

# The Primary Care Data Access Framework

Version: 1.03

20 January 2026

The Data Access Framework for the primary care dataset aims to balance transparency, data utility, and privacy by clearly defining who can access what level of data. The tiered access framework provides levels of access based on the stakeholder group's role. The framework will be an enabler for improving quality of care by building trust, increasing accountability, supporting informed decision making, and fostering continuous services quality improvement and empowering patients.

## Supporting interpretation

Sharing of any Specified Data and related measures will be supported with appropriate narrative that:

- supports understanding on the Specified Data
- outlines Specified Data limitations and caveats
- supports informed interpretation of Specified Data
- data interpretation and validation will be completed with appropriate level of primary sector knowledge.

Note that this framework does not override any legislative obligations on Health NZ, including under the official information act.

## General Public

**Access Permissions:** The general public can access aggregate information, which is grouped by Primary Health Organisation (PHO) and / or by geographic area. This means that individual patient-level data and contracted provider level data is not available to the general public.

**Exceptions:** Health NZ may make data at the contracted provider level available as part of an agreed performance programme, agreed and documented through the PSAAP process. Health NZ will give 12 months' notice to the Primary Care Data Governance Group of intention to publish data under an agreed performance programme.

## Contracted Providers/General Practice

**Access Permissions:** Contracted Providers can access transaction or National Health Index (NHI) level data for their own enrolled population and providers. They also have access to aggregate data by PHO, by geographic area and de-identified Contracted Provider comparative data and used for quality improvement purposes. Contracted Provider can access information relating to their non-enrolled person accessing services delivered by this Contracted Provider.

## PHO

**Access Permissions:** PHOs can access transaction or NHI level data for their own enrolled population and employed or contracted provider data, as well as aggregate data by PHO and by geographic area. PHOs can access information relating to non-enrolled persons accessing services delivered by that PHO or that PHO's Contracted Providers.

## Health NZ / Ministry of Health (MoH)

**Access Permissions:** Health NZ and the Ministry of Health can access transaction / National Health Index (NHI) and HPI level data across all PHOs and by contracted provider.

**Exceptions:** NHI level data will be accessible only to a restricted set of analysts who require access to manage the data or to enable OR support permitted uses of the data. Access will be controlled internally by the Primary Care team and a Technical Lead as data stewards within Health NZ.

### Other interested stakeholders

Access to deidentified contracted provider level data and / or deidentified individual level data may be granted for research purposes with an appropriate ethics committee approval. Access to identifiable contracted provider level data may be granted as an exception with a well-documented reason for accessing this data and that application has been approved by the ethics committee.

Requests for access for research purposes will be considered via the relevant Health NZ approval process.

### Privacy – Suppression Rules

Data from HNZ that is publicly reported must comply with privacy standards by suppressing sensitive values to avoid identity disclosure. Suppression replaces such values with 'n/s' to indicate 'not shown'.

There are three main suppression types applied: primary suppression (for low counts), secondary suppression (to prevent back calculation from totals), and ethnicity suppression (to prevent ethnicity inference).

When reporting or releasing data, if the number of individuals in a group is below a certain threshold, commonly fewer than 6, the data will be masked or suppressed. This prevents the risk of re-identification, especially in small populations or rare conditions. This will be applied for all measures and across all stakeholder groups and is a standard privacy safeguard in New Zealand health data reporting.

### Māori Data Sovereignty

To apply Māori Data Sovereignty in data sharing, HNZ acknowledges Māori data as taonga, respecting Te Tiriti o Waitangi and ensuring protections that uphold Māori rights. This includes engaging early and meaningfully with Māori stakeholders, using the Māori Data Governance model, and embedding transparency and consent practices. Agreements should specify responsibilities for privacy, security, and cultural integrity while recognizing spiritual and environmental relationships.

Practical steps include storing data within Aotearoa (where possible) to reduce jurisdictional risks, maintaining ethical practices that avoid misrepresentation, and implementing strong security measures. Data sharing should deliver equitable benefits to Māori communities, with ongoing monitoring to ensure accuracy and cultural appropriateness. These principles safeguard Māori interests while fostering trust and responsible data use.

### Review

The framework will be reviewed annually, from 1 July 2027 by the Primary Care Data Governance Group.

Details	Who	Signature
Endorse the Primary Care Dataset Access Framework version 1:02, dated 17 December 2026, as attached to this memo.	Dr Sarah Clarke On behalf of the Primary Care Data Governance Group	