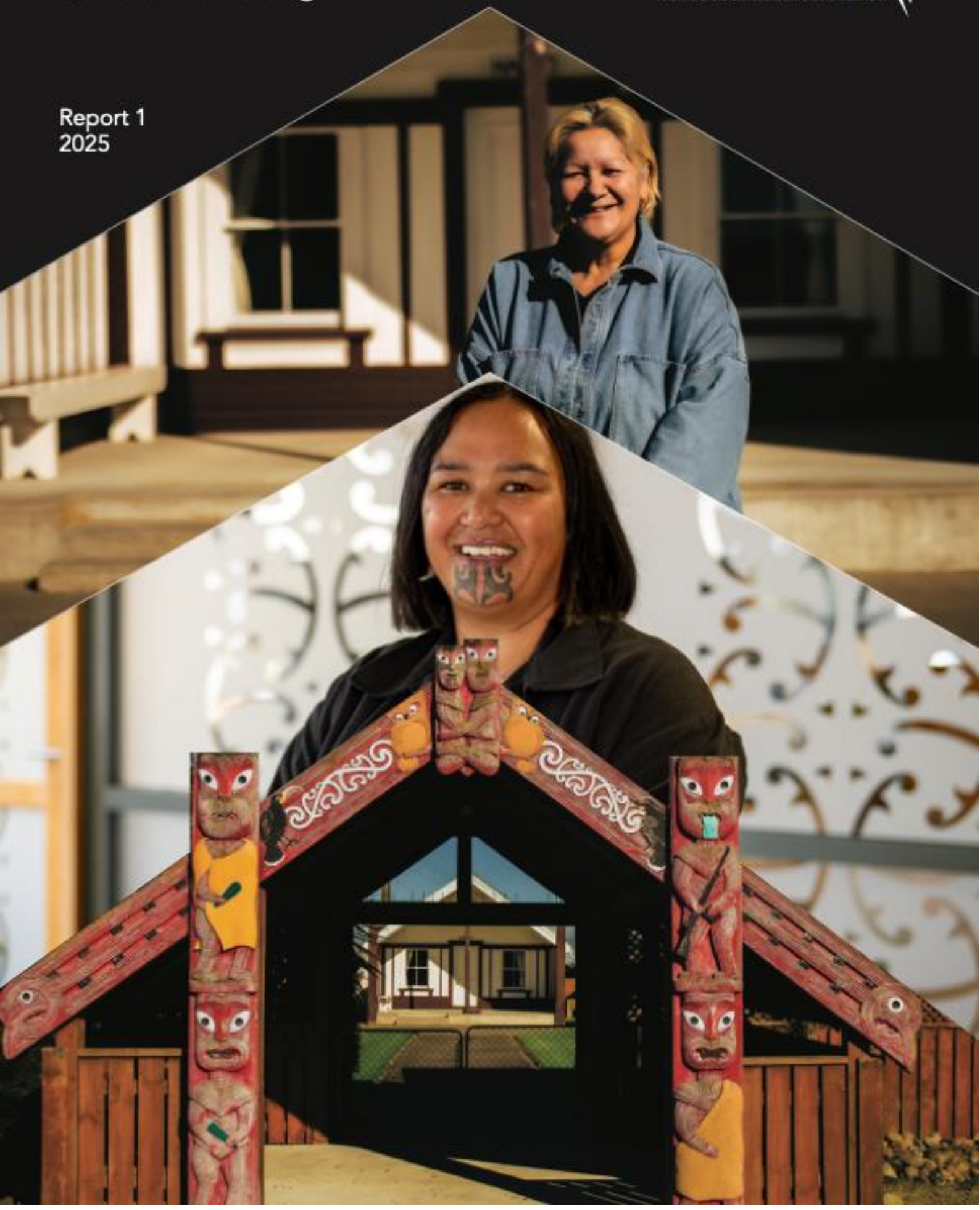


Whānau Voice Survey

Primary Health Care and
General Well-being



Report 1
2025





This report has been prepared for Te Mātuku Iwi Māori Partnership Board by Te Atawhai o Te Ao Independent Māori Institute for Environment and Health and Baker Consulting Ltd.

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Kupu Whakataki | Introduction

Te Mātuku is the Iwi Māori partnership board (IMPB) for the rohe of Te Ranga Tupua (which includes Whanganui, Ruapehu, Rangitikei and part of South Taranaki), as set out in Schedule 4 of the Pae Ora (Healthy Futures) Act 2022.

Te Mātuku is dedicated to advancing the health and well-being of Māori communities across the wider Whanganui region, recognising the inherent links between cultural identity, whakapapa, whenua, and whānau. Te Mātuku is also committed to addressing longstanding health inequities and ensuring that whānau, hapū, and iwi receive health care that is accessible, culturally attuned and responsive to their unique needs and aspirations.¹

A key function of Te Mātuku is to engage with whānau and hapū about local health needs, which is why a whānau voice survey has been developed with Te Atawhai o Te Ao (an independent Māori institute for environment

and health based in Whanganui) to ensure the voices of whānau can be heard directly and help shape local health sector activity.

The first of two Te Mātuku whānau voice surveys was conducted in February and March 2025 and had four main topics:

- Preventative health, public health initiatives, and health promotion (which contained eight survey modules, including a module on primary health care);
- Mental health and well-being (which contained two survey modules);
- Mokopuna and kaumātua ora (which contained three modules); and
- Rural health (which was a single module).

This report looks at the demographic make-up of the survey respondents, which included a question on self-reported health, and at the primary health care module.

Methods

To gather insights into the hauora needs and aspirations of Māori in Te Ranga Tupua region, Te Atawhai o Te Ao research team conducted a survey over February and March 2025. Participants were recruited through various local engagements, including community events, kaumātua groups, health expos, and kapa haka gatherings across Raetihi, Ohakune, Waiouru, Taihape, Whangaehu, and Whanganui. The team also connected with whānau at Te Matatini National Kapa Haka

Festival, in Ngāmotu New Plymouth, from 25 February to 1 March 2025.

The survey was open for Māori, aged 16 years and older, who live in the rohe of Te Ranga Tupua.

The survey was designed to be filled out in person (not via the internet) using an iPad with online survey software. This approach balanced the need to provide support to

¹ Te Mātuku (2024).

people completing the survey and the need for people to be able to answer questions privately if they preferred. This approach has successfully been used by Te Atawhai o Te Ao in previous research.²

The survey was approved by Te Atawhai o Te Ao's Tikanga Rangahau Committee (approval TRC202501) at Te Au Rangahau. Everyone who took the survey completed a consent form to say they had the project explained to them, that they had a chance to ask questions, and that they knew the process to register any concerns they had about the survey. Survey respondents were also assured that the

information collected through the survey was anonymous and that they could withdraw from completing the survey at any time without giving a reason.

Respondents could choose for themselves which of the survey modules they would complete. The survey was designed to take between 15 and 30 minutes in total, depending on which modules were selected. Respondents were given a koha to thank them for their time.

The primary health care module was a mandatory component, filled out by everyone who took the survey.

The content of this report

This report is split into three main sections:

- **Section one** sets out the demographic data of those who participated in the survey;
- **Section two** sets out the general health of survey respondents based on self-reported health; and
- **Section three** sets out responses to the primary health care module of the survey. This covers access to primary health care, whether whānau needs are met in primary health care and whether any improvements can be made.

In each section, the report provides a narrative description of survey responses, usually with a bar graph or pie chart to show patterns. Where percentages are given in the description they are rounded to the nearest whole number. For any demographic information, where actual respondent numbers are given responses with only one or two responses are hidden to ensure respondents are not inadvertently identifiable. Under each figure there are table notes that include the number of people who answered the relevant question.

Where there is reasonable comparison data, for example from the New Zealand Health Survey (2023/24) or the primary health care patient experience survey run by Te Tāhū Hauora Health Quality and Safety Commission (HQSC), it is included in the text following a bar graph or pie chart. In general, this report uses the total national population, the regional population,³ and the national Māori population as comparators. As a technical note, most of the findings from the New Zealand Health Survey and from HQSC are reported to one decimal place, and so this is what is used in the report.

² Smith et al (2021).

³ For data from the New Zealand Health Survey this is the Central Region (which includes the Whanganui, Hawke's Bay, MidCentral,

Wairarapa, Hutt Valley, and Capital and Coast health districts), and for data from HQSC is the former Whanganui District Health Board area.

Where appropriate, the report also refers to the IMPB Health Profiles prepared by Te Aka Whai Ora and Te Whatu Ora,⁴ or to other published findings.

This report includes direct quotes from questions that allowed a free text or “other” option. Some quotes have been slightly edited to ensure spelling and grammar is correct or, where necessary, to retain anonymity.

Who participated in the survey?

There were 276 respondents to the whānau voice survey, and all respondents identified as Māori.

Age

About half of all respondents (53%, 147 respondents) were aged 45 years or older, with nearly a quarter of respondents (23%, 64 respondents) aged over 65 years.

Figure 1: Age of Te Mātuku whānau voice survey respondents

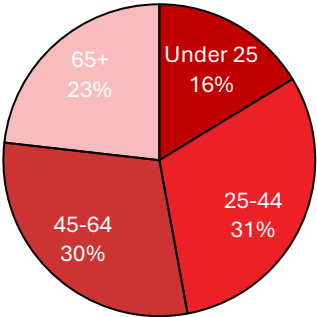


Figure note: n=276.

Gender

The majority of the respondents identified as female (72%, or 199 respondents). No respondents identified as a gender other than male or female.

⁴ Curtis, E. et al. (2023); Curtis, E. et al. (2024).

Figure 2: Gender of Te Mātuku whānau voice survey respondents

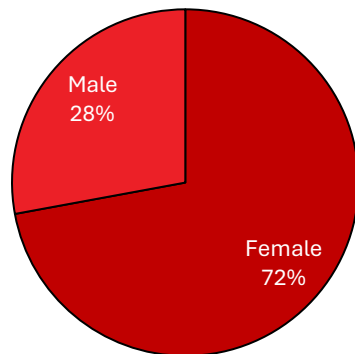


Figure note: n=276.

Where people live

The survey asked: “which part of Te Ranga Tupua do you live?”

Over half of the respondents (155 people) lived in the Whanganui District (including the Whanganui River).

Figure 3: Where within Te Ranga Tupua do survey respondents live?

