Unmet need for GP services due to a lack of transport

This report presents an analysis of information from the 2024/25 New Zealand Health Survey on the estimated number of people in Aotearoa New Zealand who had a medical problem but did not visit or talk to a GP due to a lack of transport over the previous 12 months.

Key facts

- In 2024/25, an estimated 150,000 New Zealanders (1.6% of children and 3.1% of adults) experienced an unmet need for GP services in the past 12 months due to a lack of transport.
- Disabled people were more than 6 times as likely as non-disabled people to be unable to access GP services due to a lack of transport, with around 1 in 9 people (11.2%) affected in 2024/25.
- In 2024/25, women were more likely than men to experience an unmet need for GP services due to a lack of transport (3.8% of women compared with 2.3% of men).
- Lack of transport was also a barrier to Māori and Pacific people of all ages in 2024/25. Amongst adults in these groups, 4.6% of Māori and 5.5% of Pacific peoples had missed a GP visit due to a lack of transport, as had 3.0% of Māori children and 2.3% of Pacific children.
- In 2024/25, adults living in the most deprived areas were more than twice as likely to experience an unmet need for GP services due to a lack of transport than people living in the least deprived areas.

How a lack of transport can affect health

Transportation is a basic but essential requirement for access to healthcare services (Syed et al 2013). Lack of access to transport (whether private vehicles or public transport) may lead to an inability to access medical advice or treatment, causing an ‘unmet healthcare need’ – that is, missing out on healthcare when it is needed, which can worsen health outcomes.

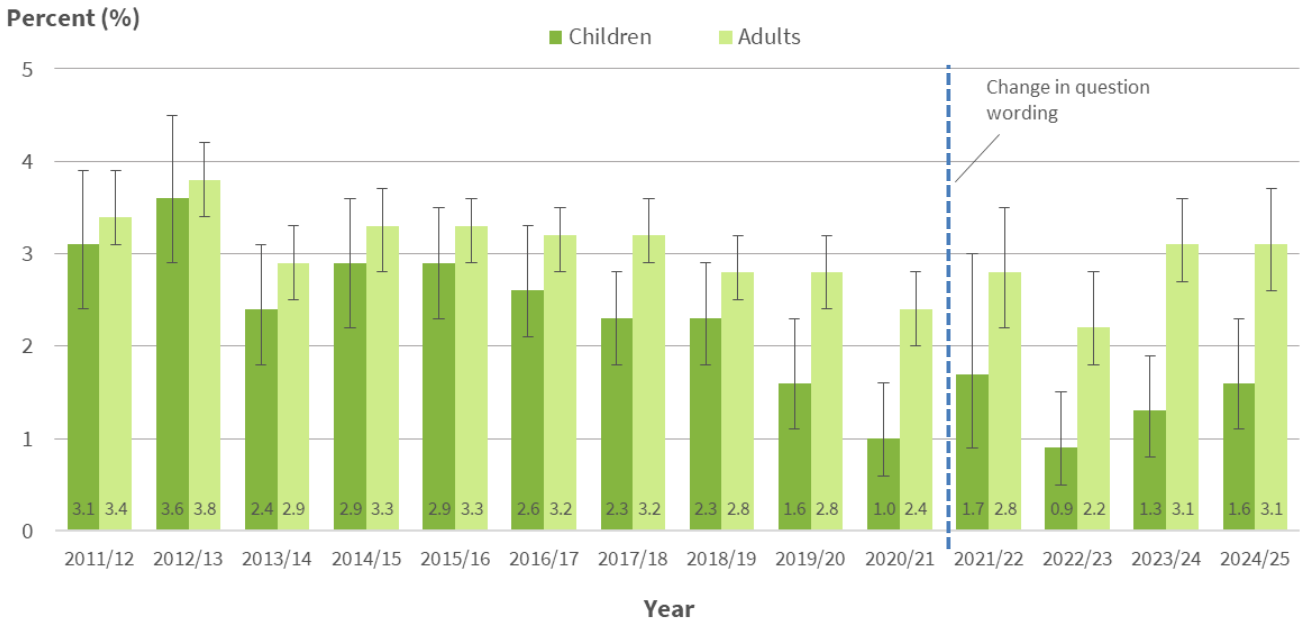
This surveillance report presents information on unmet need for GP services due to a lack of transport. Up until the 2021/22 New Zealand Health Survey, there was a separate question asking people if there was a time when they had a medical problem but did not visit a GP due to a lack of transport. There were further separate questions about not accessing a GP for other reasons. From 2021/22 onwards, the questions were grouped together, with lack of transport being one possible response in a list of reasons for not visiting a GP. Caution must be taken when comparing the most recent results to those before this change (Ministry of Health 2025a).

