



Consumers Health
Forum OF Australia

RESULTS

Results of the 2018 Consumer Sentiment Survey

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Consumers Health Forum of Australia 2020
2018 Consumer Sentiment Survey Report.
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Executive Summary

The Consumer Sentiment Survey was a survey project conducted by the Consumers Health Forum of Australia (CHF) and the NHMRC Partnership Centre for Health System Sustainability (PCHSS) that was funded by the Australian Department of Health.

The Consumer Sentiment Survey found that Australian consumers are largely satisfied with the end product of the Australian healthcare system but have noticeable concerns about the process of obtaining healthcare. While the majority of consumers reported high levels of satisfaction with the quality of healthcare in Australia, sizeable minorities had encountered difficulties in trying to obtain that healthcare.

Two recurring issues consumers had with Australian healthcare were uncertainty and cost.

The uncertainty was in relation to what healthcare was available, how it could be obtained and whether it was affordable. This high level of uncertainty potentially contributed to the reported high proportion of consumers taking out Private Health Insurance to obtain "peace of mind".

Cost, specifically cost barriers, have led to many consumers not taking full advantage of the healthcare system - such as not filling prescriptions, not visiting providers such as dentists and not obtaining Private Health Insurance. Despite the majority of consumers believing Australia had top quality healthcare that was safe and effective, more were concerned that they would be unable to afford it due to these cost barriers if they become ill.

Overall this suggests that while Australians are generally happy with the healthcare system there is scope for additional work by governments to both clarify the processes of obtaining appropriate healthcare in Australia and ensuring it remains affordable and accessible to all Australians.

In addition, it was shown that the survey instrument developed as part of the project produced a robust data set detailing the sentiments of Australian consumers in regards to the healthcare system and should provide a solid foundation for future longitudinal research to measure the change in those sentiments over time.

Since the survey was completed, the Australian Government has launched Australia's Long Term National Health Plan which charts a path forward over the next 10 years in key areas of health policy including mental health, primary care, hospitals, preventive health and medical research. Underneath this Plan, the Government is developing a 10 Year Primary Health Care Plan and a National Preventive Health Strategy, and CHF is contributing to both of these processes. The results of the 2018 Consumer Sentiment Survey provide important guidance on areas that need to be addressed through upcoming reforms in order to deliver a truly consumer-centred health system over the next 10 years.

Background

The Consumer Sentiment Survey was run by the Consumers Health Forum of Australia for the Australian Department of Health as the final activity of the *Consumer Colloquium, Webinars and Survey Project*. The purpose of this project was to:

- Examine policy issues and practice with an emphasis on how consumers can engage in the health system;
- Share information and exchange knowledge on contemporary health policy issues; and
- Provide the Australian Government and other relevant stakeholders with consumer views on health services and how they can be engaged.

To meet these goals, the development and piloting of a Consumer Sentiment Survey was a key activity. This project involved developing a survey instrument to measure consumer views on health services, reviewing the quality of the data produced by the instrument and determining the feasibility of running a survey at regular intervals to develop longitudinal data on Australian consumer views on healthcare services.

The survey was developed via a working group consisting of members of the CHF and the Australian Institute for Health Innovation (AIHI) at Macquarie University, with advice from Prof. James Gillespie at the University of Sydney.

Research Now SSI, an online sampling and data collection company, was subcontracted to program and deliver the completed Consumer Sentiment Survey as well as recruit a nationally representative sample of the Australian population to complete the survey.

Method

The Consumer Sentiment Survey tool was based on the Menzies-Nous Survey 2012, the third biennial national survey conducted by the Menzies Centre for Health Policy and Nous Group (Nous) following previous surveys conducted in 2008 and 2010.

Additional questions were devised based on the Menzies-Nous Survey 2008, the 2017 International Health Policy Survey by the Commonwealth Fund, the Household, Income and Labour Dynamics In Australia (HILDA) Survey by the Melbourne Institute and the Australian Bureau of Statistics' Australian Health Survey. Additionally, the CHF-AIHI working group devised further questions internally to supplement the questions sourced from previous surveys.

The list of final questions used in the Consumer Sentiment Survey can be found in Appendix 2.

The CHF pilot-tested the draft survey in September 2018 using the SurveyMonkey platform. Following this pilot testing the survey questions were reviewed and some minor revisions were applied.

Ethics approval for the final survey design was obtained from Macquarie University Ethics Committee in November 2018. Project ID 3760, reference number 5201836705403

The questions were then provided to Research Now SSI to be programmed into their market research panel program. They recruited a sample of 1024 Australians aged 18 or older that was aimed to be nationally representative across age, gender and region. Further information about Research Now SSI's sampling technique may be available upon request.

The Consumer Sentiment Survey was soft launched on November 29th 2018 and completed by December 20th 2018.

The median completion time for the Consumer Sentiment Survey was 9 minutes and 45 seconds, with 80% of surveys completed in under 15 minutes.

Analysis was conducted using *IBM SPSS Statistics 25*.

Results & Discussion

Consumers largely feel they are in good health with only 5% self-labelling as being in 'poor health'. If they get sick, the majority of consumers (69%) will speak with a General Practitioner (GP) first although a significant minority (20%) will first search the internet to get information.

