

New and improved urgent and after-hours healthcare

May 2025

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Overview

Delivering 98% of New Zealanders access to urgent care within one hour's drive of their homes

1. Urgent and after-hours services support patients with non-threatening injuries or medical problems not severe enough to require emergency department care, and provide patients with more choice, particularly in rural and remote areas. They support timely access to healthcare, improve outcomes, and reduce pressure on emergency departments.
2. Around 5,000 New Zealanders visit urgent care clinics every day, but the availability of after-hours services has declined in recent years. New Zealand's current urgent care system is fragmented, with inconsistent service availability and funding models across the country. There is also variability in the extent to which urgent care services are integrated with primary care, digital health and emergency departments.
3. This document outlines both the current state of provision and access to after-hours and urgent care, and the opportunities for improvements. The service changes outlined are designed to enable a more nationally consistent service, where 98 per cent of New Zealanders can receive in-person urgent care within one hour's drive of their homes. This includes defining the types of urgent care that should be available in different population centres and rural areas, and ensuring patients receive a consistent core of services no matter where they live.
4. This document is intended to provide a foundation for improving after-hours and urgent care services. Implementing these improvements will require further detailed operational planning not covered in this document. Health NZ is working together with ACC on the approach.
5. With improvements, New Zealanders will maintain their existing access to after-hours and urgent care, or be able to access new and improved services.
6. The changes are informed by sector engagement in late 2024 and the 2024 redesign project of Rural Urgent and Unplanned Care, undertaken by Health NZ in partnership with ACC.

Key terms

7. **Urgent care** is medical care for a condition serious enough that a reasonable person would seek care promptly, but not so severe that it requires emergency department care. It is often provided on a walk-in/no-appointment basis. Urgent care can be provided in a range of settings, including in-hours and after-hours primary care, urgent care clinics, and via digital health.
8. **After-hours services** are services provided before 8am and after 5pm on a weekday, and on weekends and public holidays. After-hours services may include routine, non-urgent primary care.
9. **Overnight services** are those provided from 8pm to 8am.
10. **Utilisation** means how often patients use urgent care services, usually measured by the number of visits or presentations over time.
11. **Injury presentations** are those eligible for ACC funded care. To be eligible for ACC funded care, a person must have suffered a personal injury caused by an accident.
12. **Medical presentations** are all non-injury related presentations.

13. **Urgent Care Clinic** – The Royal New Zealand College of Urgent Care (RNZCUC) states that urgent care clinics provide non-appointment care. Patients present with acute injuries or illnesses and are prioritised on arrival. Clinics are typically open seven days, from 8am until at least 8pm. They are equipped and staffed to manage urgent medical problems and accidents, and offer x-ray, fracture clinics, a slit lamp for eye conditions, and complex wound management facilities.
14. **ACC Accredited Urgent Care Clinic:** This designation indicates that a clinic has been assessed against the [Royal New Zealand College of Urgent Care's \(RNZCUC\) Urgent Care Standard \(UCS\)](#), which sets benchmarks for equipment, staffing, systems, and policies. Accreditation is a prerequisite for obtaining an ACC contract.
15. **ACC Contracted Urgent Care Clinic:** This refers to a clinic that holds a formal contract with the Accident Compensation Corporation (ACC) to provide urgent care services. To secure this contract, a clinic must first achieve accreditation to the UCS.
16. **PRIME** – Primary Response in Medical Emergencies (PRIME): The PRIME Service is provided in rural areas that are more than 30 minutes by road from an ambulance station that has 24 hours a day, 7 days a week staffing cover at Paramedic practice level or higher. PRIME is intended to provide some clinical input (usually by a GP or primary care nurse) to a person's care while they wait for an emergency ambulance service. A proportion of PRIME's activity is considered urgent care, rather than emergency care. Some PRIME providers deliver 24/7 care, others 12/7 and some are Monday–Friday only.

After-hours and urgent care in the context of the wider primary care system

17. Patients may use urgent and after-hours services because they have an acute need at a time their GP is not open (urgent) or they are unable to get an appointment in a timely way from their usual general practice (overflow), or because their GP is not open during the hours they would prefer to receive care (convenience).
18. Urgent care is one of several service options available to meet urgent and after-hours care needs. In terms of total volume of care, general practice is the most used service by New Zealanders.

