.4	45300	25.2	21.9	28.5	85600
Greater Western	21.3	17.2	25.3	23800	25.7	21.9	29.4	28500	23.5	20.7	26.2	52300
Urban	10.1	8.5	11.7	196700	11.9	10.4	13.3	239500	11	9.9	12.1	436200
Rural	21.9	19.4	24.4	114500	27.3	25	29.6	146900	24.6	22.9	26.4	261400
NSW	12.6	11.2	14	311200	15.1	13.8	16.4	386400	13.9	12.9	14.8	697600

Notes: Estimates are based on 9,381 respondents in NSW. 358 (3.82%) were 'not stated' (Don't know or Refused) for this indicator in NSW. The indicator includes those who had difficulties getting health care when they needed it. It excludes those who said they do not need health care. The question used to define the indicator was 'Do you have any difficulties getting health care when you need it?'

Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 87**

**TYPES OF DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT BY SEX, PERSONS WHO HAD DIFFICULTIES GETTING HEALTH CARE AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**Emergency departments**

**Introduction**

In 2004, among adults aged 16 years and over, there were over 1.1 million visits to emergency departments in New South Wales hospitals.<sup>1</sup> In order to identify issues affecting the quality of care received in emergency departments, in 2004 the New South Wales Population Health Survey included questions on attendance at an emergency department and satisfaction with that service. Respondents were asked the following questions: ‘In the last 12 months, have you attended a hospital emergency department (or casualty) for your own medical care?’, ‘Which hospital’s emergency department did you last attend?’, ‘Overall, what do you think of the care you received at this emergency department?’ (if care was rated as ‘fair’ or ‘poor’ then respondents were also asked ‘Could you briefly describe why you rated the care you received as “fair” or “poor”?’).

**Results**

*Attendance*

In 2004, the New South Wales Population Health Survey estimated that about 755,500 people aged 16 years and over (394,800 males and 360,700 females) had attended an emergency department on one or more occasions in

the previous 12 months, representing 14.6 per cent of the overall adult population. There was no significant difference between the proportion of males and females attending. A significantly greater proportion of people aged 16–24 years (21.0 per cent), and a significantly lower proportion of people aged 55–64 years (11.5 per cent) attended an emergency department, compared to the overall adult population.

There was geographic variation in emergency department attendances in the last 12 months, with a significantly greater proportion of rural residents (19.1 per cent) than urban residents (13.4 per cent) reporting attendance at an emergency department. A significantly greater proportion of residents in the Greater Western Health Area (24.7 per cent) reported attendance at an emergency department, compared to the overall adult population.

There was no significant variation in the proportion of people reporting emergency department attendance by level of socioeconomic disadvantage.

Emergency department attendance did not differ significantly from 1997 to 2004.

*Rating of emergency department care*

Those who had attended an emergency department in the last 12 months were asked to rate the care they received

during the attendance. Of these, 28.2 per cent rated the care received as 'excellent', 27.8 per cent as 'very good', 22.7 per cent as 'good', 11.7 per cent as 'fair', and 9.6 per cent as 'poor'. There was no difference in the proportion of males and females who rated the care received as 'fair' or 'poor'. The main reason for rating the care as 'fair' or 'poor' was waiting time in emergency departments (63.5 per cent). Other issues included not enough staff (17.5 per cent), poor attitude of clinical staff (14.9 per cent), and poor technical skill of clinical staff (9.1 per cent).

Responses of 'excellent', 'very good' and 'good' were combined into a 'positive' rating of care. Overall, 79.4 per cent of people gave a positive rating of the care they received at an emergency department. There was no significant difference in positive rates of emergency department care between males (77.3 per cent) and females (81.7 per cent). A significantly greater proportion of people aged 65 years and over (88.1 to 93.3 per cent) gave a positive rating of their emergency department care, compared to the overall adult population.

Overall, there was no significant difference in the proportion of people in rural areas and urban areas who gave a positive

rating of emergency department care. A significantly greater proportion of males in the North Coast Health Area (89.2 per cent) gave a positive rating of emergency department care, compared to the overall adult population.

There was no significant variation in the proportion of people giving a positive rating of emergency department care by socioeconomic disadvantage.

Overall, the proportion of people who gave a positive rating of emergency department care did not differ significantly from 1997 to 2004.