GPs (86%) and pharmacists (65%) were by far the most common contact point consumers have with the healthcare system. Other healthcare services such as hospitals, dentists, psychologists and allied health practitioners were only seen by a minority of consumers.

When consumers do have contact with the health system, it is largely positive/satisfying. Only 3% were not satisfied with the quality of overall healthcare received in the last 12 months while 69% were "very satisfied" or "completely satisfied". Similarly, when asked about individual healthcare services, 70% or more of consumers were satisfied with the service and less than 5% were unsatisfied. In both situations the remainder of consumers were neutral on their satisfaction with healthcare services.

Most consumers generally rate the service in all forms of health care as good/excellent, with noticeable majorities rating GPs (70%) and pharmacists (76%) as good/excellent. Very few consumers rate any form of healthcare as poor/bad - typically less than 5%. The exception to this is Residential Aged Care where consumers reported comparable rates of positive (29%), negative (19%) and neutral (25%) healthcare experiences.

In the previous 12 months, most consumer contacts with the Australian healthcare system were through hospitals and appointments in health care professional offices (85%). Consumers who did have other contacts with healthcare service were again largely satisfied with those services (~70% satisfied, less than 10% unsatisfied, remaining neither satisfied nor unsatisfied).

There was strong interest in having more at-home-visits by GPs and other health professionals. Consumers had mixed levels of interest in other alternatives such as telephone or internet-based healthcare services. Nearly half of all consumers who had needed medical care outside of business hours had difficulty getting it outside of emergency departments. This finding is consistent with other research CHF has completed and reiterates that after hours primary healthcare is one area in need of significant reform.

Over 75% of consumers always tried to see the same doctor when visiting the GP while another 15% would go to the same practise and see different doctors. 61% of consumers reported that seeing the same doctor every time they visited a GP was important, even if it cost them extra. This highlights that consumers value the ongoing relationship they have with their GP and recognise the benefits that come from continuity of care.

Multiple factors were reported by a majority of consumers as important when seeing a GP: that the practise is in a convenient location (72%), that they can go to any GP practise they want to when they are sick (69%), and that they can specifically see their GP on the day they are sick (78%). Additionally, 77% of consumers reported that it was important that their doctor bulk-billed through Medicare so they wouldn't have to pay additional fees. These factors

should all be considered as part of a consumer-centred model of primary health care under the Government's 10 Year Primary Health Care Plan.

Nearly a quarter of consumers reported not filling a prescription for medication or skipped doses of a medicine in the last 12 months, with the most commonly cited reason being they were unable to afford it (47%). Similarly, of the 1 in 3 consumers who hadn't visited a dentist when they had needed to, 48% stated it was because of they were unable to afford the cost. Additionally, 1 in 5 consumers reported that they had skipped a medical test/treatment/follow up recommended by a doctor, with the most commonly cited reason being cost (30%). The survey demonstrates that cost is a barrier to accessing healthcare for a significant number of consumers. It is crucial that upcoming reforms address issues of funding, out of pocket costs and inequity that are contributing to poor health outcomes.

A small majority of consumers (55%) reported that in the last 12 months they had not gone to see a doctor despite having a medical problem. The most commonly cited reason for this was that they had decided it was unnecessary to see a doctor (45%).

Between one quarter and one third of consumers had encountered difficulties at various stages of the entire healthcare process, from finding the right place to get healthcare (33%), deciding which provider they needed to see (30%), seeing the provider they needed to (32%), discussing their concerns with a provider (26%), ensuring the provider understood their problem (27%), getting the information they needed/wanted about their healthcare (23%) understanding the details around their healthcare (27%), determining what healthcare was best for them (30%) and ultimately finding the right healthcare (30%). Concerningly 44% of consumers had difficulty determining what health care services they were entitled to. This highlights the need for further investment in a range of measures to support consumers to access the care they need including health literacy, patient activation and system navigation support.

At the same time the most common reason by far for a consumer to purchase Private Health Insurance was security/peace of mind. Conversely 75% of consumers who did not have Private Health Insurance reported cost as a factor for not having insurance. This brings into question the value of Private Health Insurance for consumers, and the flow on effects for the health system if consumers don't see value in this product. CHF will continue to advocate for an independent review of Private Health Insurance to consider its role in a changing health system landscape.

44% of consumers think the Australian healthcare system works well mostly and needs only small changes while 50% think it works well in some places but needs fundamental changes. Increasing the numbers of doctors, nurses and other health care workers (30%) and reducing the cost of care and medicines (28%) were the areas most identified as needing improvement. CHF will be advocating for workforce reforms and affordability issues to be at the forefront of health system policy and planning over the next 10 years.

53% of consumers think Government spending on healthcare is too low. 49% of consumers think non-emergency surgery wait times are longer compared to ten years ago while 30% think they are about the same

55% of consumers think health care is about the same as ten years ago. 15% think it is better, 21% think it is worse (9% don't know). 42% think in ten years' time, their ability to get healthcare will be the same. 16% think it will be better, 28% think it will be worse (15% don't know).

