

HURA Project

Information Pack

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What is HURA ?

HURA is a research partnership which brings together a primary care organisation, and researchers with backgrounds in general practice, Māori health and public health.

The aim of the study is to explore the relationship between ethnicity, socioeconomic deprivation and the use of general practices.

Information collection and retrieval is an essential part of general practice in the future. Contracting and audit depend on it. This collaborative project between WIPA and the Wellington School of Medicine helps set up the practice for a hassle-free future



Te Rōpū Rangahau
Hauora a Eru Pōmare

Who is in the study team?

The study team consists of:

WIPA

Tom Love	IPA Project Manager	801 7808
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Wellington School of Medicine

Department of General Practice

Tony Dowell	Professor of General Practice	385 5995
Debbie McLeod	Research Manager	385 5995
Donna Cormack	Researcher	385 5595

Te Rōpū Rangahau Hauora a Eru Pōmare

Bridget Robson	Māori Health Researcher	385 5924
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Department of Public Health

Peter Crampton	Senior Lecturer (Health Services)	385 5999x6045
Clare Salmond	Senior Lecturer (Biostatistics)	385 5999x6044

Please contact Tom, Tony, Debbie or Donna if you would like more information about any aspect of the study

In partnership with WIPA general practitioners, practice nurses, practice managers and receptionists.

Why are we carrying out the study?

In New Zealand socioeconomically deprived people are less healthy and die earlier. Ethnicity is also strongly associated both with health status and with deprivation.

Data from this study will contribute to understanding why there are these inequalities in health between people of different socioeconomic and ethnic groups. The study will also help to explain the part that socioeconomic factors play in determining cultural and ethnic inequalities.

Little is known about the differences in rates of utilisation of general practice by people of different socioeconomic status. Few previous studies have tried to tackle this issue directly. Describing general practice utilisation in the management of specific diseases or preventive health may contribute to understanding disparities in health.

One different aspect of this study is that it will use routinely collected general practice data. In the past other studies of primary care have tended to use specially collected data for example, based around special forms for each consultation. HURA will work with the routine information which is stored electronically in practice management systems. In this way it is hoped that the study will be able to carry out much needed research about general practice, but with the minimum disruption to the work of GPs and practice staff.

What are the benefits for individual practices?

- *Individual analysis and interpretation of data from your practice at three monthly intervals; who you see and why you see them?*

Study reports will be based on analysis of data combined from practices taking part in the study. We will present, confidentially, individual data for any practices taking part in the study if requested to do so. This analysis would be accompanied by interpretation of the data in the context of the community in which that practice is based

and of WIPA practices as a whole. The sort of information which will be able to be reported could include the age standardised rates of presentation of common conditions, such as asthma, compared with WIPA overall.

- *Assistance to answer any questions you may have about your practice based on the data collected.*

The research team are available to help with any additional analyses you may wish to have undertaken on your data to answer your own questions about attendance at your practice. Examples of the types of things you might like to have information about include:

- A patient profile for your practice;
- An audit of attendance of a particular patient group.

- *The research team will provide a free consultancy service to assist practices in adding ethnicity data to their data base.*

The researchers are prepared to visit practices and assist practice personnel in setting up a process for recording ethnicity data from patients.

- *Feedback about the completeness of data recording within your practice.*

What will practices who take part need to do?

If you agree to take part in the study your participation will involve the following:

- Extraction of data (identified by NHI number) from your practice computers on five occasions – the first time would be to test the extraction process. The remaining four times would be at 3 monthly intervals over the 12 month study period. Data could be extracted either by a researcher coming to your practice (after hours if necessary) or by someone at your practice, whichever is the most convenient;

- An undertaking by you to add ethnicity data to your patient register over the next 12 months. Members of the research team will be available to assist you with this. Free training sessions will be held, and a researcher will be available to visit your practice and assist your receptionist or practice nurse with data collection;
- We would also like to extract laboratory and pharmaceutical data from the practice management system.

We have been able to obtain enough funding to acknowledge practice participation in the study with a payment of \$200.00.

Ethics and confidentiality

Data extracted from your practice computers is identified by NHI number. After extraction from the practice computers, data will be transferred to the WIPA computer system and socioeconomic deprivation (NZDep96) codes added. The NHI number will be re-coded before the research team has access to the data to ensure patient confidentiality. No member of the research team will be able to identify an individual patient.

No individual patients or general practitioners will be identified in any reports resulting from the study.

The study has been approved by the Wellington Ethics Committee.

Data to be collected for the study

The data we would like to include in our analysis is shown below. We know that not all data will be available from each practice. The study will extend over a twelve month period in order to take into account seasonal fluctuations which occur in general practice consultations.

Data Collection

Patient specific data

Demographic data: NHI Number
Ethnicity
Age
Gender
Community Service Card Status (CSC)
High User Card Status
Socioeconomic deprivation (NZ Dep96)

Utilisation Data: Consultation rates
Preventive care utilisation: immunisation, cervical smear rate, smoking status
Nurse only consultations

Diagnostic Codes (READ Codes) as entered and defined by the general practitioner.
Information on consultation rates, demographic information, laboratory tests and pharmaceuticals is linked to READ codes for:
Diabetes
Asthma
Sexual and reproductive health
Hypertension

Drugs and Laboratory tests:
Prescriptions generated
Laboratory tests generated
Diagnostic imaging

Data from the New Zealand Health Information Service or from Capital Coast Health.
NHI Number (encrypted)
Referral data: Admission to secondary care – inpatient/day patient visits but not outpatient clinics.

Recording Ethnicity Data in General Practice

What is Ethnicity?

Ethnicity is the ethnic group or groups that people identify with or feel they belong to. Thus, ethnicity is self perceived and people can belong to more than one group. Ethnicity is different from race or nationality. An ethnic group is defined as a social group whose members have the following four characteristics:

- share a sense of common origins;
- claim a common and distinctive history and destiny;
- possess one or more dimensions of collective cultural individuality;
- feel a sense of unique collective solidarity.

How is Ethnicity Data Collected

Ethnicity data needs to be collected by asking patients. Determining a patient's ethnicity based on looks alone is unreliable.

In general practice it is appropriate to collect ethnicity data using the same question as Statistics New Zealand in the Census. Using the same question means that data from general practice can be compared with data from the population as a whole and data collected from other sources such as hospitals and death certificates.

Why Collect and Record Ethnicity Data in Your Practice

Surveys of patients and practice personnel have identified many reasons why a general practice may want to collect patient ethnicity data:

- Practices can use the information to define their patient population and identify the particular health needs of different patient groups;
- The information can be used on a population level to provide vital information about the health of New Zealanders;
- There are cultural differences in the way patients like to be treated.

Surveys have shown that most people do not mind being asked their ethnic group. We will have print material available to help you explain why you are collecting ethnicity data and how the data will be used.