Figure 88 shows emergency department attendance in the previous 12 months by age. Figure 89 shows the rating of emergency department care by sex. Figure 90 shows the proportion of people who rated their emergency department care as excellent, very good, or good, by age. Figure 91 shows the reason for rating the most recent emergency department visit as fair or poor by sex.

### References

1. NSW Emergency Department Data 2004 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 88**

**EMERGENCY DEPARTMENT ATTENDANCE IN THE PREVIOUS 12 MONTHS BY AGE AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 89**

**EMERGENCY DEPARTMENT CARE RATINGS BY SEX, PERSONS WHO ATTENDED AN EMERGENCY DEPARTMENT IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 90**

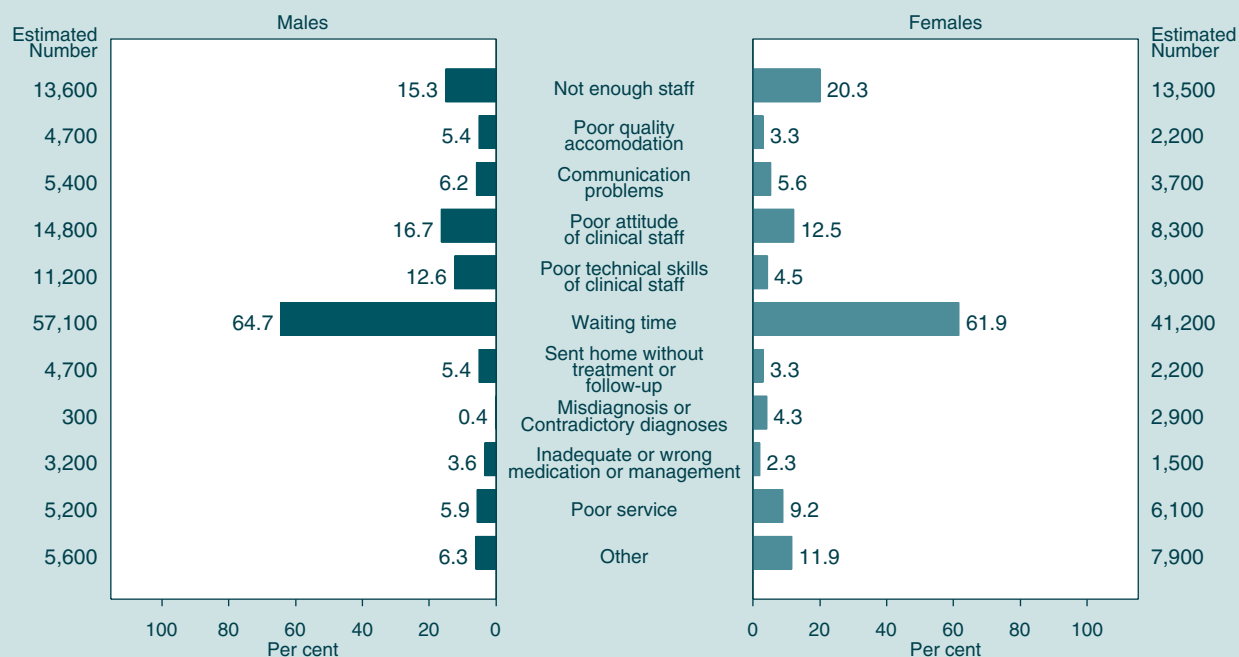
**EMERGENCY DEPARTMENT CARE RATED AS EXCELLENT, VERY GOOD OR GOOD BY AGE AND SEX, PERSONS WHO ATTENDED AN EMERGENCY DEPARTMENT IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 91**

**REASON FOR RATING MOST RECENT EMERGENCY VISIT AS FAIR OR POOR BY SEX, PERSONS WHO ATTENDED AN EMERGENCY DEPARTMENT IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**Hospital admissions**

**Introduction**

In the 2003–04 financial year there were approximately 1.8 million admissions to New South Wales hospitals among adults aged 16 years and over. In order to identify issues affecting the quality of care received in public hospitals, in 2004 the New South Wales Population Health Survey included questions on admission to hospital and satisfaction with hospital services. Respondents were asked the following questions: ‘In the last 12 months, have you stayed for at least 1 night in hospital?’, ‘In which hospital was your most recent overnight stay?’, ‘Can you tell me if that is a public or private hospital?’, ‘During your overnight hospital admission were you admitted as a public or private patient?’, ‘Overall, what do you think of the care you received at this hospital?’ (if the care was rated as ‘fair’ or ‘poor’, respondents were also asked ‘Could you briefly describe why you rated the care you received as “fair” or “poor”?’), ‘Did someone at this hospital tell you how to cope with this condition when you returned home?’ (if ‘Yes’, respondent was also asked ‘How adequate was this information once you went home?’).