Consumers are very confident that if they become ill they will get safe, quality care (87%), the most effective medication (85%) and the best medical technology (82%). But only 62% of consumers think they would be able to afford that healthcare. While there is no doubt Australia has a high quality health system, we also need to recognise that affordability and access need to be key considerations as we embark on the next round of health system planning and reform.

Most consumers described themselves as having "Good" to "Excellent" health, with only 5% (n=52) self-reporting as being in "Poor" health. Interestingly this was despite 60% of consumers (n=614) self-reporting as having one of eight chronic diseases identified by the Australian Institute of Health and Welfare: arthritis (19%), asthma (13%), back pain (27%), cancer (3%), cardiovascular disease (6%), chronic obstructive pulmonary disease (2%), diabetes (8%) and mental health conditions (24%). As the health profile of the Australian community continues to change and we see higher rates of chronic illness, our systems and models of care need to change to reflect this changing reality.

[The demographic breakdown of the respondents to the Consumer Sentiment Survey can be found in Appendix 1.](#)

Conclusion & Next Steps

This project has demonstrated the feasibility and value of conducting a survey of consumer sentiments on healthcare in Australia.

By using an online survey tool, this pilot survey was quickly and easily provided to a large number of people at a very economical rate. More than 1000 people had the survey provided to them in less than a months' time. Additionally, the online survey data was quickly able to be inputted into data analysis tools allowing for initial top line analysis to happen in a similarly brief timeframe [for immediate consideration by the Government](#). This demonstrated the core concept of being able to quickly and economically survey a demographically representative sample of the population and understand consumer sentiments about the Australian healthcare system.

The "core bank" of questions gave detailed data across a very broad array of healthcare issues that aligned with expected results, demonstrating that the questions developed were conceptually sound. Additionally, some unexpected data was obtained, particularly in distinguishing the difference between consumer sentiments towards the results of the Australian healthcare system compared to the processes involved in obtaining those results. This demonstrated the ability for a consumer sentiment survey to have value for shaping Australian healthcare policy and planning beyond other means available to the Department. For example, these results will be used to inform CHF's contribution to the strategies and plans being developed under Australia's Long Term National Health Plan.

The data and results generated validate the conceptual basis and value of the questions. Only some minor alterations would be needed, if at all, to ensure more precise clarity of respondent intentions. Thus, future iterations of this survey will be able to inform valuable longitudinal analysis of changes in consumer sentiments over time by using these validated questions.

Additionally, the completion time of the survey suggest that while there is a set bank of 'core questions', there is scope to supplement these with additional modules of questions in future iterations of the survey. This would allow for future surveys to have not only the 'core bank' of questions for long term comparative analysis but also include specifically tailored questions about key health issues at the time of the survey.

The two largest barriers that needed to be overcome in order to complete this feasibility study were the construction of the core question bank and the ethics approval from the Macquarie University Human Research Ethics Committee. Neither of these will be significant barriers for future iterations of this survey. The former because the 'core bank' has already been developed and hence resources will not be needed to complete this task. The latter will only be a barrier if partners in future iterations of the survey desire academic publications. If they don't, ethics approval will not be required. If they do, then the ethics application for future iterations will be able to duplicate the ethics application of this pilot survey; reducing the resources required and the time required to gain approval. In that regard, it is noted that PCHSS have expressed interest in being involved in future iterations of a consumer sentiment survey.

While the sample size of this pilot was able to get a statistically significant sample size of participants to represent the overall Australian population, as the survey was budgeted for 1000 participants some sub-groups were not large enough for focused statistical analysis. For example, Australians residing in Tasmania. This demonstrates that the overall sample should be at least doubled to 2000 participants, if not more, to ensure key sub-groups within the Australian context can have their specific healthcare sentiments identified.

Given the size and scope of the Australian healthcare system, we expect that any policy changes will have significant lead in and deployment timeframes before changes take effect. To that end we recommend a biannual (one every two year) survey of consumer sentiments be conducted to allow for effective tracking of changes in consumer sentiments as healthcare policies and initiatives are actioned.

Overall, this pilot survey has demonstrated the value of a consumer sentiment survey, shown that conducting a consumer sentiment survey is very feasible and developed the groundwork to make future iterations of the survey less conceptually resource intensive, allowing for resources to be focused on increasing the sample size and establishing a recurring frequency of survey.

Overall, the pilot was successful in that it helped develop a robust methodology for a consumer sentiment survey. The questions were focused and the short average completion time suggested they were easy to understand and consumers felt confident in giving answers.

The online survey process was efficient and gave a reasonably representative sample given the small sample size of 1000. For a national sample there would need to be a larger sample

size which would make it more likely to improve representation of smaller groups within the population and allow for more disaggregated analysis.

PCHSS and CHF are interested in pursuing work on making this national survey. The value of the survey is not just what it tells us about what people think now but how those views change over time particularly in response to significant health system reforms.