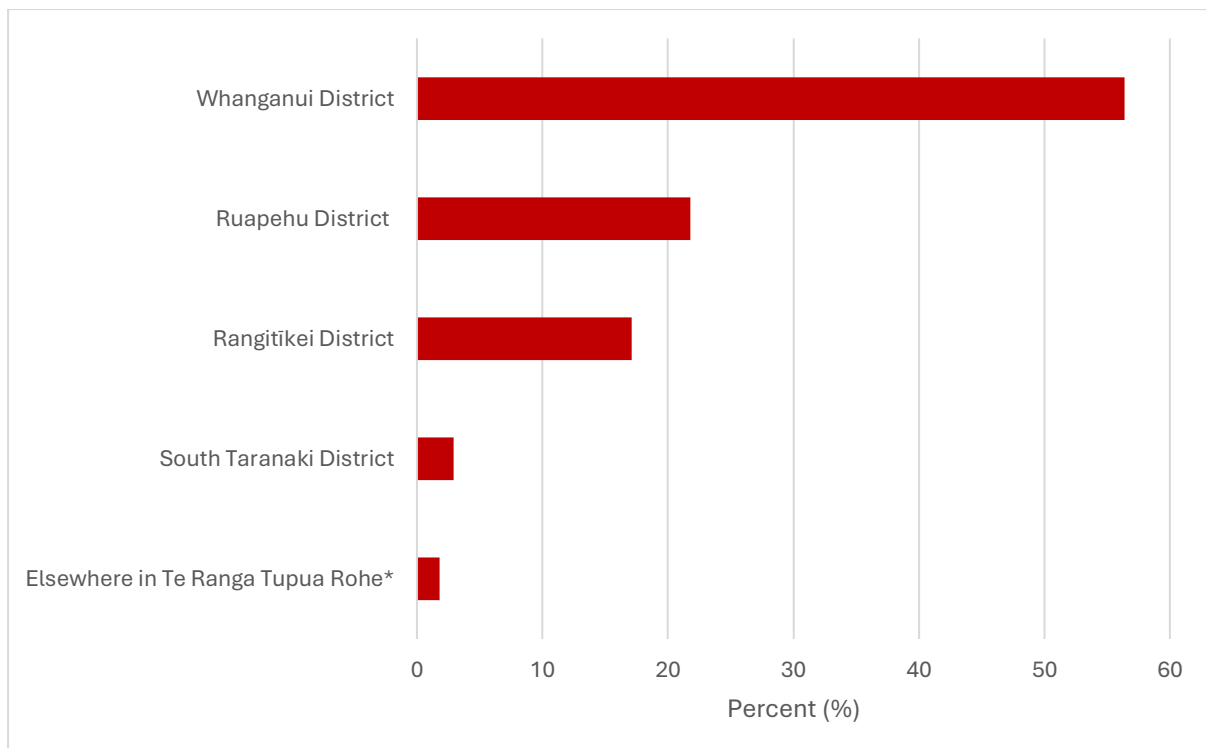


Figure note: n=275.

As Figure 2 shows, the next most common responses were the Ruapehu District (60 people, 22% of respondents), Rangitikei (47 people, 17% of respondents), and South Taranaki (8 people, 3% of respondents).

The people who filled in the free text box indicated they lived in Raetihi, the New Zealand Defence Force base, and Rānana. Each of these responses were coded to the relevant district.

1.2.2

The survey asked people to identify their iwi. Respondents were able to select multiple iwi.

Most respondents affiliated to a local iwi from within Te Ranga Tupua rohe.

The following table provides the number of responses for each of the iwi within Te Ranga Tupua rohe.

Table 1: Local iwi distribution

Local iwi	Number of responses
Mōkai Pātea	16
Ngā Wairiki-Ngāti Apa	63
Ngaa Rauru Kītahi	52
Ngāi Te Ohuake	3
Ngāti Hāua	18
Ngāti Hauiti	10
Ngāti Rangī	58
Ngāti Tamakōpiri	10
Uenuku, Tamakana and / or Tamahaki	40
Ngāti Whitikaupeka	11
Whanganui/Te Āti Haunui-a-Pāpārangi (including Tamaūpoko and Tupoho)	141

Table note: respondents were able to select more than one iwi; n=267.

The largest proportion of responses came from those who affiliated to Whanganui/Te Āti Haunui-a-Pāpārangi, including Tamaūpoko and Tupoho (141 respondents). Sixty-three respondents said they were from Ngā Wairiki-Ngāti Apa, which was the next largest iwi group, followed by Ngāti Rangī (58 respondents) and Ngaa Rauru Kītahi (52 respondents). There were 8 respondents who said that they were not sure or did not know their iwi, these responses have not been included in either Table 1 or Table 2.

Sixty-six responses affiliated to iwi outside of the region. Table 2 provides a breakdown of the six most common iwi responses.

Table 2: Distribution of iwi outside of rohe

Iwi outside of Te Ranga Tupua	Number of responses
Ngāti Tūwharetoa	13
Ngāpuhi	7
Ngāti Porou	7
Ngāti Raukawa	7
Ngāi Tūhoe	6
Ngāti Kahungunu	6

Table note: respondents were able to select more than one iwi; n=267.



General health

The survey asked survey respondents how they rated their health in general, on a scale from “excellent” to “poor”. Three quarters of respondents rated their health as “good”, “very good” or “excellent”, and one quarter rated their health as “fair” or “poor”.

Figure 4: Self-rated health amongst Te Mātuku survey respondents

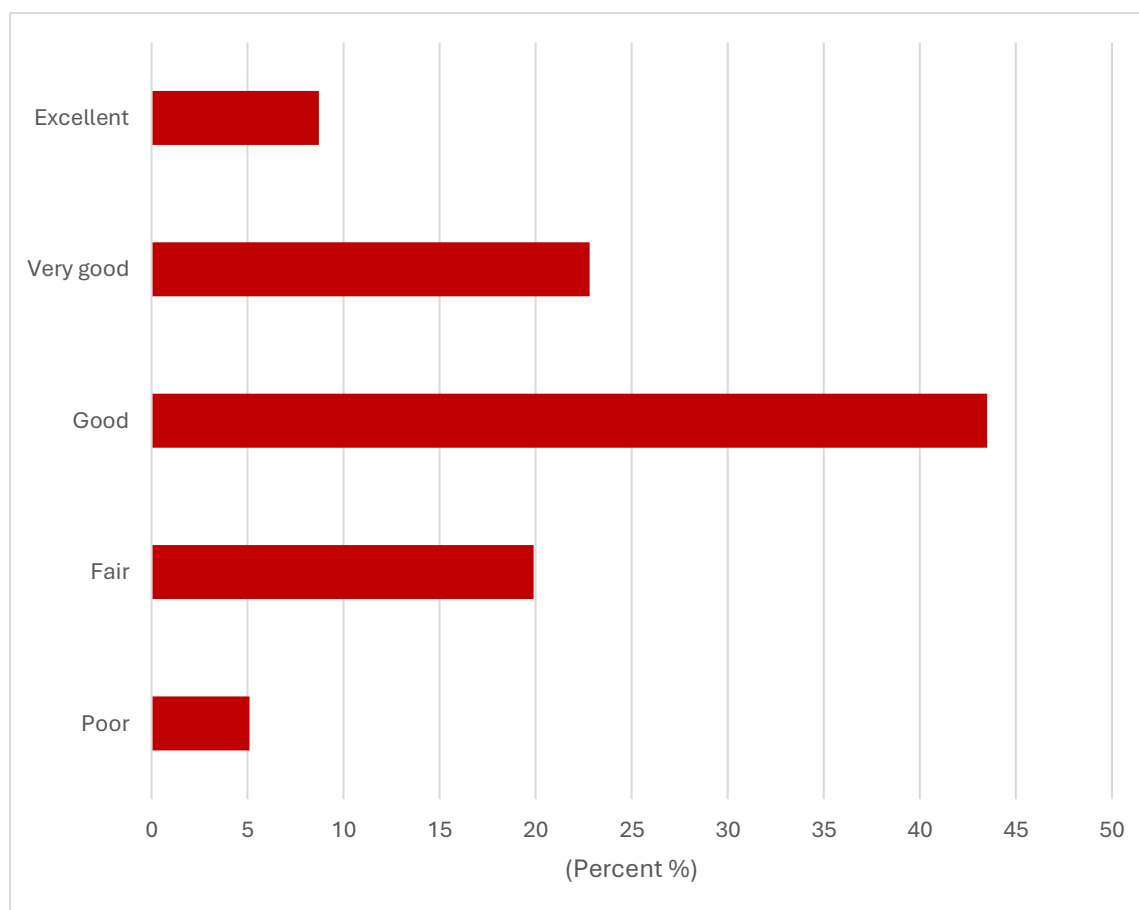


Figure note: n=276.


The proportion of respondents who self-rated their health as good, very good, or excellent (75%, or 207 respondents) is lower than that of the total population, but similar to the national Māori population.

In the New Zealand Health Survey (2023/24):

- 85.4% of the total population rated their health as good or better
- 85.1% of the Central Region rated their health as good or better
- 77.1% of Māori rated their health as good or better.



Primary health care survey



Primary health care is the first point of contact for most whānau when they seek health services. Good quality primary health care is accessible for all whānau, timely, culturally safe, and considers preventing illness and supporting well-being rather than just treating disease.⁵

Access to primary health care

Although primary health care is a broad concept that covers a range of health professions (including midwifery and pharmacy), having a regular doctor or medical centre is an important part of ensuring access to primary health care and is foundational to the government's Primary Health Care Strategy,⁶ and to accessing funded care through primary health organisations (PHOs).

This next section sets out survey responses about access to primary health care through a usual doctor or medical centre and the factors that get in the way of people being able to access and use primary health care when they need it.

Most people have a regular doctor or medical centre

Most respondents to the primary health care module of the survey said they had a regular doctor or medical centre they visit when they're sick or injured (90%, or 249 respondents). Ten percent said that they did not have a regular doctor or medical centre (27 respondents).

⁵ For more information on primary health care in Aotearoa New Zealand, visit www.tewhatauora.govt.nz.

⁶ Ministry of Health (2001).

Figure 5: Do you have a regular doctor or medical centre you visit when you're sick or injured?

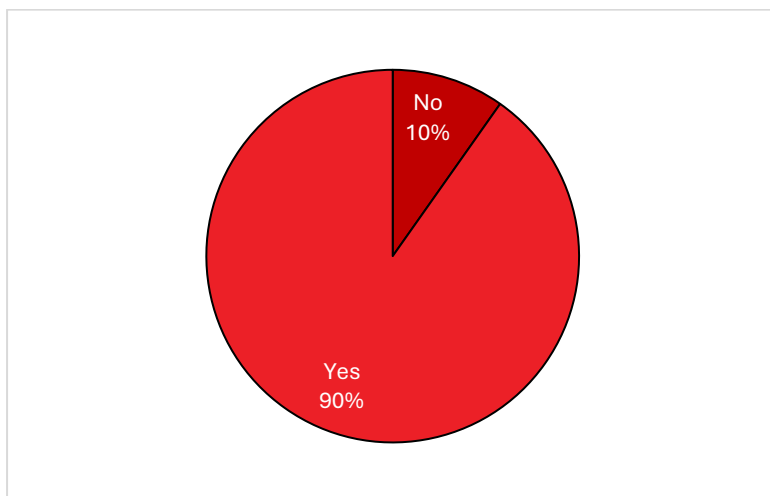


Figure note: n=276.