**Results**

*Hospital admissions*

In 2004 the New South Wales Population Health Survey estimated that about 712,200 people aged 16 years and over (314,200 males and 398,000 females) were admitted to hospital on one or more occasions in the previous 12 months, representing 13.8 per cent of the overall adult population.

A significantly greater proportion of females (15.1 per cent) than males (12.3 per cent) reported being admitted to hospital. A significantly lower proportion of males aged 35–44 years (5.5 per cent) and females aged 45–54 years (9.8 per cent), and a significantly greater proportion of males aged 65 years and over (19.4 per cent to 33.6 per cent) and females aged 25–34 years (21.8 per cent) and 75 years and over (24.6 per cent) were admitted to hospital, compared to the overall adult male and female populations.

There was significant variation in hospital admissions by geographic location. The proportion of people admitted to hospital in rural areas in the last 12 months (15.7 per cent) was significantly greater than the proportion admitted in urban areas (13.2 per cent). A significantly greater proportion of females in Greater Western Health Area (20.5 per cent) and a significantly lower proportion of males in Sydney South West Health Area (7.9 per cent) had spent one night in hospital in the last 12 months, compared to the overall adult male and female populations.

Overall, the proportion of people reporting hospital admissions did not vary significantly by level of socioeconomic disadvantage.

Rates of hospital admissions did not differ significantly from 1997 to 2004.

*Rating of hospital care*

Those who had been admitted to hospital in the last 12 months were asked to rate the care they received during the admission. Overall, 43.8 per cent rated the care they received

as 'excellent', 30.5 per cent as 'very good', 16.8 per cent as 'good', 6.5 per cent as 'fair', and 2.4 per cent rated the care received as 'poor'. The main reasons for rating the care as fair or poor were not enough staff (19.0 per cent), poor attitude of clinical staff (18.0 per cent), hospital could not offer required care (14.4 per cent), poor technical skill of clinical staff (14.1 per cent), communication problems (11.6 per cent), and the excessive time waiting for care (11.4 per cent). Other issues included poor or inadequate food (6.7 per cent), poor quality accommodation (4.4 per cent), and incorrect or inadequate medication or management (2.7 per cent).

Responses of 'excellent', 'very good', and 'good' were combined into a 'positive' rating of care. Overall, 91.2 per cent of people gave a positive rating of the care they had received at hospital. There was no significant difference between the proportion of males and females giving positive ratings.

There was no significant geographical variation in positive ratings of hospital care between rural residents and urban residents. A significantly greater proportion of females in the South East Sydney and Illawarra Health Area (96.9 per cent) gave a positive rating of care, compared to the overall adult population.

There was only minimal variation in ratings of hospital care based on socioeconomic disadvantage, with a greater proportion of females in the second most disadvantaged quintile (96.2 per cent) providing a positive rating of care.

Overall, the rates of people giving positive ratings of hospital care did not differ significantly from 1997 to 2004.

In 2004, 87.3 per cent of people were given information on how to cope with their condition on discharge from their most recent overnight hospital admission. There was no difference in the proportion of males and females who received information on how to cope with their condition. Of the people who received information, 56.3 per cent rated the information they received as very adequate, 41.5 per cent rated it as adequate, 1.5 per cent as inadequate, and 0.6 per cent as completely inadequate. There was no difference between males and females in the rating of the adequacy of information received at discharge from the most recent overnight hospital stay.

Figure 92 shows the proportion of people admitted to hospital in the previous 12 months by age. Figure 93 shows hospital care ratings by sex. Figure 94 shows the proportion of people who rated the care they received at hospital as excellent, very good, or good, by age. Figure 95 shows the reason for rating the most recent overnight hospital stay as fair or poor by sex.

