

Defining Health Services' Catchments in Rural South Island

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Presented at SIRC 2001 – The 13th Annual Colloquium of the Spatial Information Research Centre
University of Otago, Dunedin, New Zealand
December 2nd-5th 2001

ABSTRACT

The main method used so far to define health services' catchments has been face-to-face discussion with rural general practitioners both on paper (London¹) and on computer (Farry²). These two methods have shown some variations, consequently methods have been sought to verify the accuracy and the utility of these catchments.

Catchment boundaries for general practice and primary care services can be mapped in different ways depending on the purpose for which they are used. Maps can demonstrate a range of issues of interest to rural population health. Examples include,

- Access to health services; by road or by air, shown by distance zones
 - Including access to services over 24 hours, 7 days per week.
- Catchments that reflect *potential users* (or potential accessibility) of services, using New Zealand census information at the mesh-block level.
- Catchments that reflect *actual users* (or revealed accessibility) of services based on age-sex registers and geo-coded addresses.
- 'Corridors' between catchments that reflect margins of cross boundary flow, based on age-sex registers and geo-coded addresses.
- Catchments that are based on general practitioner's perceptions of where farthest patients come from.
- Catchments that reflect where visitors who use local health services (that are New Zealand residents) originate from, based on casual patient register and geo-coded addresses.

Examples of catchments defined by some of these methods, the utility of the different approaches and the complexities involved will be presented and discussed.

¹ London, M. (2001) Primary Care Service Boundaries processed by Chris Skelly for the Ministry of Health *website*

² Farry, P. (2001) Te Waipounamu Rural Health Unit GP catchment maps