This is just slightly below the proportion of people with a regular doctor or medical centre nationally.

The New Zealand Health Survey (2023/24), for example, found:

- 93.4% of the total population had a usual medical centre
- 94.2% of the Central Region had a usual medical centre
- 93.9% of Māori had a usual medical centre.

Given that access to a PHO is normally through your doctor or medical centre, it is notable that the number of people in our survey who said that they have a regular doctor or medical centre is higher than the number of Māori in the Whanganui district enrolled in a PHO (which in 2023 was 85.5%).⁷

Most people have visited their regular doctor or medical centre in the past year

Eighty-eight percent of respondents (218) have visited their regular doctor or medical centre in the past year.

⁷ Curtis, E. et. al. (2023). Note also that in comparison, there were more non-Māori in Whanganui district who are enrolled with a PHO than Māori (98.0% compared to 85.5%).

Figure 6: Have you visited your regular doctor or medical centre in the past year?

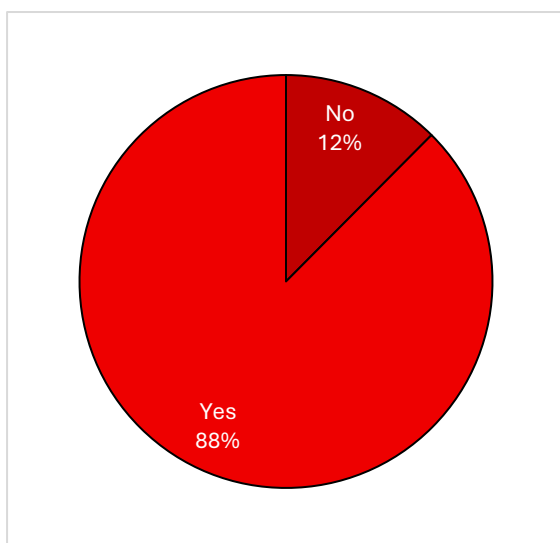


Figure note: n=276.

This is higher than the proportion of people who had visited a GP at their medical centre or elsewhere in the New Zealand Health Survey (2023/24), which was:

- 75.6% of the total population
- 74.2 % for the Central Region, and
- 70.5% for Māori nationally.

People visit a doctor or nurse at their medical centre at higher rates than the rest of the country

The survey asked people which health care workers they had seen in the past year at their usual medical centre. Respondents were able to select multiple options.

Figure 7: Which health care workers have you seen at your usual medical centre?

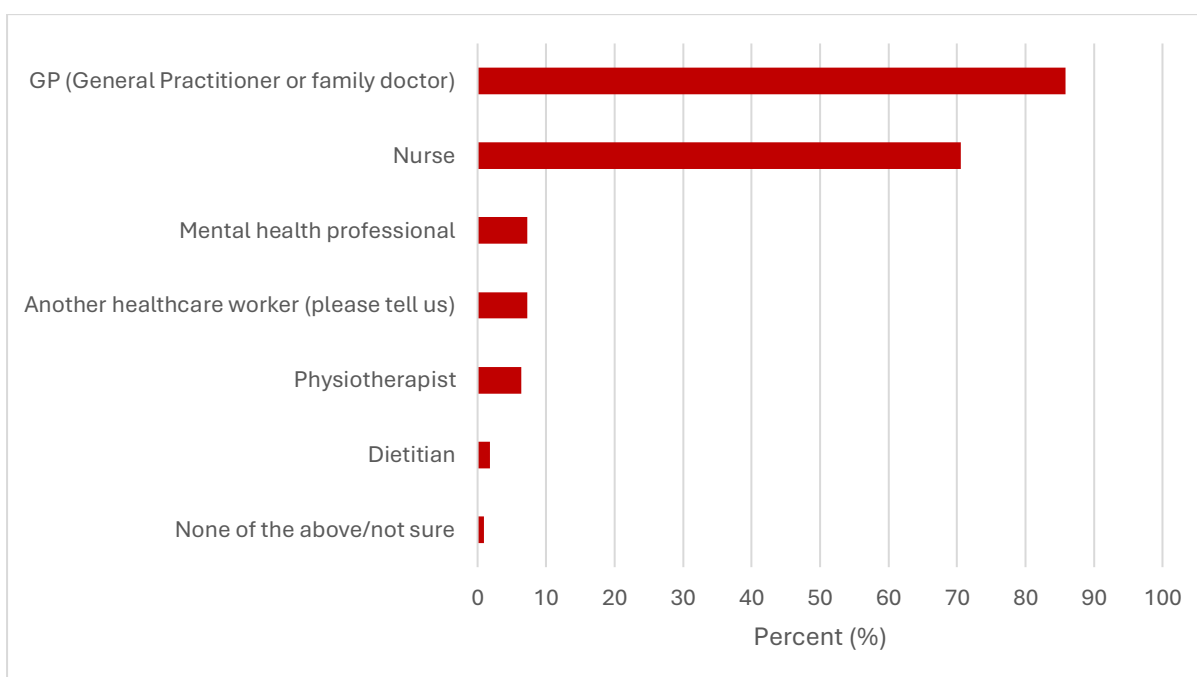


Figure note: This question allowed multiple responses. The percentage calculated is the number of responses in each category divided by the number of people that stated they had visited their usual medical provider in the last year (n=218).

Most people (86% or 187 respondents) had visited their general practitioner (GP) or family doctor, and slightly fewer (71% or 154 respondents) had visited a nurse. The next most common response was a mental health professional (7% or 16 respondents).

Respondents were able to write in any other health care worker they had seen at their usual medical centre. Social workers were noted by two people, as were eye specialists. People

also mentioned Whānau Ora practitioners, mirimiri, midwifery, and other specialists.

As mentioned in the previous section, only 75.6% of the total population had visited a GP any medical centre 12 months according to the New Zealand Health Survey (2023/24).

The New Zealand Health Survey (2023/24) also asked about visits to a person's usual GP in the past 12 months. The proportion of

people in that survey who had visited their usual GP were:

- 75.5% of the total population
- 69.8% of the Central Region, and
- 65.3% for Māori nationally.

Comparison should be considered with caution here. Both the question and the resulting analysis are different between the two surveys. For Te Mātuku survey analysis the number of people who had visited their usual doctor or medical centre in the past 12-months is used as the denominator. The New Zealand Health Survey appears to use the total survey population as the denominator. This means it is possible the difference between the two survey results is slightly exaggerated.

The number of nurse consultations⁸ is also higher for those who filled in this survey than was found in the New Zealand Health Survey (2023/24), where:

- 39.1% of the total population had a nurse consultation in the past 12 months
- 40.4% of the Central Region had a nurse consultation in the past 12 months
- 38.5% of the Māori population had a nurse consultation in the past 12 months.

The proportion of respondents who visited a physiotherapist (6.4%)⁹ is also slightly higher than in the New Zealand Health Survey (2023/24), where:

- 4.1% of the total population had seen a physiotherapist at their usual medical centre in the past 12 months
- 5.2% of the Central Region had seen a physiotherapist at their usual medical centre in the past 12 months
- 3.5% of the Māori population had seen a physiotherapist at their usual medical centre in the past 12 months.

There are a small number of people who are registered with a clinic that they don't use

The survey asked people who said they did not have a regular doctor or medical centre if they were nevertheless enrolled with a primary health care service they do not use.

Just over half of respondents (14 people, representing 52% of respondents to this question) said they did not use the services they are registered with.

Respondents were able to share their reasoning in a comment box. Of the 12 comments we received, four said they did not like the interactions they had with the doctors.

*"When I go get checked out, my doctors don't understand what I am saying – and when they talk to me, I don't know how to understand them."*¹⁰

Two respondents talked about the distance to their medical centre being "too far".¹¹ And two respondents talked about preferring natural or traditional medicines.

*"I follow many natural and organic self-care principles and have not required mainstream medical assistance for some years."*¹²

Most people are satisfied with the primary health care services they and their whānau receive

Just under three quarters of respondents stated that they were satisfied or extremely satisfied with the services they and their whānau receive from their doctor or medical centre.

Figure 8: How satisfied are you with the services you and your whānau receive from your doctor or medical centre?

⁸ While we note the same caution applies with this data as it does for GP visits, the difference between Te Mātuku survey findings and those of the New Zealand Health Survey are large enough that whichever denominator is used, there is still a notable difference between the two survey results.

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¹⁰ Survey respondent.

¹¹ Survey respondent.

¹² Survey respondent.

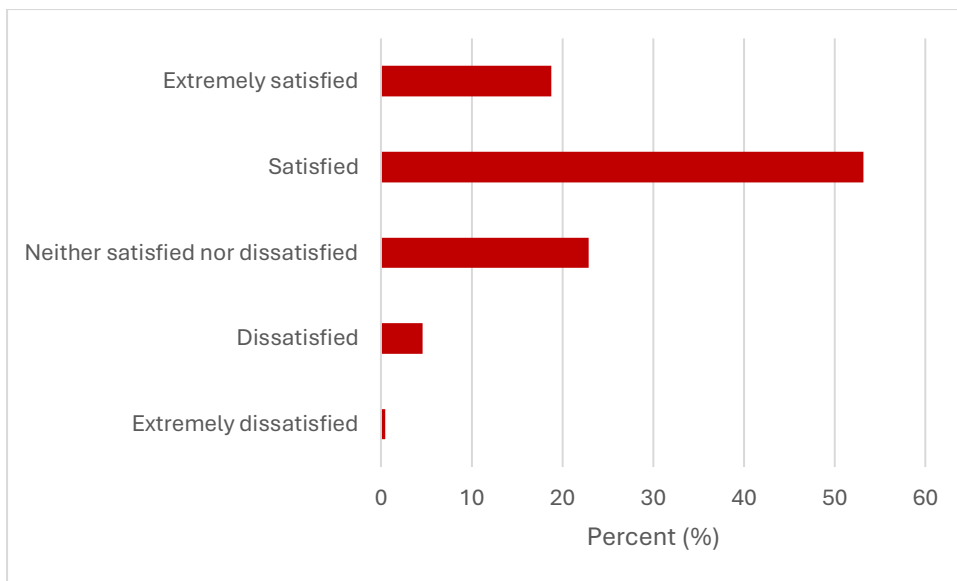


Figure note: n=218

The most common answer was “satisfied” (53%, 116 respondents), with the next most common response being more neutral (“neither satisfied nor dissatisfied”, 23%, 50 respondents). Five percent of respondents to this question (10 respondents) said they were “dissatisfied”. Only one person said that they were “extremely dissatisfied”.

Wait times are a barrier to people accessing primary health care

Fifty-five percent of the people who filled in this survey (121 respondents) were able to get an appointment with their usual doctor or medical centre within a week.