### References

1. Inpatient Statistics Collection 2003 and 2004 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 92**

**HOSPITAL ADMISSION IN THE PREVIOUS 12 MONTHS BY AGE AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.



**FIGURE 93**

**HOSPITAL CARE RATINGS BY SEX, PERSONS WHO ATTENDED HOSPITAL IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 94**

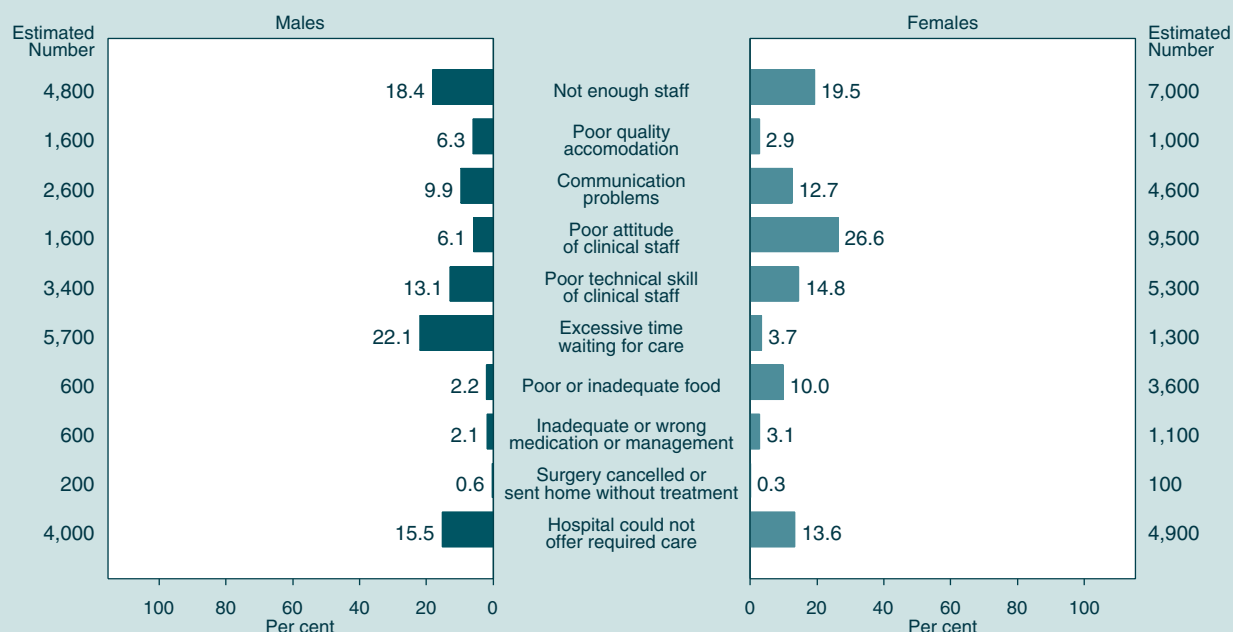
**HOSPITAL CARE RATED AS EXCELLENT, VERY GOOD OR GOOD BY AGE AND SEX, PERSONS WHO ATTENDED HOSPITAL IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 95**

**REASON FOR RATING MOST RECENT OVERNIGHT HOSPITAL STAY AS FAIR OR POOR BY SEX, PERSONS WHO ATTENDED HOSPITAL IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**Community health centres**

**Introduction**

Community health centres have a particularly important role to play in providing information and support to people of all ages within the community. Services provided by community health centres include primary and community health nursing, sexual health services, counselling, selected allied health services, outreach clinics, child and family health services, day and respite care, health promotion and health education, community support, and group programs.

In 2004, the New South Wales Population Health Survey included questions on attendance at a community health centre and satisfaction with that service. Respondents were asked the following questions: ‘In the last 12 months, have you been to a government-run community health centre?’, ‘Overall, what do you think of the care you received at that community health centre?’, (if the care was rated as ‘fair’ or ‘poor’, respondents were also asked ‘Could you briefly describe why you rated the care you received as “fair” or “poor”?’), ‘If you had to use a community health centre again, would you prefer to return to this same community health centre, or go to a different community health centre?’, ‘Did someone at this community health centre tell you how to cope with your condition when you returned home?’, (if ‘Yes’, respondents were also asked ‘How adequate was this information once you went home?’).

**Results**

*Attendance at community health centres*

In 2004, the New South Wales Population Health Survey estimated that about 364,100 people aged 16 years and over (153,300 males and 210,700 females) attended a community health centre on one or more occasions in the previous 12 months, representing 7.0 per cent of the overall adult population.

There was no significant difference in the proportion of males and females who had attended a community health centre. A significantly greater proportion of people aged 16–24 years (11.3 per cent) attended a community health centre, compared to the overall adult population.