Hauora Māori considerations

19. ACC's Acute Services Review (2024) found that ethnicity does not influence choice or outcomes directly. Factors such as rurality, age and deprivation do have an influence. ACC's work found that "bad experiences with health providers can reduce treatment options for Māori, Pacific peoples and disabled people, creating additional barriers and delays" and that "they may prefer to delay seeking treatment until a trusted provider is available".
20. Around one in five New Zealanders live in rural communities, and for Māori it is one in four. Given the proportion of rural and remote communities that are Māori, and that access to urgent care decreases with rurality, we expect Māori have had poorer access to urgent care than non-Māori.
21. There are very few urgent care clinics located in rural and remote areas of the country, where there is a higher proportion of Māori and deprivation. Some 29 per cent of Māori live more than 40km away from the closest urgent care clinic.
22. This document provides a foundation for improving after-hours and urgent care services for rural and remote communities.

Current state

23. The availability of urgent and after-hours services supports timely access to healthcare. Urgent and after-hours services support patients with non-threatening injuries or medical problems not severe enough to require emergency department care. They also provide patients with more choice, particularly in rural and remote areas. They improve outcomes and reduce pressure on emergency departments.
24. Without overnight urgent care services, patients requiring in-person care have limited options overnight. While many New Zealanders have access to an ED, this can be crowded and noisy which may be challenging for some groups (e.g. small children, elderly, some disabled New Zealanders).
25. Around 5,000 New Zealanders visit urgent care clinics every day, but the availability of after-hours services has declined in recent years. New Zealand's current urgent care system is fragmented, with inconsistent service availability and funding models across the country.
26. Some of the challenges include a skewed distribution of urgent care services across the country; undersupply of urgent care services in some smaller cities; and a lack of nationally consistent and complete urgent and after-hours care utilisation data, which makes detailed analysis challenging.
27. There are currently 48 urgent care clinics operating across New Zealand, as outlined in Appendix 1. Thirty-two are funded by both Health NZ and ACC, four receive only Health NZ funding, and 12 are funded by ACC only. There are also many more services called urgent and after-hours services that are not technically classified as an urgent care clinic.
28. Classifying and describing rural and remote urgent care coverage is challenging due to the integrated nature of rural service delivery, which is more blended with digital health (Rural Tele-consult Service), general practice, ambulance services including Primary Response in Medical Emergencies (PRIME), and rural hospitals.

Current activity

Who are we serving?

29. There are limitations to nationally available data on urgent care utilisation. However, based on the approximately 1.8 million presentations to accredited urgent care clinics in 2022 we know:
- Most presentations were in the Northern region due to the high number of urgent care clinics in the region. However, urgent care clinics utilisation in the Northern region has decreased by about 10 per cent over the past five years.
 - Nationally, the number of urgent care clinics presentations has increased 7.6 per cent over the past five years. ACC-related presentations have increased 5 per cent over the past five years. In comparison, medical-related presentations have increased 9 per cent.
30. Most consultations are for 14 to 64-year-olds, with gradual growth in patients aged 65+.
31. The highest deprivation (Q5) patients are over-represented.
32. Approximately 13 per cent of patients have a Community Services Card (CSC).