Appendices

Appendix 1- Demographics of Consumer Sentiment Survey Participants

Table 1: Demographic breakdown of participants by Gender, Age and Region compared to broader Australian population (n=1024)				
Category	# of participants	% of participants	% of Australian population	Difference
Gender				
Male	432	42%	49%	-7%
Female	592	58%	51%	7%
Total	1024			
Age				
18-24	68	7%	13%	-6%
25-34	169	17%	19%	-2%
35-44	183	18%	17%	1%
45-54	188	18%	17%	1%
55-64	195	19%	15%	4%
65+	221	22%	19%	3%
Total	1024	1		
Region				
ACT	9	1%	1%	0%
NSW	330	32%	33%	-1%
NT	2	0%	1%	-1%
QLD	218	21%	20%	1%
SA	83	8%	8%	0%
TAS	22	2%	2%	0%
VIC	262	26%	25%	1%
WA	98	10%	10%	0%
Total	1024			

Figure 1- Education levels of participants (n=1024)

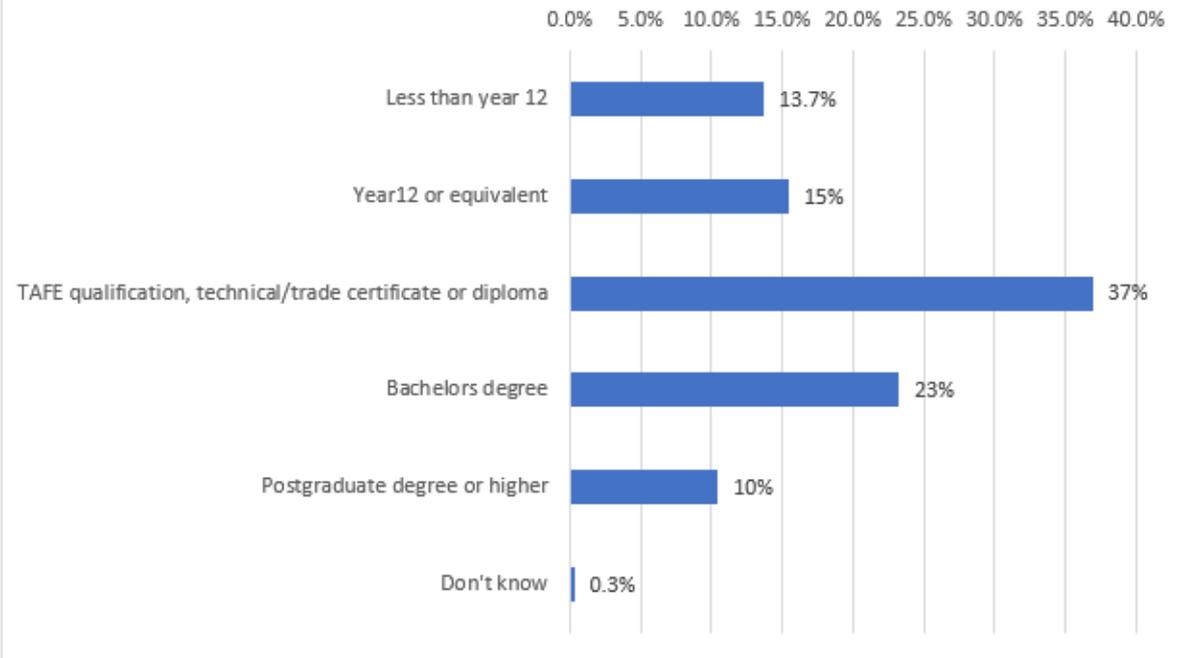


Figure 2- Level of household income for participants (n=1024)