There was geographic variation in community health centre attendance, with a significantly greater proportion of rural residents (10.2 per cent) than urban residents (6.2 per cent) having attended a community health centre. The proportion of people attending community health centres was significantly greater in the Greater Western Health Area (13.1 per cent).

There was no significant variation in attendance at community health centres by socioeconomic disadvantage.

Between 2002 and 2004, there has been no significant change in the proportion of people who attended a community health centre.

### Rating of care at community health centres

Those who had attended a community health centre in the last 12 months were asked to rate the care they received during the visit. Of those who had attended a community health centre, 30.7 per cent rated the care they received as 'excellent', 32.6 per cent as 'very good', 28.0 per cent as 'good', 6.0 per cent as 'fair', and 2.7 per cent rated the care received as 'poor'. The main reasons for rating the care as fair or poor were insufficient services offered or staff shortages (64.1 per cent), poor attitude of staff (20.1 per cent), treatment not effective (14.5 per cent), waiting time (11.4 per cent), and poor technical skill of staff (10.3 per cent).

Responses of 'excellent', 'very good', or 'good' were then combined into 'positive' ratings of care. Overall, 91.5 per cent of people who had attended a community health centre gave a positive rating of the care they received. There was no significant difference in the proportion of males and females who gave positive ratings, and no significant variation by age.

There was no significant geographical variation in positive ratings of care received at a community health centre between rural residents and urban residents. A significantly greater proportion of people in the Hunter and New England Health Area (97.8 per cent) gave a positive rating of their care, compared to the overall adult population.

There was no significant difference in the proportion of people giving positive ratings of care received at a community health centre by socioeconomic disadvantage.

There was no significant change in the proportion of people giving positive ratings of care received at a community health centre between 2002 and 2004.

In 2004, 83.9 per cent of people were given information on how to cope with their condition following their most recent community health centre visit. There was no difference in the proportion of males and females who received information on how to cope with their condition. Of these, 53.7 per cent rated the information they received as very adequate, 43.5 per cent rated it as adequate, 2.2 per cent as inadequate, and 0.6 per cent as completely inadequate.

Figure 96 shows the proportion of people who attended a community health centre in the previous 12 months by age. Figure 97 shows the rating of care received at community care centres by sex. Figure 98 shows the proportion of people who rated the care they received at a community health centre as excellent, very good, or good, by age. Figure 99 shows the reason for rating the care received at the most recent community health centre visit as fair or poor.

**FIGURE 96**

#### COMMUNITY HEALTH CENTRE ATTENDANCE IN THE PREVIOUS 12 MONTHS BY AGE AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 97**

**COMMUNITY HEALTH CENTRE CARE RATINGS BY SEX, PERSONS WHO ATTENDED IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 98**

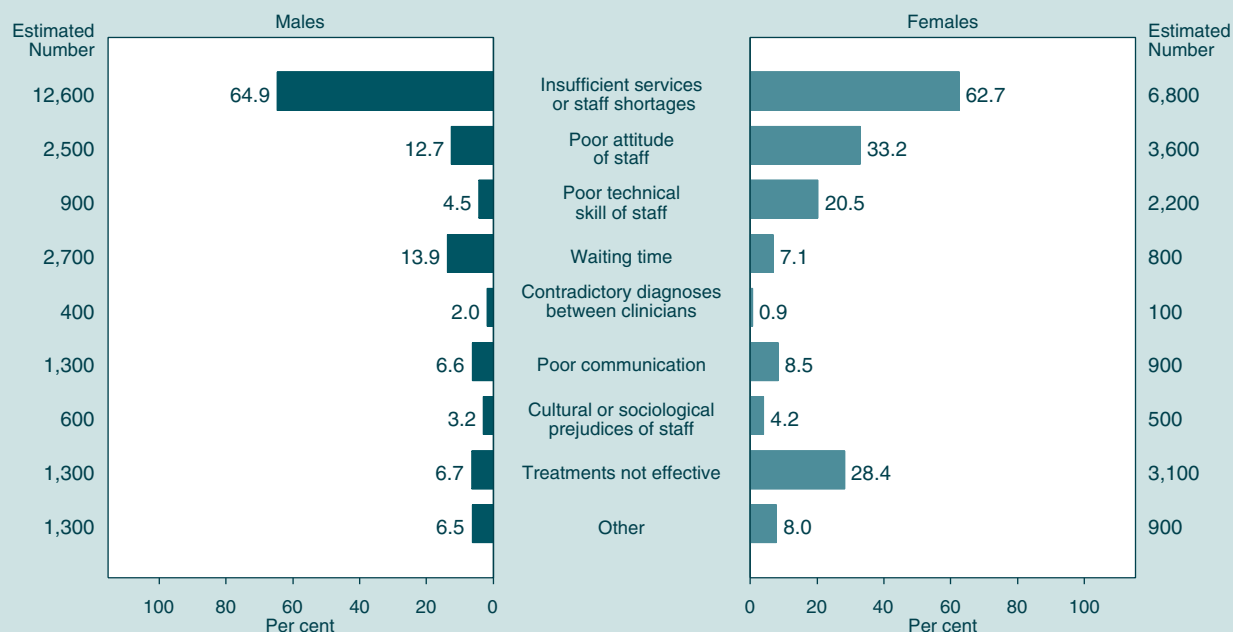
**COMMUNITY HEALTH CENTRE CARE RATED AS EXCELLENT, VERY GOOD, OR GOOD BY AGE AND SEX, PERSONS WHO ATTENDED IN THE PREVIOUS 12 MONTHS AGED 16 AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 99**