Figure 9: How long do you usually wait for a standard appointment at your doctor or medical centre?

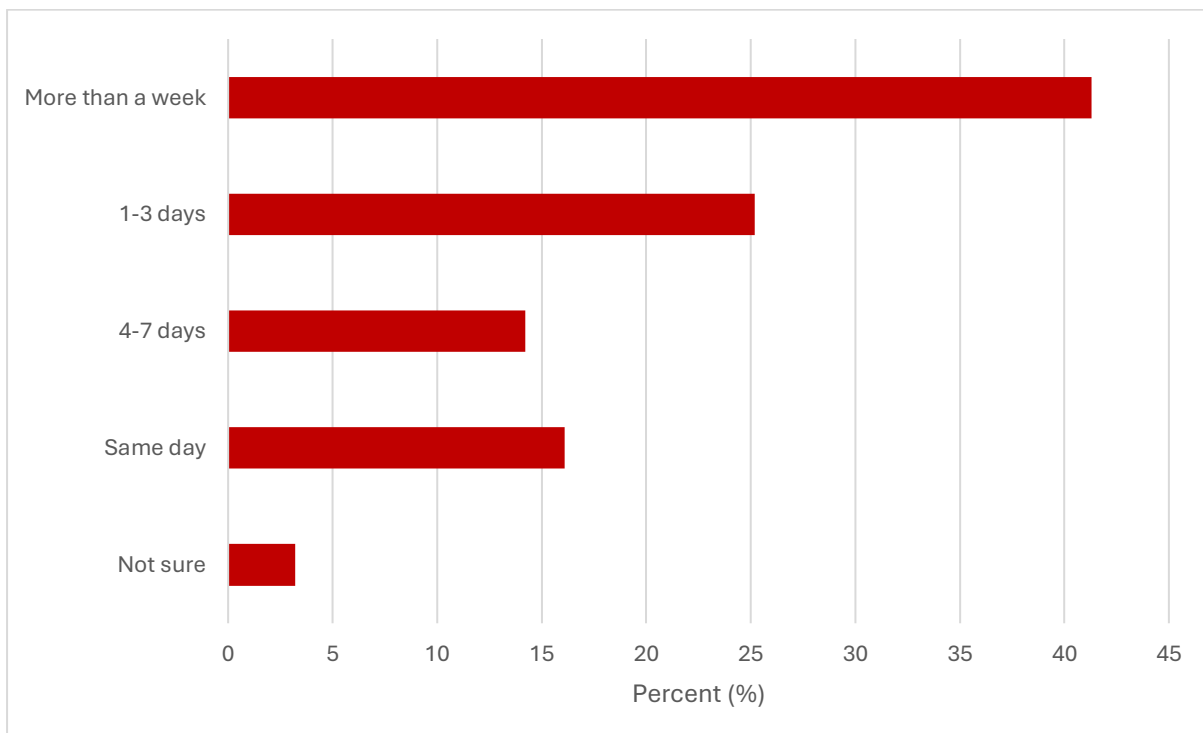


Figure note: n=218

Positively, around 16% of respondents (35) were able to get a same-day appointment.

“Never had to worry about wait times.”¹³

However, 41% of respondents (90) said they had to wait more than a week.

More than half of respondents stated that they put off seeing a doctor because of long wait times (see figure 10, below).

“Sometimes there is no appointment for over 2-weeks. By then me or my tamariki are well again and we’re having to get well on our own without medical assistance.”¹⁴

Figure 10: Did you put off seeing a doctor because of long wait times?

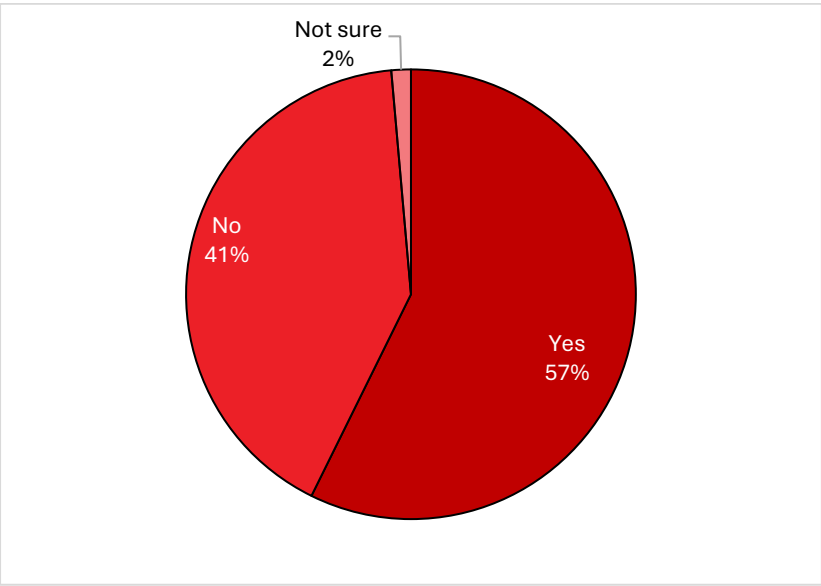


Figure note: n=218.

More than half of respondents did not see primary health care professional when they needed to because of the wait times

Sixty one percent of survey respondents also said that they had not visited their doctor or medical centre when they needed to because the wait to get an appointment was too long (see figure 11, below).

“It takes up to three weeks wait at [my former practice]. Reason why I left.”¹⁵

Respondents were able to comment on the wait times they experienced in primary health care. Most of those who made a comment said that the waiting times were not too bad, or shared examples of their medical centre finding a work around to be able to see them (27 respondents).

“Sometimes at my provider, if you can’t get in to see a doctor, they just send you to a nurse – they are pretty quick for me.”¹⁶

However, many people still talked about the wait times being too long (21 respondents), with some indicating it takes up to three weeks to get an appointment.

¹³ Survey respondent.

¹⁴ Survey respondent.

¹⁵ Survey respondent.

¹⁶ Survey respondent.

*"I would only go if I'm very unwell because it takes too long."*¹⁷

*"Wait times are the reason why I don't attend the doctors."*¹⁸

Although it was a rare sentiment, one person emphasised that they did not mind waiting if it meant they could see their usual doctor.

*"My doctor, you have to wait a few weeks but he's the best, so I don't mind waiting."*¹⁹

Some people also talked about the importance of self-advocacy and pushing for appointments (4 respondents).

*"Most occasions when I've rung my usual GP the receptionist will try to put me off for 1-2 weeks, however, after some contest I can gain an appointment with 2-3 days."*²⁰

Others talked about going to some form of health care at the Whanganui Hospital (referred to as "ED", "A+E", or "WAM") because of wait times (6 respondents).

*"If I can't get an appointment at my GP, I end up going to WAM that day."*²¹

In addition to the impact that long wait times have on access to primary health care for an individual or whānau, some

people also indicated that it causes worry or concern for others (4 respondents).

"Healthcare is less accessible that it should be. Māori have less access e.g.

*My dad believes he is being bothersome and that others need healthcare more than him."*²²

Not seeing a primary health care professional when you need it is one domain of unmet need. The rate of 'unmet need for primary health care due to wait times' is higher for Māori in Whanganui District than it is for the rest of the country. For example, the rates of unmet need due to wait times in primary health care were identified in the New Zealand Health Survey (2023/24) as an issue for:

- 25.7% of the total population
- 25.9% of the Central Region
- 25.2% of Māori nationally.

In the 2022 HQSC patient experience survey, 14% of respondents said that long wait times to get an appointment meant they were unable to get care from a GP or nurse when they wanted it.²³ Te Mātuku whānau voice survey, although it asked a slightly different question, suggests that the current experience for Māori in the Whanganui District is more difficult than the HQSC found in 2022.

Waiting times for primary health care have also been highlighted as a national issue in the media recently. In March 2025 (around the same time as this survey was in the field) there was a Radio New Zealand Reid Poll that found that while 60% of respondents were able to get a GP appointment within a week, one in three people were waiting more than two weeks for an appointment.²⁴ Te Mātuku whānau voice survey results suggest that getting an appointment is even more difficult for Māori in the Whanganui District than it is for the people who participated in the Radio New Zealand Reid Poll.

¹⁷ Survey respondent.

¹⁸ Survey respondent.

¹⁹ Survey respondent.

²⁰ Survey respondent.

²¹ Survey respondent.

²² Survey respondent.

²³ HQSC (2022), Key Findings from the adult primary care patient experience survey.

²⁴ Radio New Zealand, 2 April 2025. Link here: <https://www.rnz.co.nz/news/poll/556965/one-third-of-new-zealanders-waiting-more-than-two-weeks-to-see-gp-poll>

Although Te Māhūku whānau voice survey did not directly ask people what they thought was behind long wait times, some people indicated in the survey comments that they thought it was the result of medical staff shortages (5 respondents).

*“Wait times are often indicative of workforce shortages, and I understand that clinics are often in positions where there’s not much they can do about it. However, it would be good to see more resource put into primary care (pūtea, workforce - regulated and non-regulated) to better support community”.*²⁵

For one survey respondent, the lack of a large enough Māori medical workforce was seen as a lack of support for Māori health, as indicated by the disestablishment of the Māori Health Authority, which in turn contributes to “poorer health outcomes for Māori who already lead in poor health statistics across the board.”²⁶

Costs and work commitments were the two other main drivers for unmet primary health care need

The survey asked people whether they had not visited a doctor or medical centre when they needed to. The purpose of this question was to understand the drivers behind unmet primary health care need.

Figure 11: In the past year, did you have a health problem but didn’t visit a doctor or medical centre for any of these reasons?