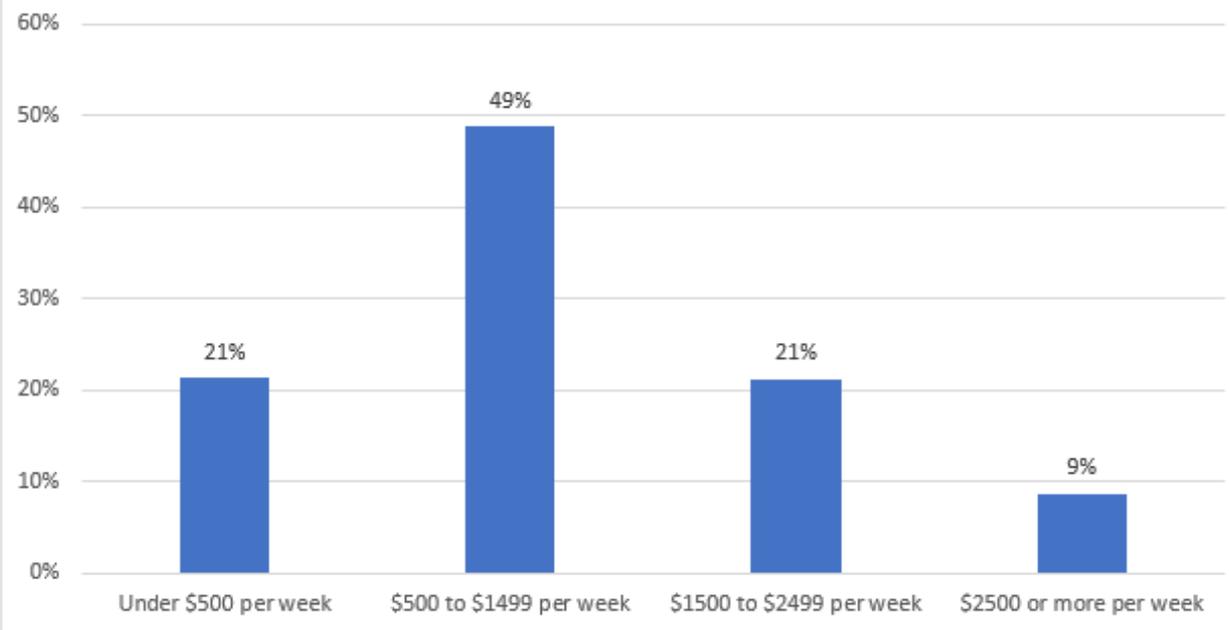


Figure 3- In the last 12 months, did any of the following happen to you because of a shortage of money? (n=1024)

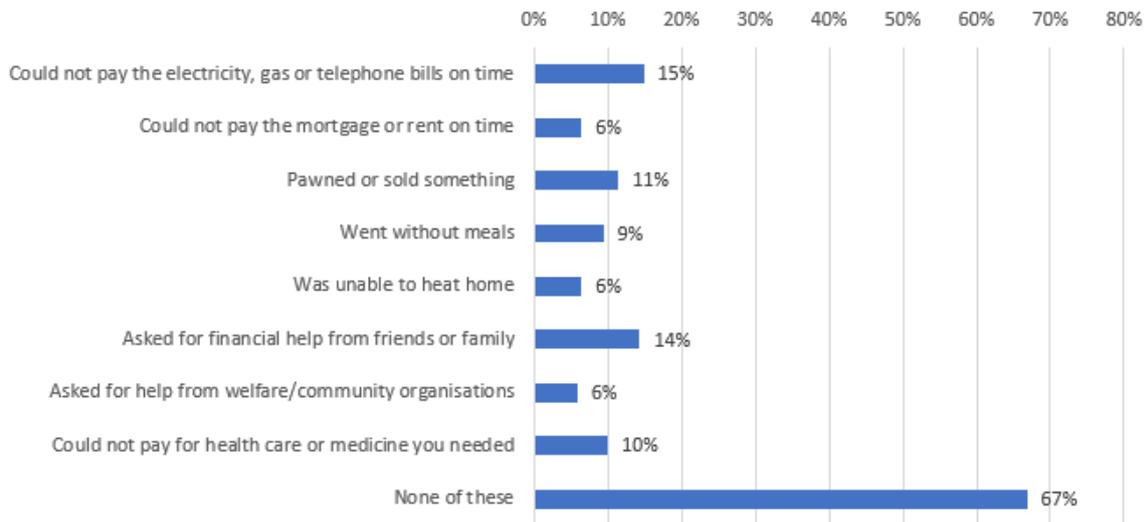
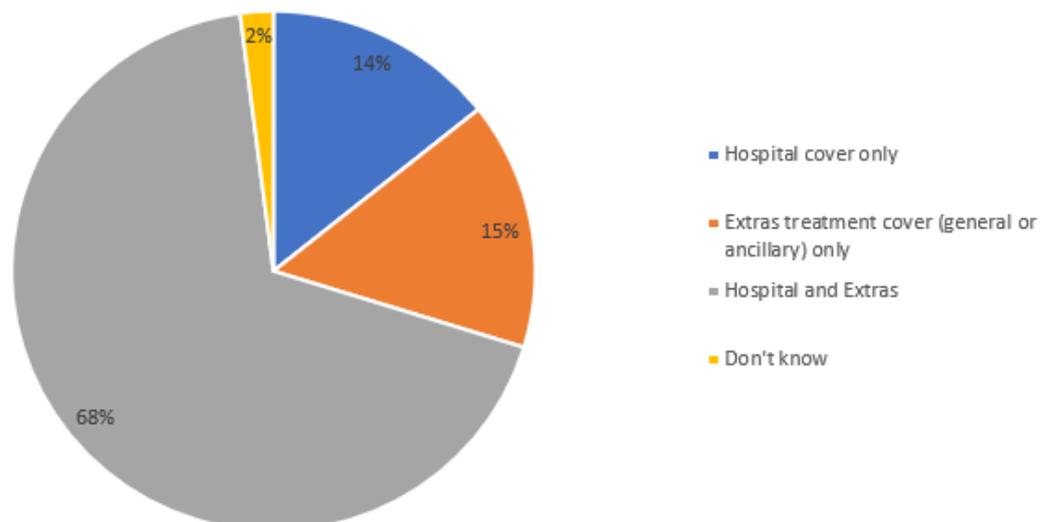


Table 2: Demographic breakdown of participants by Medicare, Private Health Insurance and Healthcare Concession Card status (n=1024)

	Yes	No	Don't Know
Medicare Card	97%	3%	N/A
Private Health Insurance	53%	47%	0.4%
Healthcare Concession Card (e.g. a Health Care Card, Commonwealth Seniors Health Card, Pensioner Concession card, or a Veterans' Health Card)	47%	53%	N/A

Figure 4- Type of Private Health Insurance (n=538)



Appendix 2- Survey Tool

ONLINE LANDING/INFORMATION + CONSENT PAGE

What is this study about?