**REASON FOR RATING MOST RECENT COMMUNITY HEALTH CENTRE VISIT AS FAIR OR POOR BY SEX, PERSONS WHO ATTENDED IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**Public dental services**

**Introduction**

People in New South Wales with a Health Care Concession Card or a Pensioner Concession Card are eligible for public dental care. In order to identify issues affecting the quality of care received in public dental services, in 2004 the New South Wales Population Health Survey included questions on attendance at a public dental service and satisfaction with that service. Respondents were asked the following questions: ‘In the last 12 months, have you been to a government-run public dental service or dental hospital?’, ‘Overall, what do you think of the care you received at the public dental service?’ (if the care was rated as ‘fair’ or ‘poor’, the respondent was also asked ‘Could you briefly describe why you rated the care you received as “fair” or “poor”?’), ‘Did someone at this public dental service tell you how to cope with your condition when you returned home?’ (if ‘Yes’, respondent was then asked ‘How adequate was this information once you went home?’).

**Results**

*Attendance at public dental services*

In 2004 the New South Wales Population Health Survey estimated that about 281,100 people aged 16 years and over (132,800 males and 148,300 females) attended a public dental service in the previous 12 months. This represented 5.4 per cent of the overall adult population.

There was no significant difference in the proportion of females or males attending a public dental service. A significantly lower proportion of males aged 25–44 years (2.2 per cent to 2.3 per cent), and a significantly greater proportion of people aged 16–24 years (10.5 per cent) attended a public dental service in the previous 12 months, compared to the overall adult population.

There was no significant difference in the proportion of people in rural areas attending a public dental service compared to urban areas.

The proportion of people attending public dental services was significantly lower (3.4 per cent) among those in the least socioeconomically disadvantaged quintile.

There has been no significant change in the proportion of people attending a public dental service between 2002 and 2004.

*Rating of care at public dental services*

People who had attended a public dental service in the last 12 months were asked to rate the care they received during the attendance. Of these, 26.1 per cent rated the care they received as ‘excellent’, 36.3 per cent as ‘very good’, 23.0 per cent as ‘good’, 7.8 per cent as ‘fair’, and 6.9 per cent rated the care they received as ‘poor’. The main reasons for rating the care as ‘fair’ or ‘poor’ were the waiting time for an appointment (47.7 per cent), followed by poor technical skill of clinical staff (22.3 per cent), poor attitude

of clinical staff (18.6 per cent), and insufficient services (18.6 per cent).

Responses of 'excellent', 'very good' and 'good' were combined into 'positive' ratings of care. Overall, 84.4 per cent of people gave positive ratings of the care they received at a public dental service. There was no significant difference in the proportion of males and females giving positive ratings of care. A significantly greater proportion of males aged 35–44 years (96.5 per cent) and females aged 75 years and over (97.6 per cent) gave a positive care rating for public dental services.

There was no significant variation in the proportion of rural residents and urban residents giving positive ratings of public dental care. A significantly greater proportion of females in the Northern Sydney and Central Coast Health Area (96.8 per cent) and South Eastern Illawarra Health Area (95.7 per cent) gave a positive rating of public dental care.

There was no variation in the proportion of people giving positive ratings of the care received at a public dental service by level of socioeconomic disadvantage.