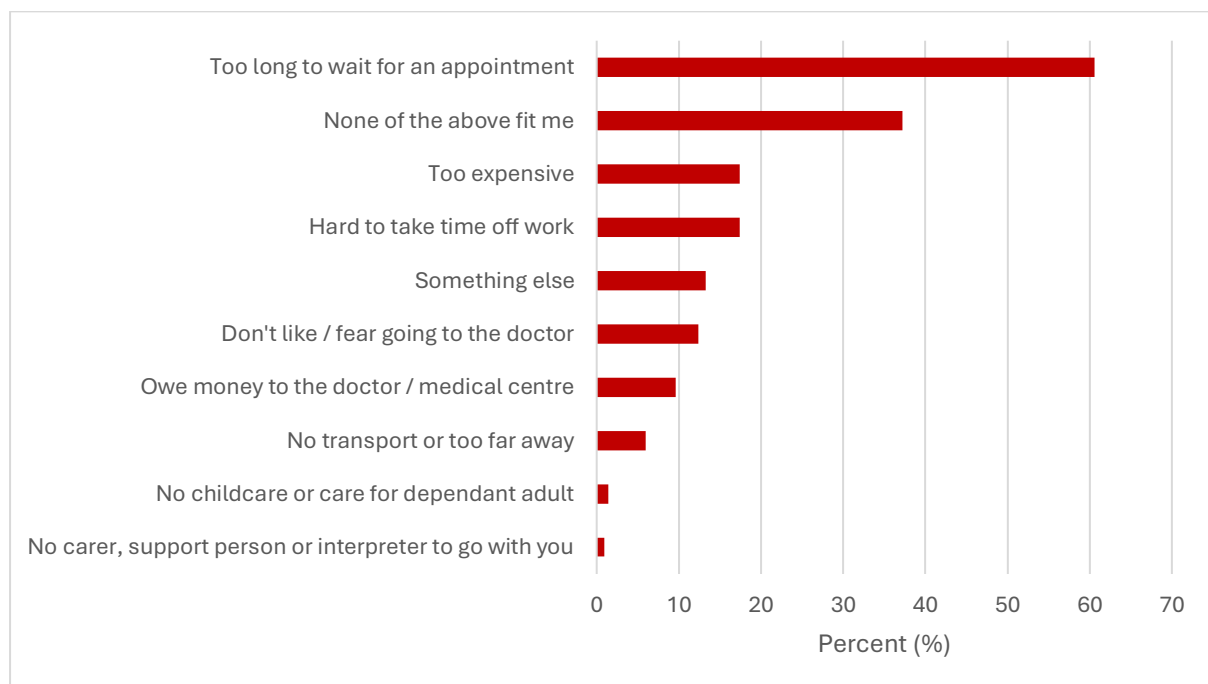


Figure note: This question allowed multiple responses. The percentage calculated is the number of responses in each category divided by the number of people that stated they had visited their usual medical provider in the last year n=218.

The biggest driver for unmet need was having to wait too long for an appointment (61%, 132 respondents). This was discussed in more detail at page 17, above. From the comments to this question, the issue appears to be both about waiting for an available appointment and waiting to be seen once at the medical centre.

²⁵ Survey respondent.

²⁶ Survey respondent.

"I have young children and a 3hr+wait time just isn't doable, being the main carer for my children as a stay-at-home mum with no family or friends in the area to help I'd rather not seek medical help for myself if it means my children will have to endure the absurd wait time to be seen by doctor."²⁷

Financial barriers to care

Financial reasons were the second biggest barrier to primary health care. Seventeen percent of respondents (38 respondents) said that visiting their doctor or medical centre was too expensive and 10% (21 respondents) said that owing money was a reason for not visiting their doctor or medical centre.

Financial reasons also drive unmet need for primary health care nationally. The New Zealand Health Strategy (2023/24) found a similar proportion of people said cost was the reason for not visiting a primary health care provider:

- 15.5% of the total population and 15.2% of the Central Region said the cost of primary health care was a factor (a slightly lower rate than found in Te Mātuku whānau voice survey)
- 19.6% of the national Māori population identified cost as a reason for unmet primary health care need (which is a slightly higher rate than found in Te Mātuku whānau voice survey).

However, the New Zealand Health Survey (2023/24) also found the proportion of people who had unmet need for primary health care because of owing money is lower than the almost 10% found in Te Mātuku whānau voice survey. For example, in the New Zealand Health Survey, owing money was a reason for unmet primary health care need for:

- 1.8% of the total population
- 2.1% of the Central Region
- 4.1% of Māori.

Work commitments as a barrier to care

Finding it hard to take time off work was a factor in not visiting a doctor or medical centre when they needed to for 17% of respondents (38).

Again, this is higher than the national picture provided by the New Zealand Health Survey (2023/24), where a lack of time off from work was a barrier to primary health care for:

- 8.8% of the total population
- 9.1% of the Central Region
- 10.7% of Māori.

Other barriers to care

Fear of going to the doctor was a barrier to primary health care for 12% of respondents, transport was an issue for 6% of respondents and 5 people said they had no support person or interpreter to go with them or because of childcare or care for dependant adults.

Although not a direct comparison, the HQSC primary health care patient experience survey identified that 4.7% of the total population (and 7% of Māori nationally) gave having no transport, not being able to arrange childcare, and dislike or fear of their GP as being a reason for not seeing a GP.

Transport was by itself identified a barrier for care for 3.4% of the total population and 5.5% of Māori in the New Zealand Health Survey (2024/23).

Thirteen percent of respondents selected "something else" as the reason for not seeing their doctor or medical centre when they needed to. Respondents were able to write in comments to explain this answer.

Seven respondents said that they did not like or trust their usual doctor or nurse practitioner.

²⁷ Survey respondent.

*"I don't like the practitioner nurse. She prescribed me high blood pressure pills and the dosage was too high, and my legs bloated like balloons. I'm back on a better prescription now."*²⁸

The lack of trust was often linked to what was seen as an overly medicalised approach.

*"GP is more interested in addressing immediate problems and not looking at preventative issues."*²⁹

*"Always get told to do the same thing or get put on antibiotics I already take enough pills. I would prefer a holistic approach."*³⁰

A further four respondents preferred non-clinical interventions.

*"Doctor is the last resort, [for when] home remedies don't cut it, or I need to access the healthy system e.g. for prescriptions or scans."*³¹

Three respondents said that they find alternative ways to get health care, even if it is not their first choice.

*"I have had to go to Palmerston North and I see a nurse practitioner. There are no doctors in Whanganui and the clinical inertia is killing our people."*³²

Overall, there are several barriers to health care for Māori in the Whanganui District and despite these barriers people generally want to visit their doctor or medical centre when they are unwell. Only four respondents also said that they don't see health as a priority for them, or that they cannot be bothered (with one person referring to this as the "it'll be alright behaviour").³³

People tend to visit the hospital's emergency department when it is out of hours of their usual doctor or medical centre

In the Whanganui rohe, health sector data shows that there are slightly higher rates of hospitalisations for Māori than there are for non-Māori. In particular, Māori have higher rates of potentially avoidable hospitalisations (those admissions that could have been prevented by primary care, public health, or social policy intervention) and ambulatory sensitive hospitalisations (those admissions which could have been potentially avoided through interventions in primary health care).³⁴

However, although some hospital stays might have been prevented or avoided through effective primary health care, this does not necessarily mean that emergency department visits are inappropriate. As Elena Curtis and others noted in 2020 "debate exists around whether there are appropriate or inappropriate ED presentations with patient-centred views promoting the concept that ED presentations are appropriate for a particular patient, with a particular problem at a particular time."³⁵ It is also not a given that emergency department visits will lead to an overnight hospital stay (which is usually required to meet the definition of hospitalisation).

²⁸ Survey respondent.

²⁹ Survey respondent.

³⁰ Survey respondent.

³¹ Survey respondent.

³² Survey respondent.

³³ Survey respondent.

³⁴ This is discussed further in Curtis, et al. (2024). Data in that publication states that for adults aged 45 to 64 years, between July 2022 to June 2023 in the former Whanganui DHB region, Māori had an ambulatory sensitive admission 1.4 times higher than the rate for non-Māori.

³⁵ Curtis, E. et al. (2020).

With those caveats in mind, we asked survey respondents whether they use the hospital emergency department rather than their usual doctor.

Figure 12: Do you use the hospital emergency department rather than your usual doctor or medical centre?

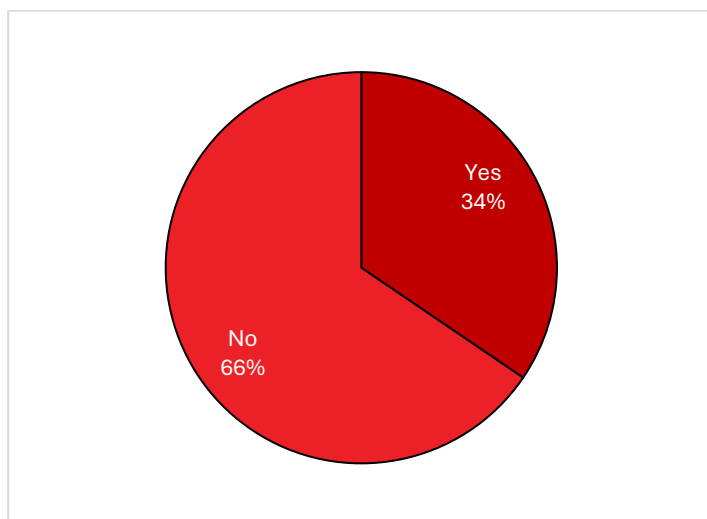


Figure note: n=275

Most respondents (66%, 180 respondents) said that they did not use the hospital emergency department in this way, but around one third (34%, 95 respondents) said that they did.

Of those who said they went to the hospital emergency department, just over half said that was because their need for medical attention fell outside their doctor or medical centre's usual hours (51% of respondents), or that the wait for an appointment was too long (44% of respondents).

Figure 13: Reasons for using the hospital emergency department

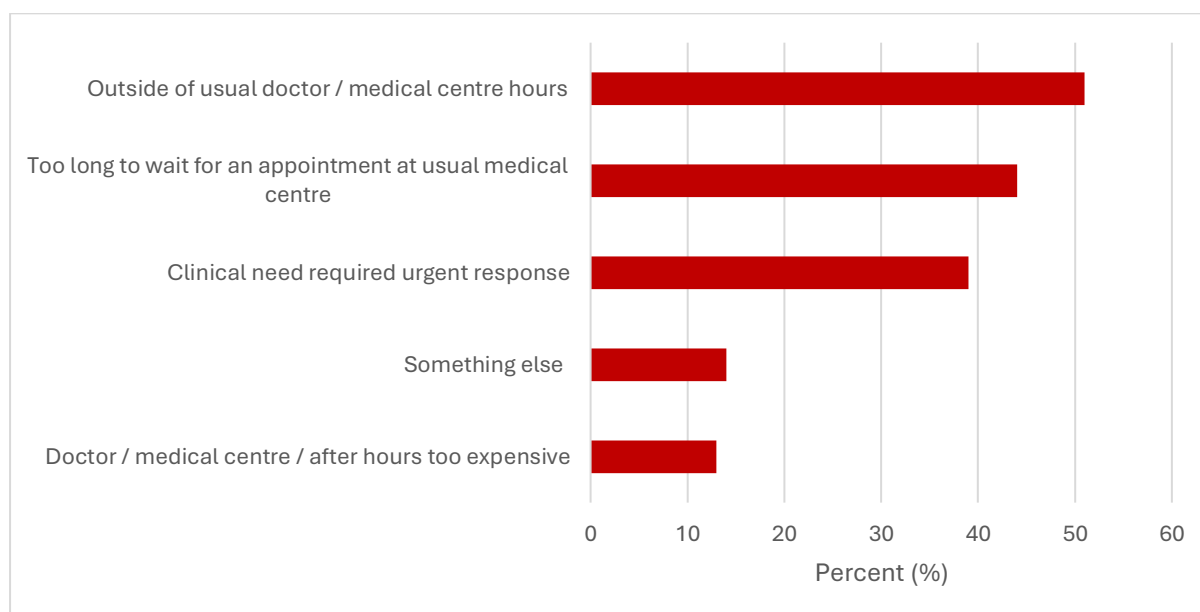


Figure note: This question allowed multiple responses. The percentage calculated is the number of responses in each category divided by the number of people that stated they had visited an ED department (n=95)

Thirty nine percent of respondents said they went to the hospital emergency department

because their clinical need required urgent response (that is that they were sent by a GP

or another health professional (for example, Healthline)). Cost of visiting a primary health care provider was also a factor for 13% of respondents.