About 150,000 New Zealanders missed out on a GP visit as they lacked transport in 2024/25

In 2024/25, an estimated 134,000 adults (3.1% of the adult population) and a further 16,000 children aged 0–14 years (1.6% of all children in that age group) had a medical problem but did not visit or talk to a GP due to a lack of transport (Figure 1).

The adult prevalence of unmet need for GP services due to a lack of transport remained steady between 2023/24 and 2024/25 at 3.1%. While not a statistically significant change, the prevalence among children increased from 1.3% in 2023/24 to 1.6% in 2024/25.

Figure 1: Unmet need for GP services due to a lack of transport in the last 12 months, in children and adults, 2011/12–2024/25 (unadjusted prevalence)

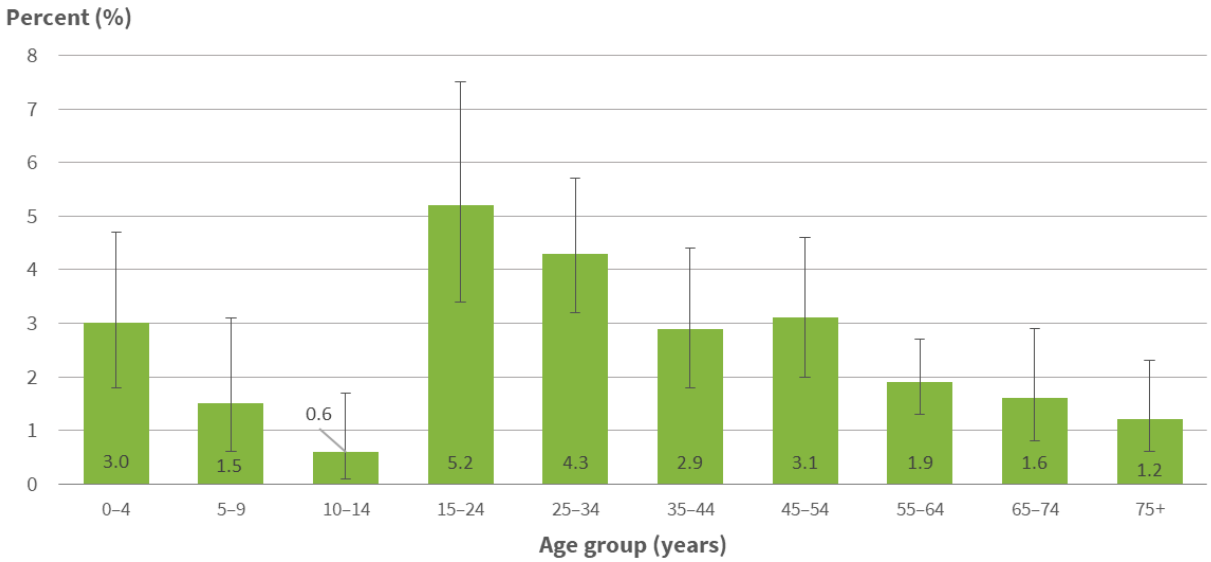


Notes: 95% confidence intervals (95%CIs) have been presented as vertical bars. As the survey question changed in 2021/22, caution is needed when comparing the most recent results with those before this change.
Source: New Zealand Health Survey (Ministry of Health 2025a)

The prevalence of unmet GP need due to a lack of transport varies by age group

In 2024/25, the highest prevalence of unmet GP need due to a lack of transport among adults was in the 15–24 years age group (5.2%), followed by the 25–34 years age group (4.3%). Among children, the highest prevalence was 3.0% in the youngest age group (0–4 years) (Figure 2).