There was no significant change in the proportion of people giving a positive rating of care for public dental services between 2002 and 2004.

In 2004, 76.1 per cent of people were given information on how to cope with their condition following their most recent public dental service visit. There was no difference in the proportion of males and females who received information on how to cope with their condition. Of the people who received information, 49.6 percent rated the information they received as very adequate, 47.7 per cent rated it as adequate, 2.3 per cent as inadequate, and 0.4 per cent as completely inadequate. There was no difference between males and females in the rating of the adequacy of information received at the most recent public dental service visit.

Figure 100 shows the proportion of people who attended a public dental service in the previous 12 months by age. Figure 101 shows public dental care rating by sex. Figure 102 shows the proportion of people who rated the care they received at a public dental service as excellent, very good, or good, by age. Figure 103 shows the reason for rating the last visit to a public dental service as fair or poor by sex.

**FIGURE 100**

**PUBLIC DENTAL SERVICE ATTENDANCE IN THE PREVIOUS 12 MONTHS BY AGE AND SEX, PERSONS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 101**

**PUBLIC DENTAL SERVICE CARE RATING BY SEX, PERSONS WHO ATTENDED A PUBLIC DENTAL SERVICE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 102**

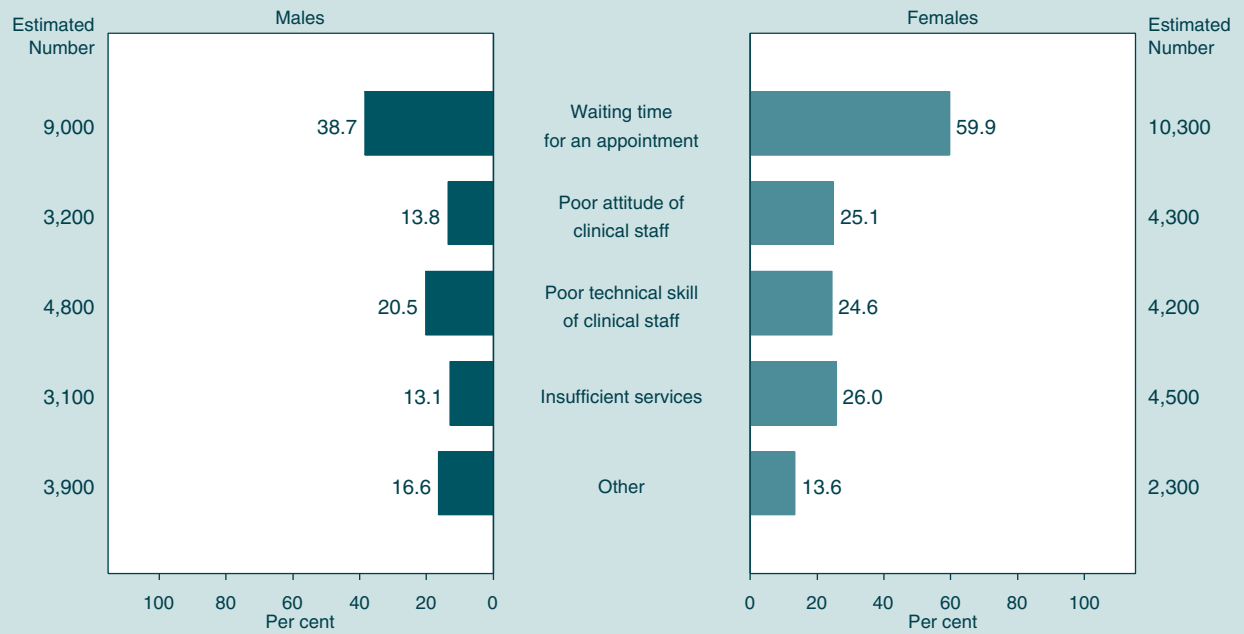
**PUBLIC DENTAL SERVICE CARE RATED AS EXCELLENT, VERY GOOD, OR GOOD BY AGE AND SEX, PERSONS WHO ATTENDED A PUBLIC DENTAL SERVICE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW 2004**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

**FIGURE 103**

**REASON FOR RATING MOST RECENT PUBLIC DENTAL SERVICE VISIT AS FAIR OR POOR BY SEX, PERSONS WHO ATTENDED A PUBLIC DENTAL SERVICE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW**



Source: New South Wales Population Health Survey 2004 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.