Respondents were able to write in additional reasons for using the hospital emergency department. These 14 responses included:

- That respondents had been told to go to the hospital (3 respondents)
- That there was too long to wait for a primary health care appointment or no doctors available (3 respondents)
- That they had an injury that needed urgent attention.

*"I will only go if it is an emergency, because I can be seen straight away. I don't like going to doctors."*³⁶

One person commented that a benefit of going to the emergency department at the hospital is because it is like a one-stop shop.

*"At the hospital at least some services were available so I could be transferred through to be seen even though the wait time on location was longer, I could get more (not comprehensive) but more done in one appointment."*³⁷

Most people do not use online primary health care tools or services

Around half of all survey respondents have not used online services like ManageMyHealth, Health365 or online Doctors (31% of respondents), and 21% of respondents had not heard of them at all.

Figure 14: Have you used online primary health care tools or services like ManageMyHealth, Health 365 or online Doctors?

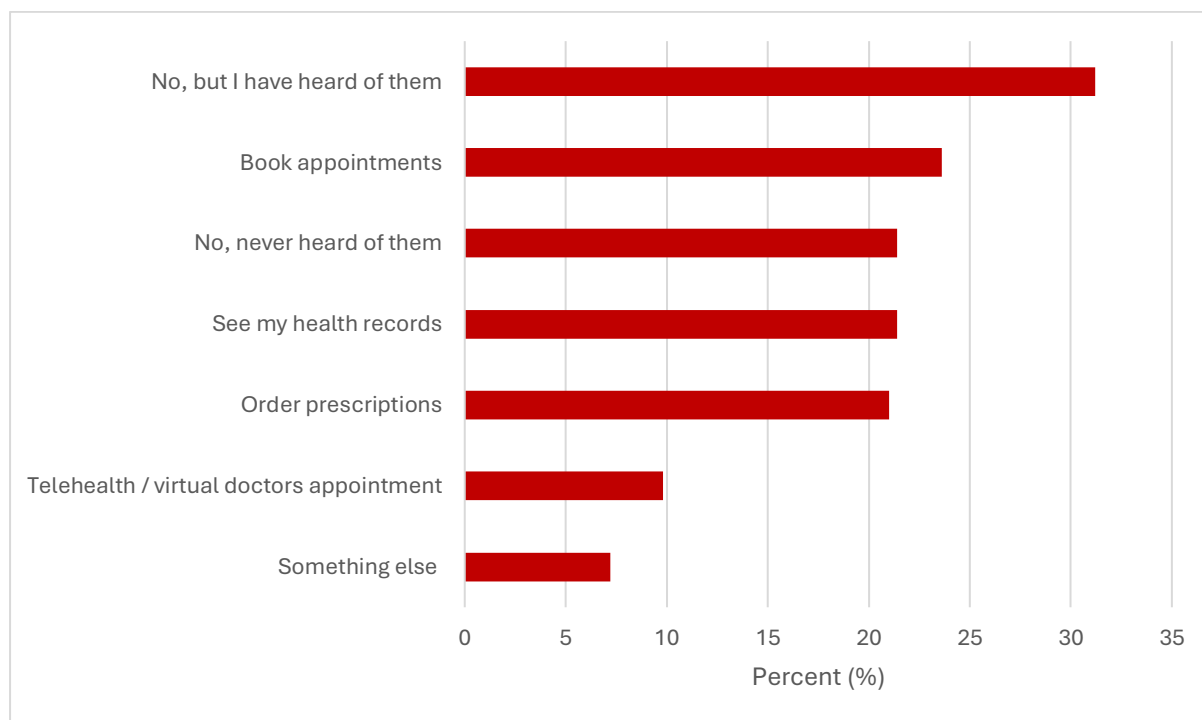


Figure note: This question allowed multiple responses. The percentage calculated is the number of responses in each category divided by the number of people who answered the question (n=276).

For those who did use online services, the most common reason was to book an appointment (24%) followed by seeing their health record (21%) and ordering prescriptions (21%).

³⁶ Survey respondent.

³⁷ Survey respondent.

In the comments, seven percent of respondents gave other reasons why they do not use online services. These included usability issues, such as not knowing how to use specific software applications, or having attempted to use them and found problems such as not being able to access their medical record or not being able to book appointments (6 respondents).

“Booking appointments is difficult because they aren’t any available within a 2-week timeframe and any appointment times after aren’t shown.”³⁸

Four respondents noted that they preferred receiving primary health care services in real life.

“I am registered through my GP but forget about it. Most of the time I prefer in person.”³⁹

Most people who connect with their doctor or medical centre over the phone do so to book appointments

The survey asked respondents if they contacted their doctor or medical centre by phone for any reason. Three quarters (75%) gave examples of how they used phone services for primary health care, and one quarter (25%) had not used these services or had never heard of them.

Figure 15: Have you used phone services, like Healthline or your doctor or medical centre for any of these reasons?

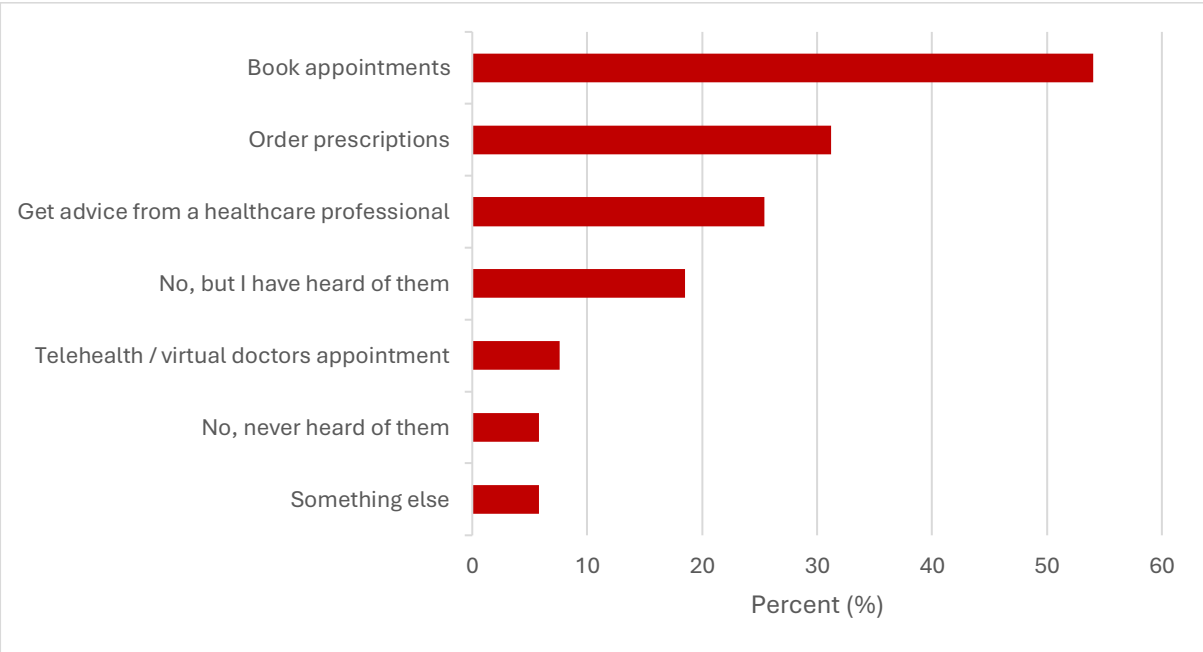


Figure note: This question allowed multiple responses. The percentage calculated is the number of responses in each category divided by the number of people who answered the question (n=276).

While most survey respondents used phone services to book an appointment (54% or 149 respondents) or order prescriptions (31% or 86 respondents), a quarter of respondents (25% or 70 respondents) used the services to get health professional advice and 8% (21 respondents) have had telehealth or virtual doctor appointments over the phone.

People were able to select the “something else” option and write in comments. In the comments respondents talked about particularly good health professionals they called for advice (3 respondents),

³⁸ Survey respondent.

³⁹ Survey respondent.

using Healthline (2 respondents) or using the internet rather than their medical centre (3 respondents) “usually to look up Dr. Google”.⁴⁰

Most people found telehealth helpful for reducing travel to services

More than half of respondents said telehealth was helpful, at least to some extent, in reducing travel to health care services (63%, 141 respondents). Of those who found telehealth helpful, 26% (or 59 respondents) said it helped greatly in reducing travel.

Sixteen percent of respondents said telehealth did not help with travel and 21% were not sure if it was helpful or not at reducing travel.

Figure 16: Do you find telehealth or online consultations helpful for reducing travel to health care services?

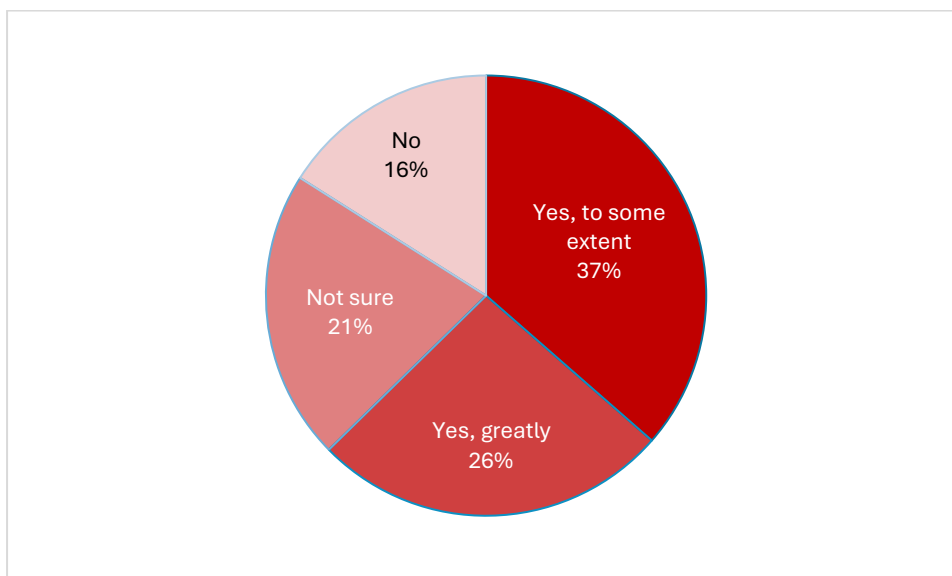


Figure note: n=225.

