Data methodology

Data sources

Data in EPiC are based on three of the Ministry of Health's National Collections:

1. **The Pharmaceutical Collection:**
- Contains information about patients dispensed subsidised medicines in the community.
- Is a record of prescriptions that have been dispensed (ie, it is not a record of prescriptions written).
- Includes only subsidised medicines (does not record non-subsidised medicines, over-the-counter medicines and inpatient hospital medicines).

2. **The Primary Health Organisation Enrolment Collection:**
- Contains information about patients enrolled with general practitioners
- Holds patient enrolment data for 96% of New Zealanders
- Registered patients account for 99% of pharmaceutical dispensings recorded in the National Collections.

3. **The National Minimum Dataset:**
- Contains information about patients discharged from public and private hospitals
- Includes coded clinical data for inpatients and day patients.

Inclusions

The stories presented in the dashboard contain data for all prescriptions you wrote for any patient in New Zealand who was dispensed a subsidised medicine. Where the numbers differ from an audit of prescribing data stored in your Practice Management System (PMS), this could be a result of prescriptions written when working as a locum in another practice or an after-hours clinic, or for casual patients who are not enrolled at your practice.

Exclusions

Data are excluded where:

- Patients are not registered to a practice in the PHO Enrolment Collection.
- A National Health Index (NHI) number is not recorded for the patient.
- Individual data points are clearly inaccurate eg, patients aged over 120 years or null values for demographic characteristics.

Potential data errors

He Ako Hiringa endeavours to provide reports that contain accurate and useful data. As noted, data are provided by the Ministry of Health and may include errors introduced at the pharmacy, sector services or Ministry of Health level. There may also be some errors relating to rounding. If you have concerns about data in your report, please contact **alesha@akohiringa.co.nz**

Filter categories

The data can be displayed in several ways including by age group, gender, socioeconomic deprivation quintile, and ethnicity (Māori, Pacific, Asian or European/Other).

Ethnicity: Data are displayed by ethnicity using the Ministry of Health's prioritised ethnic group system. Each person is allocated to a single ethnic group, based on the ethnicities with which they have identified, in the prioritised order of Māori, Pacific, Asian and European/Other[1]. For example, if someone identifies as being Chinese and Māori, under the prioritised ethnic group method, they are classified as Māori for the purpose of analysis.

Gender: Data are displayed as male or female. There are possible exceptions where people have chosen to not identify a gender. As this is difficult to distinguish from genuine data errors, we have excluded these data points in this dashboard.

Age: Data are categorised into age bands. Where people have crossed into a different age band during the last 12 months, we have included them in the age band where medicine was most recently prescribed.

Socioeconomic deprivation quintile: Data are categorised into socioeconomic deprivation quintiles. Each deprivation quintile contains two New Zealand Index of Deprivation (NZDep13) deciles[2]. Note that NZDep estimates relative socioeconomic deprivation for areas, not people. NZDep13 measures the level of deprivation of a meshblock (the smallest geographical area defined by StatsNZ), with a population of 60 to 110 people, using nine socioeconomic census variables. Decile 1 represents the 10% of meshblocks with the least deprived scores. Decile 10 represents the 10% of meshblocks with the most deprived scores.

References:

1. Ministry of Health. 2004b. Ethnicity Data Protocols for the Health and Disability Sector. Wellington: Ministry of Health
2. Atkinson J, Salmond C, Crampton P. 2014. NZDep2013 index of deprivation. Wellington: Department of Public Health, University of Otago

Updated February 2022