We are undertaking a study to understand consumer opinion on the overall performance and individual experience of the Australian health system, as well as future performance, outlook and aspirations for the delivery of health and social care in Australia. The study is being undertaken by the Consumers Health Forum (CHF) of Australia and Australian Institute of Health Innovation (AIHI), Macquarie University. The study is funded by the Australian Government Department of Health.

Why me?

As a registered panellist of ResearchNow, you have been invited to participate because you are over 18 and live in Australia.

What do I need to do?

In this survey, you will be asked simple questions about your perceptions of the overall performance and individual experience of the health system in Australia. We are also interested in your opinions about future performance, outlook and aspirations for the delivery of health and social care in Australia. The survey is online, completely anonymous, and should take about 10-15 mins to complete.

Do I have to participate?

Participation in this study is entirely voluntary: you are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence. Simply close your web browser to withdraw from participating.

What will you do with my responses?

The survey is anonymous, you will remain non-identifiable at all times. ResearchNow will not retain any information about participants or the survey following completion of the project. Your survey responses will be stored securely on the premises of Macquarie University, with password protection on the Researchers' work computers. Results will remain non-identifiable at all times. A report of the study may be submitted for publication, but individual participants will not be identifiable in any way.

What if I have questions?

If you want any further information about the study please contact [redacted]. If you are happy to participate please click the "Yes" to the following question.

"I have read the information provided and give my consent to participate in this survey."

Yes No

SURVEY QUESTIONS

Section A: Demographics

GENDER What is your gender?

- Male
- Female
- Other
- Prefer not to answer

AGE In what year were you born? (enter 4-digit birth year; for example 1976)

PCODE What is your post code? (enter a 4-digit postcode; for example 2000)

EDUC What is the highest level of education that you have completed? If you are currently studying, but have not completed a qualification, please answer with the highest level you have completed.

Select one:

- Less than year 12
- Year 12 or equivalent
- TAFE qualification, technical/trade certificate or diploma
- Bachelors degree
- Postgraduate degree or higher
- Don't know

SES What is your household income per week after tax? Note. Household income is the amount of money coming into the household from all sources including employment, government support schemes (e.g. Centrelink payments, unemployment benefits etc.) for all household members)

Select one:

- Under \$500 per week
- \$500 to \$1499 per week
- \$1500 to \$2499 per week
- \$2500 or more per week

COSTTOL In the last 12 months, did any of the following happen to you because of a shortage of money?

Select as many as apply:

- Could not pay the electricity, gas or telephone bills on time
- Could not pay the mortgage or rent on time
- Pawned or sold something
- Went without meals
- Was unable to heat home
- Asked for financial help from friends or family
- Asked for help from welfare/community organisations
- Could not pay for health care or medicine you needed
- None of these

ACCESS1 Do you have a Medicare Card?

- Yes
- No

ACCESS2 Do you have private health insurance?

- Yes
- No
- Don't know

ACCESS3 Which best describe what your private health insurance covers?

- Hospital cover only
- Extras treatment cover (general or ancillary) only
- Hospital and Extras
- Don't know

ACCESS4 Do you have a health care concession card, such as a Health Care Card (including low income cards, foster carer cards), Commonwealth Seniors Health Card, Pensioner Concession card, or a Veterans' Health Card (Gold or White health care card)?

- Yes
- No

Section B: Health Status

Q1 In general, how would you describe your own health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q2 At the moment, do you have any of the chronic illnesses listed, that have lasted, or are likely to last, for six months or more?

Select as many as apply

- Arthritis
- Asthma
- Back pain or back problems
- Cancers (such as lung and colorectal cancer)
- Cardiovascular disease (such as coronary heart disease and stroke)
- Chronic obstructive pulmonary disease
- Diabetes
- Mental disorders (such as depression or anxiety)
- Yes, Other (please specify)_____
- No, none of the above

Section C: Healthcare Experience

Q3 Please indicate which of the following health services you have used in the last 12 months:

Select as many as apply

- A public hospital
- A private hospital
- A general practitioner (GP)
- A nurse who works in a general practice
- A dentist or dental services
- A pharmacist
- A specialist doctor outside hospital (e.g. a cardiologist, surgeon, psychiatrist)
- A counsellor or psychologist
- A community-based healthcare service
- An allied health service provider, such as a physiotherapist, dietician, optometrist, speech pathologist, occupational therapist, podiatrist etc
- An alternative therapies practitioner e.g. acupuncture, naturopathy, herbalist etc

[LOGIC: Only services that they say they have used in the Q3 will be presented in Q4, so will not be asked about satisfaction with services they have not used]

Q4 Thinking about the services that you have used in the last 12 months, how satisfied were you with the most recent experience of using them?

Likert scale- 1 (not at all satisfied)- 5 (entirely satisfied).