The main complaint people have about telehealth is that they prefer in-person health care

The survey asked respondents if they had challenges using telehealth services. Forty-four percent of respondents had no challenges with telehealth. Of those who did have difficulties, the main complaint, raised by a third of respondents (34%), was that they prefer in-person health care (this might be because it is hard to explain issues over the phone, or they're unsure about the quality of telehealth care).

⁴⁰ Survey respondent.

Figure 17: Did you face any challenges when using telehealth services?

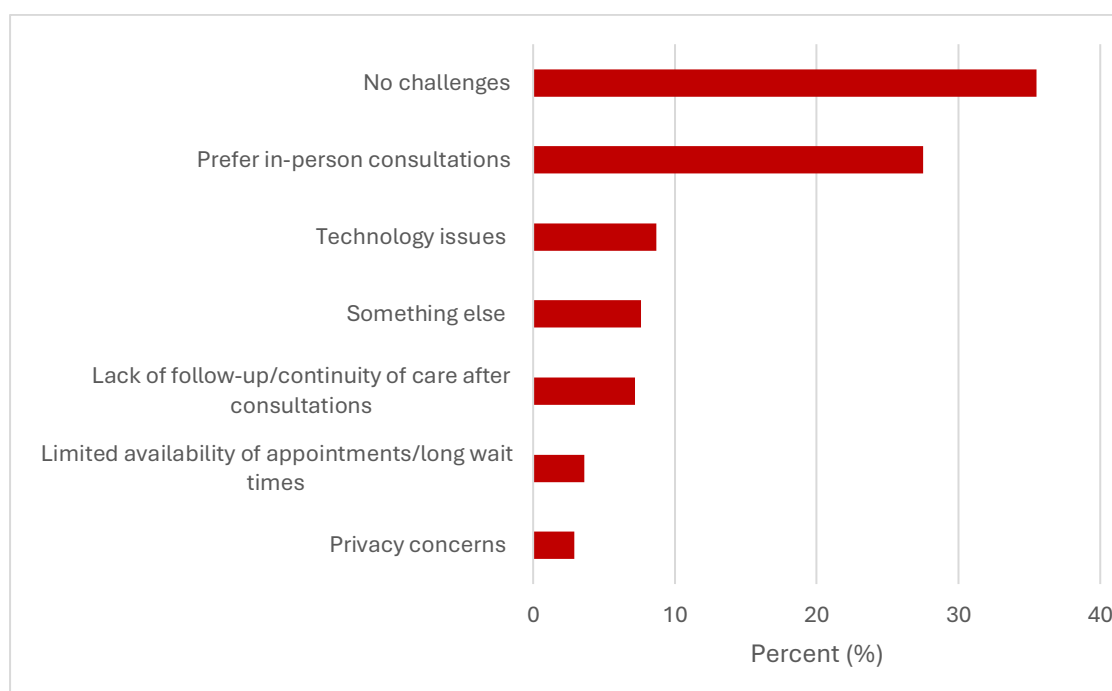


Figure note: This question allowed multiple responses. The percentage calculated is the number of responses in each category divided by the number of people who answered the question (n=225).

Respondents also identified technology difficulties, such as poor internet, difficulty using technology or limited access to devices (11%), a lack of follow-up or continuity of care after appointments (9%), limited availability of telehealth appointments or long wait times (4%), and privacy concerns, such as no private space for calls or video sessions and uncertainty about phone or online security (4%) as challenges.

“Technology has its limitations. Not personal one-to-one manaakitanga and relationship building [which we have] when in person.”⁴¹

People were able to select the “something else” option and write in comments. In the

comments three respondents talked about their concerns about the person who answered the phone at their medical centre.

“People on the phone are not very nice sometimes.”⁴²

One person emphasised that it is hard to find telehealth services that can be relied on to give quality primary health care.

“How [do you] search for these services? [How do you tell] If the search responses that appear are real or if they’re scams. There’s a lack of Information about these services at my GP centre or Hospital.”⁴³

How well does primary health care meet your needs?

One element of primary health care patient experience is how well it meets a full range of patient needs. The HQSC primary health care experience survey looks at this as having four domains: whether your cultural needs are met; whether your spiritual needs are met; whether your individual needs are met; and whether your accessibility needs are met. Te Māuku whānau voice survey asked respondents

⁴¹ Survey respondent.

⁴² Survey respondent.

⁴³ Survey respondent.

about each of these domains and found that most people appear to think primary health care meets their needs, although the proportion of respondents who had their needs met were higher for individual and accessibility needs than they were for cultural or spiritual needs.

Three quarters of people have their cultural needs met when they visit their doctor or medical centre

Seventy-five percent of people (186 respondents) said that their cultural needs were met in primary health care. A quarter of people (25%, or 63 respondents) said that their cultural needs were not met.

Figure 18: When you visit your doctor or medical centre, do you feel your cultural needs are met?

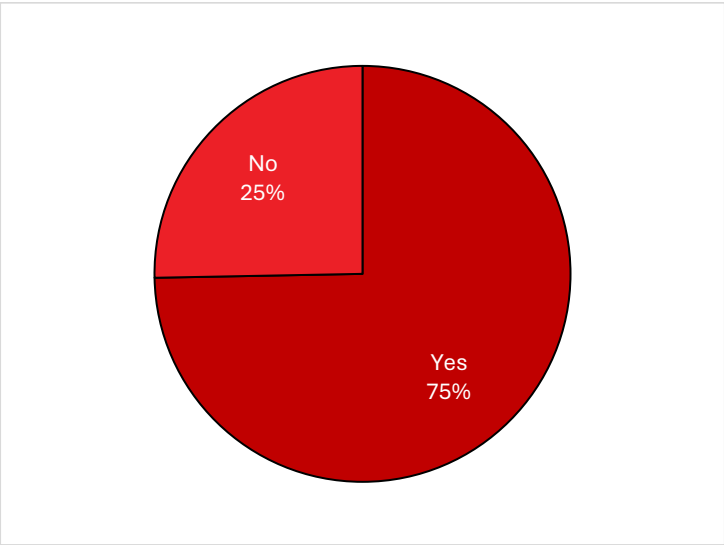


Figure note: n=249.

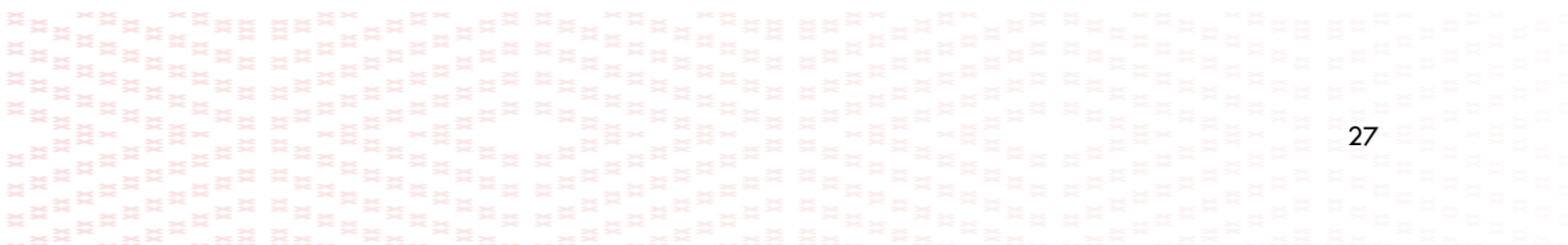
The proportion of people who said their cultural needs were met in primary health care is lower than the proportion of people who said their cultural needs were met in the HQSC primary health care patient experience survey. In that survey, in November 2024:

- 92.5% of the total population said their cultural needs had been met
- 88% of people in the Whanganui District said their cultural needs had been met
- 87.5% of Māori said their cultural needs had been met.

Most people have their spiritual needs met when they visit their doctor or medical centre

Sixty-two percent of people (155 respondents) said they had their spiritual needs met in primary health care, and 38% (94 respondents) said their spiritual needs were not met.

Figure 19: When you visit your doctor or medical centre, are your spiritual needs met?



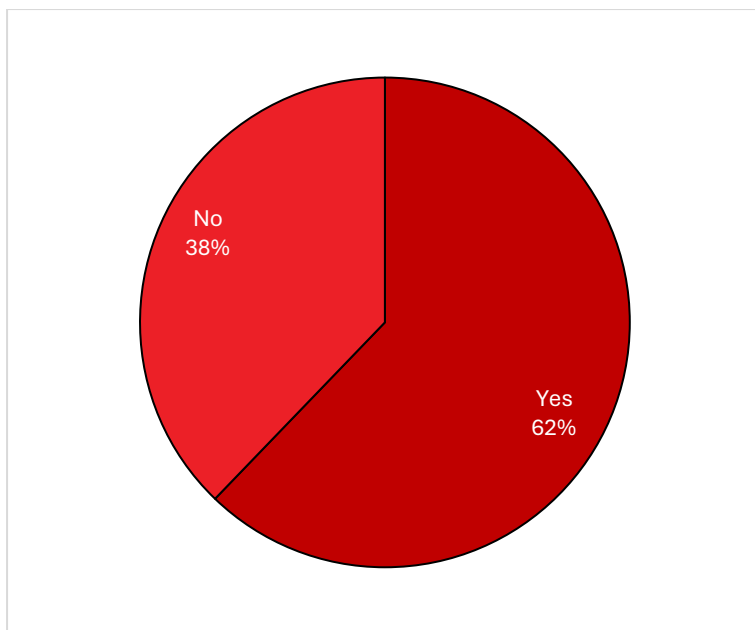


Figure note: n=249.

As with cultural needs, the proportion of people who said that their spiritual needs were met in primary health care is lower than the proportion of people who said their spiritual needs were met in the HQSC primary health care patient experience survey. In that survey, in November 2024:

- 92.5% of the total population said their spiritual needs had been met
- 80.9% of people in the Whanganui District said their spiritual needs had been met
- 81.7% of Māori said their spiritual needs had been met.

Nine out of ten people have their individual needs met when they visit their doctor or medical centre

Eighty-nine percent of people (222 respondents) said they had their individual needs met in primary health care. Only 11% (27 respondents) said their individual needs were not met.

Figure 20: When you visit your doctor or medical centre, are your individual needs met?



Figure note: n=249.

When it comes to individual needs, the proportion of people in our survey who feel their individual needs were met are broadly similar to the HQSC patient experience survey results, with a slightly higher proportion of Te Mātuku whānau voice survey respondents feeling their needs were met than Māori nationally or people in the Whanganui District.

In November 2024, the HQSC primary health care patient experience survey results were that:

- 92.5% of the total population said their individual needs were met
- 83.1% of people in the Whanganui District said their individual needs were met
- 85.1% of Māori said their individual needs were met.

Most people have their accessibility needs met

Eighty-seven percent of people (136 respondents) said that they felt their accessibility needs were met in primary health care. Fewer people answered this question than the previous three, likely reflecting that fewer people have accessibility needs overall.