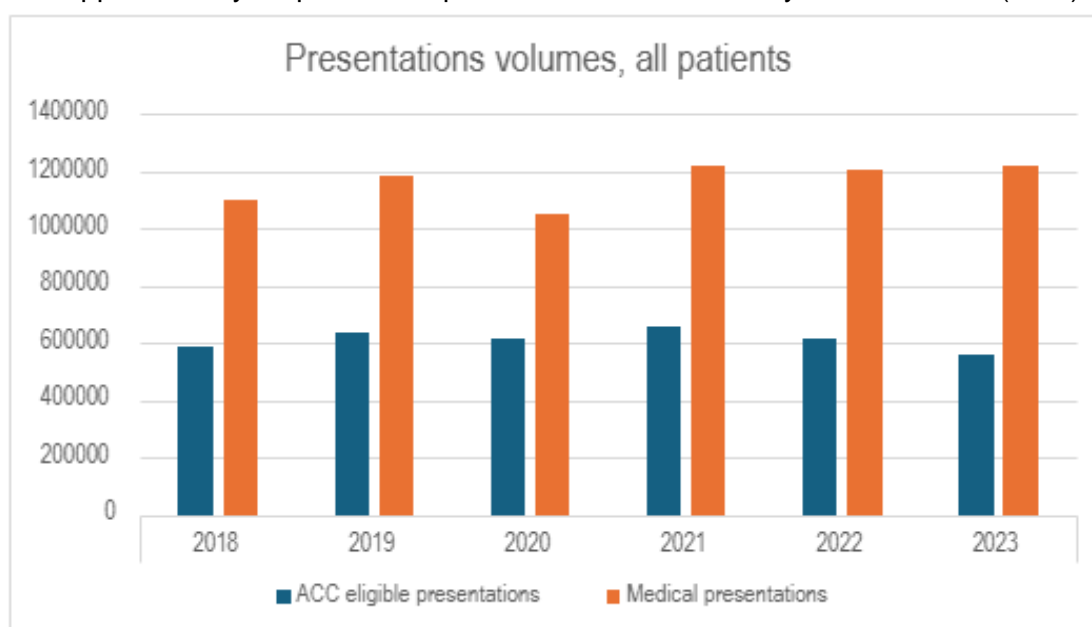


Figure 1. Urgent care presentations, volumes, all patients

Opening hours and utilisation by time of day

33. Currently, ACC contracted urgent care clinics are required to be open 8am to 8pm, 7 days per week. Some providers are open extended hours, including 24/7.
34. Most consultations at an urgent care clinic are during daytime hours (8am to 5pm). ACC's 2024 review found that 12.5 per cent of clients visited an urgent care clinic between 5pm and 8pm.
35. For those services currently open overnight, overnight presentations are on average 2-3 presentations per clinic per hour. For the services we have detailed data on, overnight presentations have not increased in the past five years.

Geographical access to urgent care services

36. Access to urgent care clinics is much better in metropolitan Auckland than anywhere else in the country. Twenty-six of the 48 urgent care clinics available nationally are in metropolitan Auckland (refer to Appendix 1).
37. While most New Zealanders live within 20km of an urgent care clinic, those further away are underserved. Rural hospitals perform this function in some areas to meet need closer to home.
38. There is much greater utilisation of urgent care clinics in the Northern region (as shown in Figure 2). This largely a reflection of the number of services available in the Northern region.

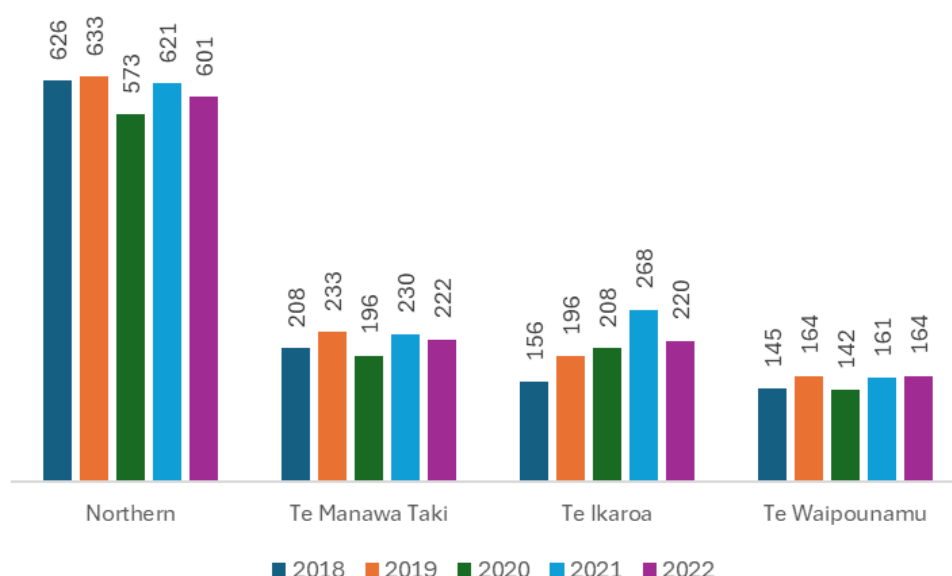


Figure 2: Standardised urgent care clinic utilisation rates per 1,000 population, by region

Primary Response in Medical Emergencies (PRIME)

39. The PRIME Service is provided in rural areas that are more than 30 minutes by road from an ambulance station that has 24 hours a day, 7 days a week staffing cover at Paramedic practice level or higher. PRIME is intended to provide some clinical input (usually by a GP or primary care nurse) to a person's care while they wait for an emergency ambulance service. A proportion of PRIME's activity is considered urgent care, rather than emergency care.
40. Currently, there are 68 PRIME sites across the country. Of these:
 - 22 sites are in the North Island and 46 are in the South Island
 - 44 sites are 24/7 and 24 sites are either 12/7, or Monday to Friday only.