Figure 2: Unmet need for GP services due to lack of transport in the last 12 months, by age group, 2024/25 (unadjusted prevalence)



Note: 95% confidence intervals have been presented as vertical bars.
Source: New Zealand Health Survey (Ministry of Health 2025a)

People with disabilities are far more likely to be unable to access GP services due to a lack of transport

In 2024/25, one in nine (11.2%, 95%CI 8.3–14.6%) disabled adults had an unmet need for GP services due to a lack of transport in the last 12 months. This is equivalent to an estimated 44,000 people.

After adjusting for age and gender differences, disabled adults were more than 6 times more likely than non-disabled adults to experience an unmet need for GP services due to a lack of transport (rate ratio = 6.2, 95%CI 4.4–8.8).

Women were more likely to be unable to access GP services due to a lack of transport

In 2024/25, the prevalence of unmet need for GP services due to a lack of transport among women (3.8%, 3.1–4.6%) was statististically significantly higher than that of men (2.3%, 1.7–3.0%) (rate ratio = 1.7, 95%CI 1.2–2.3).

Māori and Pacific people have a greater prevalence of unmet GP need due to lack of transport

The prevalence of unmet need for GP services due to a lack of transport varies by ethnic group (Table 1). Among adults, Māori and Pacific peoples had the highest prevalences in 2024/25, with 4.6% and 5.5%, respectively, having been unable to access a GP in the previous 12 months because they had no transport. For children, the same two ethnic groups were also most affected, with 3.0% for Māori and 2.3% for Pacific children, noting that the prevalence value for Pacific children had a high relative sampling error.

Table 1: Unmet need for GP services due to a lack of transport in the last 12 months, by ethnic group, 2024/25 (unadjusted prevalence and estimated number)

Ethnic group (total response)	Unadjusted prevalence (95%CI)		Estimated number of people affected	
	Children	Adults	Children	Adults
Māori	3.0 (1.6-5.1)	4.6 (3.5-5.9)	8,000	30,000
Pacific	2.3 (0.9-4.6)	5.5 (3.4-8.4)	3,000	14,000
Asian	0.4 (0.1-1.3)	2.9 (1.8-4.5)	1,000	23,000
European/Other	1.6 (0.9-2.6)	2.8 (2.2-3.6)	10,000	90,000
Total	1.6 (1.1–2.3)	3.1 (2.6–3.7)	16,000	134,000

Notes: Estimated numbers will add to more than the total, due to 'total response' ethnicity being used, where respondents are counted in every ethnic group they report. The prevalence values for Pacific and Asian children should be interpreted cautiously due to high relative sampling errors.

Source: New Zealand Health Survey (Ministry of Health 2025a)

Māori children were statistically significantly more likely than non-Māori children to have experienced an unmet need for GP services due to a lack of transport, after adjusting for age and sex (rate ratio = 2.6, 95%CI 1.2–5.8). Asian children were five times less likely as non-Asian children to have experienced this unmet need (rate ratio = 0.2, 95%CI 0.1–0.8). Results for other comparisons showed no statistically significant differences (Table 2).

Table 2: Unmet need for GP services due to a lack of transport in the last 12 months, by ethnic group, 2024/25 (adjusted rate ratio)

Age group (years)	Adjusted rate ratio	
	Children	Adults
Māori vs. non-Māori	2.6 (1.2–5.8)*	1.4 (1.0–2.0)
Pacific vs. non-Pacific	1.3 (0.6–3.0)	1.6 (1.0–2.5)
Asian vs. non-Asian	0.2 (0.1–0.8)*	0.8 (0.5–1.3)