Figure 21: When you visit your doctor or medical centre, are your accessibility needs met?

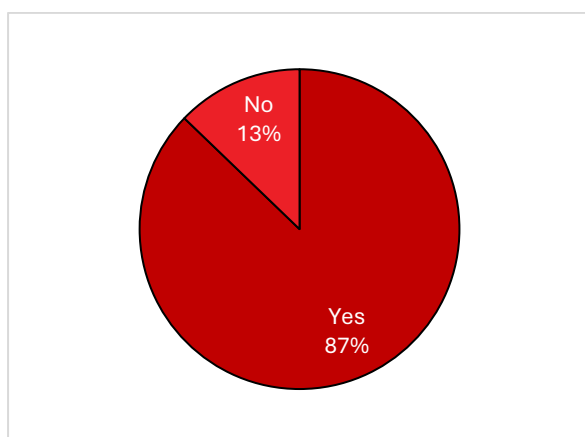


Figure note: n=156.

When it comes to accessibility needs, the proportion of people in our survey who feel their individual needs were met are broadly similar to what the HQSC patient experience survey shows, with a slightly higher proportion of our survey respondents feeling their needs were met than Māori nationally or people in the Whanganui District.

In November 2024, the HQSC primary health care patient experience survey results were that:

- 92.5% of the total population said their accessibility needs were met
- 84.5% of people in the Whanganui District said their accessibility needs were met
- 82.6% of Māori said their accessibility needs were met.

Most people have positive things to say about their primary health care experience

The survey asked people to comment on the overall experience with their doctor or medical centre. Seventy-three people responded and more than half (55%) of these responses were positive.

Some of the comments were very positive:

*"It's good – they are very welcoming. I feel able to talk to someone to help me and my baby especially."*⁴⁴

*"Beautiful, they're really good to me. Even the reception. Very approachable. She listens to you, shows an interest in us."*⁴⁵

Other 'positive' comments were more measured, suggesting that their expectations had been met but little else.

*"I get basic medical care as needed when I visit – nothing more and nothing less."*⁴⁶

Five of the positive responses mentioned Māori health providers explicitly.

⁴⁴ Survey respondent.

⁴⁵ Survey respondent.

⁴⁶ Survey respondent.

“Te Oranganui Medical centre is fabulous.”⁴⁷

“It’s gotten better since the runanga took over the doctors.”⁴⁸

People shared concerns about cultural safety in primary health care

Twenty-two percent of people (16 respondents) shared concerns about cultural safety, engagement with Māori, and the appropriate interaction between services, health professionals, and patients.

“The practice is not inclusive of our Māori culture.”⁴⁹

“Can’t understand korero-takuta tauwi.”⁵⁰

“The receptionists can sometimes be abrupt or rude if you’re late. There’s little consideration about what may have occurred for the patient to have been late. I’ve never been asked if I would like my samples returned to me and when I have, I’ve had to continually remind the staff.”⁵¹

Eleven percent of people (8 respondents) shared concerns about the lack of doctors and other staff in primary care in Te Ranga Tupua rohe.

“The receptionists are nice but often stressed out and trying to manage a busy waiting room. Often packed-as in the waiting room when I’ve gone in the past.”⁵²

“Our doctors and nurses are under paid, under resourced and over worked making it harder for people to get the best care. The government needs to try harder to keep our doctors and nurses in New Zealand (in all medical fields).”⁵³

One person also commented on the lack of accessible information on what services are available in the rohe.

“I hear there are lots of services available, but I wouldn’t know. I only found out today talking to all the people here at our group. They should print out all this information for people.”⁵⁴

⁴⁷ Survey respondent.

⁴⁸ Survey respondent.

⁴⁹ Survey respondent.

⁵⁰ Survey respondent.

⁵¹ Survey respondent.

⁵² Survey respondent.

⁵³ Survey respondent.

⁵⁴ Survey respondent.

What could be done better?

The survey asked respondents if they had ideas about what could improve the primary health care experience. While most respondents did not have suggestions (60%), 100 people (40% of respondents who answered this question) said they had an idea to share.

More doctors and nurses, with better retention of the health workforce

Forty-eight people said that more doctors and nurses, retained for longer, would improve the primary health care experience.

*"I think, given everybody is complaining about appointments not being available, it would ideally mean health providers would hire more doctors or nursing staff."*⁵⁵

*"We need more district nurses and doctors."*⁵⁶

This was especially the case in rural areas.

*"More government incentives to encourage doctors and nurses into rural areas."*⁵⁷

People particularly want to see more Māori in the health workforce.

*"More workers, more brown faces, more who listen to our needs."*⁵⁸

*"More doctors, more nurses, more Māori kaimahi, advocates for our people. Sometimes our people don't know what the doctors or nurses are saying they will miss all the important information or get put off."*⁵⁹

*"More Māori visibility to make it more comfortable."*⁶⁰

Shortages in the primary health care workforce are seen as an issue with training, government funding, and pay parity.

*"Pay doctors and nurses the required pay parity for what they do in their field of work."*⁶¹

Improved models of care

Twenty-one respondents talked about changing the model of care in primary health care to improve the overall patient experience.

This included suggestions that providers adopt Māori models of health and well-being.

*"Need more preventative options with rongoā Māori."*⁶²

*"A holistic approach would be incredibly beneficial, incorporating Te Ao Māori, rongoā... how we connecting to our taha Māori can sometimes be a solution."*⁶³

*"Again a way to support improvement in our medical centre is to move resources from secondary services, support and build the capability of our non-regulated workforce. Incorporate, support Māori models of care."*⁶⁴

*"Targeted health care to our people, with our people."*⁶⁵

⁵⁵ Survey respondent.

⁵⁶ Survey respondent.

⁵⁷ Survey respondent.

⁵⁸ Survey respondent.

⁵⁹ Survey respondent.

⁶⁰ Survey respondent.

⁶¹ Survey respondent.

⁶² Survey respondent.

⁶³ Survey respondent.

⁶⁴ Survey respondent.

⁶⁵ Survey respondent.

Other respondents talked about providers offering services in ways that were more connected to the community, or to extend their service offerings in line with whānau need.

“Health professionals could be made readily available to whanau in the community, on marae, at kura, kohanga, schools.”⁶⁶

“Mobile nurses, free blood tests to check for cancer and diabetes etc.”⁶⁷

“Provide home help”⁶⁸

One person talked about improvements to the hospital services, rather than primary health care.

“They could have a cardiologist at the hospital. [Otherwise] we have to go to Wellington, have to travel.”⁶⁹

Some people talked about practices needing to have longer opening hours, more appointments available, and an overall feeling of being less rushed.

“House calls, more time per patient to listen fully and not just prescribe drugs, the doctors are rushed and stressed out.”⁷⁰

“They need to be more available for us. We need 24/7 access to services.”⁷¹

There were suggestions that primary health care services could better use nurse practitioners.

“Dedicated nurse practitioner to oversee coordination of multiple needs of patients. (I have 6 other doctors I am seeing for various illnesses).”⁷²

Three respondents talked about having more continuity of care and solutions to having to explain themselves to new health professionals at every visit.

“My current medical centre does not have designated GPs so each time I go I see new people, having to explain each time my past experience or issues becomes tiring and at times embarrassing.”⁷³

Medical centre improvements: staff interactions, physical premises

Twenty-six people talked about improvements to medical clinics. This was both about improving the interactions between non-clinical staff and patients and about improving the physical premises.

Just over half of this group (14 respondents) thought there could be a better welcome into services, including in reception.

“Reception is key to welcoming as opposed to being processed.”⁷⁴

“Get the front line trained in greeting you with a ‘kia ora’, a smile. And maybe more Māori on the desk.”⁷⁵

⁶⁶ Survey respondent.

⁶⁷ Survey respondent.

⁶⁸ Survey respondent.

⁶⁹ Survey respondent.

⁷⁰ Survey respondent.

⁷¹ Survey respondent.

⁷² Survey respondent.

⁷³ Survey respondent.

⁷⁴ Survey respondent.

⁷⁵ Survey respondent.

Eight respondents talked about improving cultural safety, offering specific training to work with Māori and ensuring the observation of tikanga.

“I have needed to go to the doctor for my spiritual well-being and I don’t have time to educate medical professionals on how to be a good Treaty partner.”⁷⁶

“Training for non-Māori medical staff on how to talk with our people and not make us feel as though we are a problem.”⁷⁷

“A cultural advisor would be good. Training on cultural practises. Providing both medical remedies and natural remedy suggestions.”⁷⁸

Three respondents talked about improving the physical premises of medical centres.

“More room, the medical centre is only small and its sad that our kaumatua are all squashed up waiting. The medical centre wants to help our people, but they just don’t have the room.”⁷⁹

“Would be nice to feel comfortable for whanau and tamariki with inclusive artwork and not just Māori in posters with health problems.”⁸⁰

Reducing costs and offering free clinics

Only four respondents talked explicitly about reducing the costs of primary health care borne by patients. Given that financial factors were identified as a barrier to primary health care access for survey respondents, the fact that cost is not mentioned more may be because it is assumed to already be a well understood problem.

“Free doctors and more of them also better funding for prescriptions.”⁸¹

⁷⁶ Survey respondent.

⁷⁷ Survey respondent.

⁷⁸ Survey respondent.

⁷⁹ Survey respondent.

⁸⁰ Survey respondent.

⁸¹ Survey respondent.

Concluding comments

This report outlines the findings of Te Mātuku whānau voice survey in relation to general health and primary health care.

It suggests that in general whānau in Te Ranga Tupua rohe rate their health as “good”, “very good” or “excellent”, although they do so at lower rates than the total population in Aotearoa New Zealand.

Most people in the rohe have a regular doctor or medical centre, and most people have visited their doctor or medical centre in the past year (at higher rates than the rest of the country). While most people are satisfied with the primary health care services they and their whānau receive, wait times and appointment availability remain a substantial barrier to people accessing primary health care and are cited as reasons for people visiting the hospital's emergency department. Costs, work commitments and travel are also important barriers to primary health care that need to be addressed.

Alternative points of access to primary health care (through telehealth or online tools) are not

used by everyone, and when they are used it is usually for booking appointments. In general, the survey shows people prefer in-person appointments. Nevertheless, whānau in the rohe find telehealth helpful for reducing travel to primary health care services.

Most whānau in Te Ranga Tupua rohe have positive things to say about their primary health care experience, though in general they are less positive about the ability of services to meet their cultural and spiritual needs than they are about the ability of services to meet their individual health and accessibility needs.

When it comes to what can be done better, whānau see the need to build, grow, and retain the health workforce in the rohe, especially the Māori health workforce. Respondents also made suggestions for improving models of care (to be more patient and whānau centred and culturally safe), along with making improvements to medical centre staff training and improving physical premises of medical centres.

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