- A public hospital
- A private hospital
- A general practitioner (GP)
- A nurse who works in a general practice
- A dentist or dental services
- A pharmacist
- A specialist doctor outside hospital (e.g. a cardiologist, surgeon, psychiatrist)
- A counsellor or psychologist
- A community care service
- An allied health service provider, such as a physiotherapist, dietician, optometrist, speech pathologist, occupational therapist, podiatrist etc
- An alternative therapies practitioner e.g. acupuncture, naturopathy, herbalist etc

Q5 Overall, how satisfied are you with the quality of health care you have received during the last 12 months?

- Completely satisfied
- Very satisfied
- Somewhat satisfied
- Not all satisfied
- Don't know
- I haven't received any healthcare in the last 12 months

Q6 In the last 12 months, have you accessed healthcare by means other than attending an appointment with a health professional or attending hospital (e.g. via someone coming to your home, via telephone or videoconferencing or using a helpline such as Lifeline)?

- Yes
- No

[LOGIC: If 'yes' to accessing healthcare by means other than attending an appointment with a health professional' proceed to Q7, if 'no' proceed to Q9]

Q7 Which of the following modes of accessing healthcare have you used in the last 12 months?

Select as many as apply

- Consultation with any health professional via telephone or video conferencing
- Telephone advice line (e.g. Healthdirect, Lifeline, Beyondblue)
- Email or webchat helpline or advice line (e.g., headspace online)
- Face-to-face consultation with a GP at my home
- Face-to-face consultation with a health professional other than a GP at my home
- An internet or phone app that answered specific healthcare questions
- An internet or phone app through which I tracked my behaviours or which provided specific health advice (e.g., physical activity, blood pressure, diet)

[LOGIC: Only services that they say they have used in the Q7 will be presented in Q8, so will not be asked about satisfaction with services they have not used]

Q8 Thinking about the different modes of healthcare you have used in the last 12 months how satisfied have you been with them?

Likert scale- 1 (not at all satisfied), and 5 (entirely satisfied).

- Consultation with any health professional via telephone or video conferencing
- Telephone advice line (e.g. Healthdirect, Lifeline, Beyondblue)
- Email or webchat helpline or advice line (e.g., headspace online)
- Face-to-face consultation with a GP at my home
- Face-to-face consultation with a health professional other than a GP at my home
- An internet or phone app that answered specific healthcare questions
- An internet or phone app through which I tracked my behaviours or which provided specific health advice (e.g., physical activity, blood pressure, diet)

Q9 If you were offered any of the following modes of healthcare how likely would you be to use them?

Likert scale – 1 (not interested at all) – 5 (Very interested)

- Consultation with any health professional via telephone or video conferencing
- Telephone advice line (e.g. Healthdirect, Lifeline, Beyondblue)
- Email or webchat helpline or advice line (e.g. headspace online)
- A GP came to my home
- A health professional other than a GP came to my home
- An internet or phone app that answered specific healthcare questions
- An internet or phone app through which I tracked my behaviours or which provided specific health advice (e.g. physical activity, blood pressure, diet)

Q10 If you need to seek help for a health problem where would you usually begin?

Select one

- Search the internet
- Speak with friends or family
- See a GP
- See a pharmacist
- See a health professional specific to the health problem (e.g. physiotherapist, psychologist)
- See an alternative health practitioner (e.g. naturopath, herbalist)
- Other (please specify)

Q11 When online searching for information about a health problem, what would you usually do first?

Select one

- Use a search engine to search for information specific to your circumstances (e.g., Google)
- Deliberately access a health specific website (e.g. Healthdirect, WebMD)
- Deliberately access a non-health website (e.g. Facebook)
- Search for information on social media websites (e.g. Facebook, Twitter)
- Other (please specify)
- Do not use the internet for this purpose

Q12 When you go to the GP do you:

Select one

- Always try to see the same GP
- Always go to the same GP practice but I see different doctors
- Go to a GP practice and I see whichever doctor is available at the time
- Often go to a different GP or GP practice

Q13 How important are the following points when you need to see a GP?

Likert scale- 1 (not at all important) - 5 (very important).

- It's important to me to see the same doctor every time I visit the GP practice even if I have to pay extra
- It's important that I always go the same GP practice as it is in a convenient location
- It's important that my doctor bulk-bills through Medicare so I don't have to pay any additional fees
- It's important that I can get in to see my GP on the day that I'm sick
- It's important that I can choose to go to any GP practice or clinic I want when I'm sick

Section D: Access and Barriers

Q14 During the last 12 months, how easy or difficult has it been for you to get medical care in the evenings, on weekends, or holidays without going to a hospital emergency department?