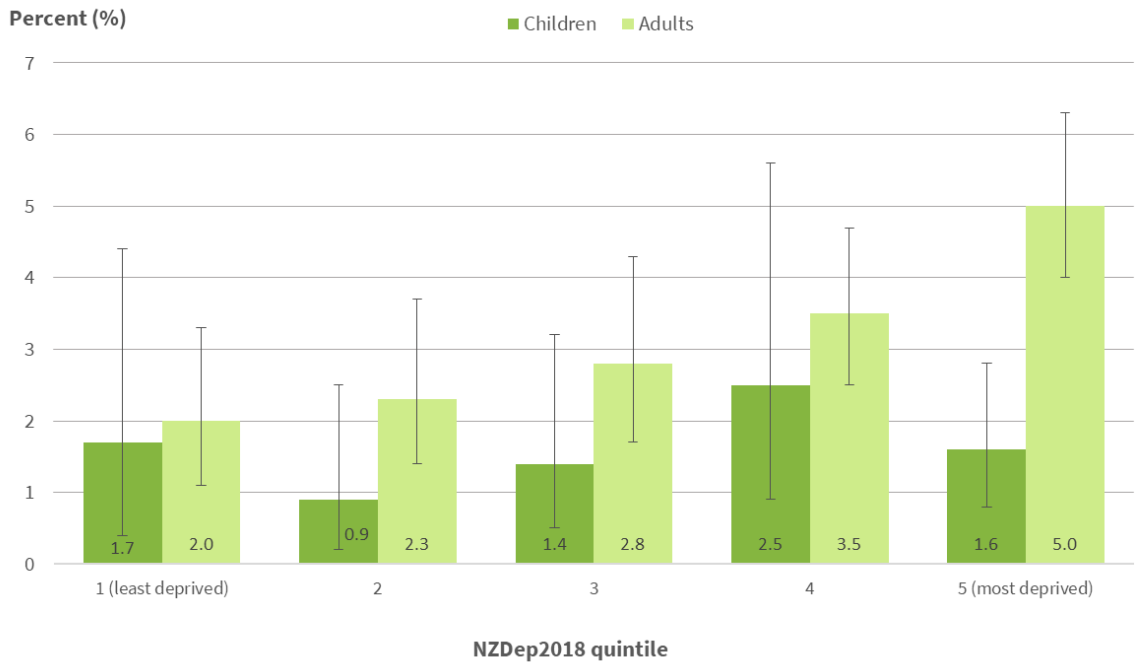
Note: An asterisk (*) indicates a statistically significant ratio. A ratio higher than 1 indicates the prevalence is higher in the interest group than in the comparison group.

Source: New Zealand Health Survey (Ministry of Health 2025a)

Lack of transport was a significant barrier to healthcare for people living in high deprivation areas

In 2024/25, adults living in more deprived areas were more likely than those living in the least deprived areas to have experienced an unmet need for GP services due to a lack of transport. About 5.0% of adults in the most deprived areas (NZDep2018 quintile 5) experienced this unmet need in the past 12 months (Figure 3). Adults in the most deprived areas were 2.4 times as likely as those in the least deprived to experience an unmet need for GP services due to a lack of transport (rate ratio = 2.4, 95%CI 1.3–4.3). Comparisons by deprivation for children showed no consistent trend.

Figure 3: Unmet need for GP services due to a lack of transport in the last 12 months, by NZDep2018 quintile, 2024/25 (unadjusted prevalence)