Select one

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Don't know
- Never needed care in the evenings, weekends or holidays

- Q15 During the last 12 months, was there a time when you:
Select as many as apply
- Did not fill a prescription for medicine, or skipped doses
 - Had a medical problem but did not visit a doctor
 - Skipped a medical test, treatment, or follow up that was recommended by a doctor
 - Did not visit a dentist when needed

[LOGIC: Only options that they selected in Q15 will appear in Q16]

- Q16 Of the actions you identified that you did not do in the last 12 months, what was the reason that you did not?
[State action], and then list reasons (select as many as apply). Question will be presented individually for as many of the reasons they select (e.g. a person could end up with this question 4 times if they selected all of the above options).
- I could not afford it
 - I was too busy with other commitments (e.g. work, school or family)
 - I was not able to travel to the place that I needed to access it
 - The service was not available at a time that I could access it (e.g. outside of business hours, or on a weekend)
 - I felt ashamed, nervous or embarrassed about the service I needed to access
 - I decided the service was unnecessary
 - Another reason (please specify)

Section E: Health Literacy

Q17 Please indicate how difficult or easy the following tasks are for you now

	Cannot Do or always difficult	Usually difficult	Sometimes difficult	Usually easy	Always easy
Find out which healthcare services you are entitled to					
Make sure you find the right place to get the healthcare you need					
Decide which healthcare provider you need to see					
Get to see the healthcare providers you need to					
Feel able to discuss your health concerns with a healthcare provider					
Have good discussions about your health with your healthcare provider					
Make sure that healthcare providers understand your problems properly					

Discuss things with healthcare providers until you understand all you need to do					
Ask healthcare providers questions to get the health information you need					
Find the right healthcare					
Work out what is the best care for you					

Section F: Views about the Health System

Q18 Which of the following statements comes closest to expressing your overall view of the health care system in Australia?

Select one

- On the whole, the system works pretty well and only minor changes are needed to make it work better; or
- There are some good things in our health care system, but fundamental changes are needed to make it work better; or
- Our health care system has so much wrong with it that we need to completely rebuild it

Q19 Do you think the amount government's spend on the health of Australians is:

Select one

- Too low
- About the right amount
- Too high
- Don't know

Q20 Would you be prepared to contribute more than the current 2% Medicare levy on your taxable income if you were assured it would be devoted to spending on healthcare?

Select one

- Yes
- No
- Don't know

Q21 Which one of the following areas of the health system do you think needs most improvement?

Select one

- Getting better access to care
- The cost of care or medicines
- More doctors, nurses and other health workers
- The quality of care should be improved
- Health professionals listening to patients more
- Improved communication among interdisciplinary health professionals
- Clearer communication with patients and their families about diagnosis and treatment
- Better use of shared electronic records (such as MyHealth Record)
- No changes are needed

Q22 Generally, what is your opinion about the quality of the following services provided in Australia?

Likert scale- 1 (the service is very bad) - 5 (the service is excellent); 6 (Don't know)

- The services offered by public hospitals
- The services offered by private hospitals
- Services provided by GPs and GP practices
- Services provided by dentists and the services they offer
- Pharmacists (or chemists) and the services they offer
- Services provided by specialist doctors outside of hospitals in private practice, such as a cardiologist, psychiatrist, surgeon
- Services provided by psychologists or counsellors
- Services provided by community care services delivered at home
- Residential aged care facilities including nursing homes and the services they provide
- Services provided by other allied health providers such as physiotherapists, dieticians and the services they offer

Q23 If you were to become seriously ill, how confident are you that you would...

	Very confident	Somewhat confident	Not very confident	Not at all confident
Get quality and safe medical care				
Receive the most effective medication				
Receive the best medical technology				
Be able to afford the care you need				

Q24 Compared to ten years ago, do you think the amount of time that people in this country now have to wait for non-emergency or elective surgery is longer, shorter or about the same? By non-emergency or elective surgery we mean surgery for conditions that aren't immediately life threatening such as hip replacement or a cataract removal

Select one

- Longer
- About the same
- Shorter
- Don't know

Q25 Compared to ten years ago, is your ability to get the health care you need better, worse or about the same?

Select one

- Better
- About the same
- Worse
- Don't know

Q26 In the next ten years, do you think your ability to get the health care you need will get better, worse or about the same?

Select one

- Better
- About the same
- Worse
- Don't know

Section G: Private Health Insurance/Value

[LOGIC: Only presented if people have PRIVATE HEALTH INSURANCE]

Q27 What are all the reasons that you are covered by Private Health Insurance?

Select as many as apply

- Security/protection/peace of mind
- Life time cover/avoid age surcharge
- Choice of doctor
- Allows treatment as private patient
- Provides benefits for extras
- Shorter wait for treatment/concern over public hospital waiting lists
- Always had it/parents pay it/condition of job
- To gain government benefits/avoid extra Medicare levy
- Other financial reasons
- Has illness/condition that requires treatment
- Elderly/getting older/likely to need treatment
- Other

[LOGIC: Only presented if people have PRIVATE HEALTH INSURANCE]

Q28 Will you renew your private health insurance when it expires?

Select one

- Yes
- No
- Don't know

[LOGIC: Only administered if people do not have PRIVATE HEALTH INSURANCE]

Q29 What are all the reasons that you are not covered by private health insurance?

Select as many as apply

- Can't afford it/ too expensive
- I have a pre-existing condition that limits or excludes me from getting private health insurance
- Lack of value for money/not worth it
- Medicare cover sufficient
- Don't need medical care/in good health/have no dependants
- Won't pay Medicare and private health insurance premium
- Disillusioned about having to pay out of pocket costs or gap fees
- Prepared to pay costs of private treatment from own resources
- Pensioner/Veteran's Affairs/ health concession card
- Not high priority or previously included in parents' cover

Thank you for participating in the Consumer Sentiment Survey. Please click the button below to submit your responses