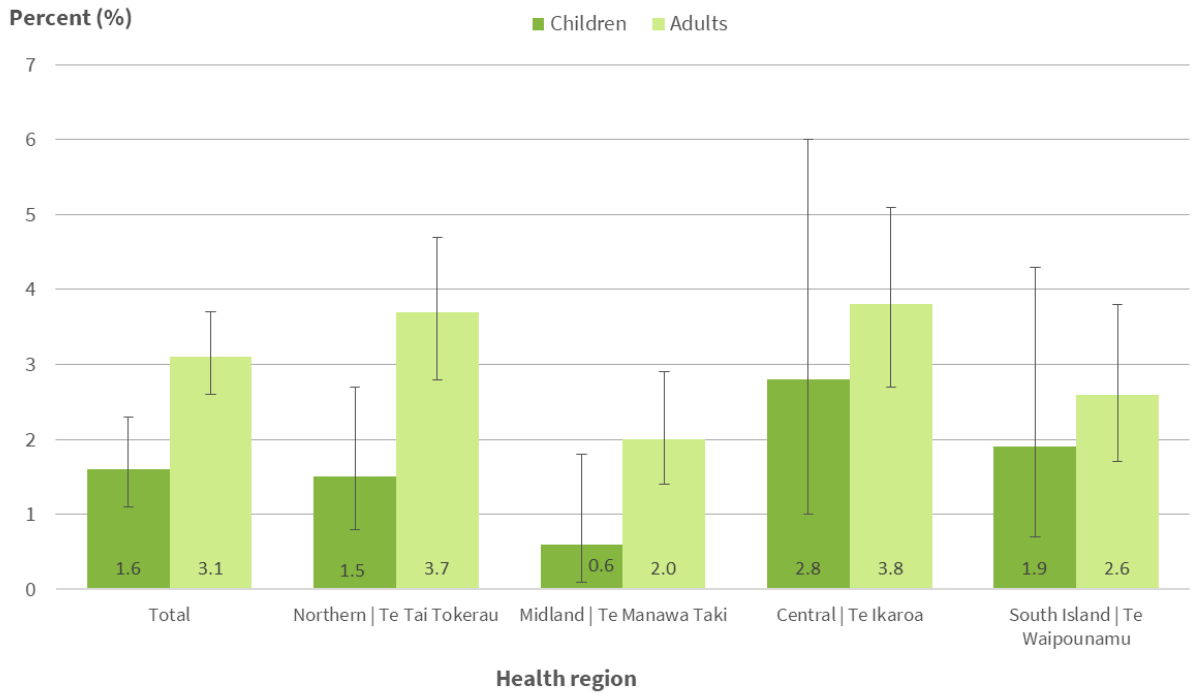


Notes: 95% confidence intervals have been presented as vertical bars. The prevalence values for children in quintiles 1-4 should be interpreted cautiously due to high relative sampling errors.
Source: New Zealand Health Survey (Ministry of Health 2025a)

Levels of unmet need varied across health regions in 2024/25

The latest NZHS results include estimates by health region rather than by district (formerly District Health Boards). A map showing the areas covered by each health region is available on the Health NZ–Te Whatu Ora website. The Northern and Central regions had high rates of unmet need for GP services due to a lack of transport in 2024/25 (Figure 4).

Figure 4: Unmet need for GP services due to a lack of transport in the last 12 months, by health region, 2024/25 (unadjusted prevalence)



Notes: 95% confidence intervals have been presented as vertical bars. The four health regions (and the districts they cover) are: Te Waipounamu (Canterbury, West Coast, Nelson Marlborough, Southern and South Canterbury), Central (MidCentral, Whanganui, Capital & Coast/Hutt Valley, Hawkes Bay and Wairarapa), Te Manawa Taki (Waikato, Bay of Plenty, Lakes, Tairāwhiti and Taranaki), and Northern (Northland, Waitematā, Auckland and Counties Manukau). The prevalence values for children in all regions, except for Northern, should be interpreted cautiously due to high relative sampling errors.
Source: New Zealand Health Survey (Ministry of Health 2025a)

Data for this indicator

This indicator presents an analysis of the most recent results available from the 2024/25 New Zealand Health Survey (Ministry of Health 2025a). Data collection took place between July 2024 and June 2025. All 95% confidence intervals have been presented as vertical bars on graphs. The Ministry of Health calculated all the results.

The Health Survey defines disabled adults as "those who have at least a lot of difficulty seeing or hearing (even with glasses or hearing aids), walking or climbing stairs, remembering or concentrating, self-care, or communicating" using the Washington Group Short Set questionnaire (Ministry of Health 2025b). A different question set (Washington Group / UNICEF Child Functioning Module) is used to identify disabled children (aged 5–14 years) as those who "who have at least a lot of difficulty with seeing or hearing (even with glasses or hearing aids), walking, self-care, communicating, learning, remembering, concentrating, accepting change, controlling their own behaviour or making friends, or if they have anxiety, or depression (Ministry of Health 2025b). For more information, see the Methodology Report.

Rate ratios are a type of analysis that illustrates differences between groups, adjusting for differences in age (and other variables). A rate ratio above 1.0 means that whatever is being measured (e.g. unmet need for GP services) is higher in the primary interest group than in the comparison group. Confidence intervals (95%) have been used to decide if the rate ratio is statistically significantly different from 1 (where 1 indicates no difference because the two rates are the same). If the 95% confidence interval does not include 1, then the rate ratio is statistically significant (at the 5% probability level).

For additional information, see the Metadata sheet.

References

Ministry of Health. 2025a. *New Zealand Health Survey Annual Data Explorer*. URL: https://minhealthnz.shinyapps.io/nz-health-survey-2024-25-annual-data-explorer (accessed 19 November 2025).

Ministry of Health. 2025b. *Methodology Report 2024/25: New Zealand Health Survey*. URL: https://www.health.govt.nz/publications/methodology-report-202425-new-zealand-health-survey (accessed 20 November 2025).

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