Funding and contracting landscape

41. Urgent care funding and contracting are fragmented. Health NZ and ACC fund and/or co-fund urgent care services, including urgent care clinics. Primary Health Organisations (PHOs) also play an important role – substantial urgent and after-hours funding and contracting is provided via PHOs.

42. The ACC urgent care contract and PHO Services Agreement impose different requirements on clinics. This contributes to different service levels across urgent care clinics, including opening hours and services offered.
43. Financial sustainability is a concern for some clinics. In response, Health NZ invested an additional \$18 million in sustainability funding top-ups for urgent care services in 2024.
44. Because urgent care is intended as an extension of primary care capacity, urgent care attracts a co-payment for most patients. There is considerable variation in the co-payments paid by patients across the country, reflecting different historical approaches to subsidising and funding services. A nationally consistent fees and subsidies schedule is part of the urgent care improvement programme.

Designing a future service

45. In 2024, Health NZ and ACC agreed to work together to develop an urgent care and after-hours framework. This is intended to establish a consistent, equitable and financially sustainable urgent care system across New Zealand that would improve access and generate best value from Health NZ and ACC investment.
46. The work has included a comprehensive review of available urgent care clinic utilisation data, costs and service provision, as well as regional workshops to gather input from stakeholders, and consultation with experts. Health NZ's work has also been informed by ACC's Primary Acute Care review (2024)¹ and the Rural Urgent Unplanned Care redesign project, which was a partnership between Health NZ and ACC. Figure 3 below outlines how Health NZ and ACC have framed their shared work on urgent care.

How are ACC and Health NZ working together on this priority

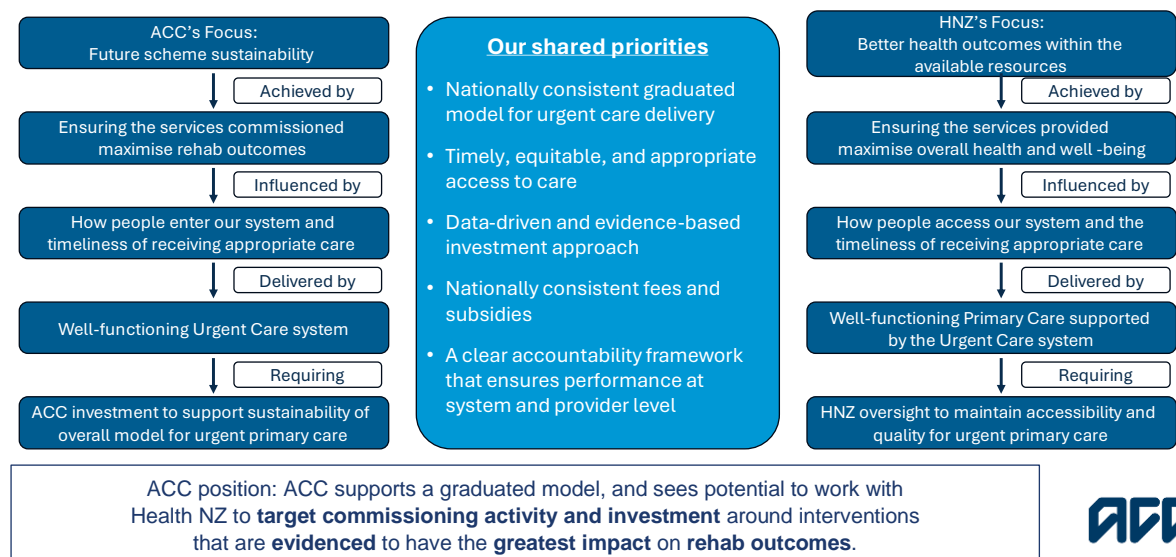


Figure 3: ACC and Health NZ shared priorities for urgent care

¹ [ACC PAC-Snapshot-Report-2024.pdf](#)

47. A cost and demand model was developed incorporating available information, including consultation rates by cohort, the geolocated enrolled population data, and travel times to identify preferred future locations and catchment populations for each service type.
48. Implementing this framework will require complex re-commissioning across many revenue sources and is expected to take two years to fully implement.

Future after-hours and urgent care services

Objectives

49. The objective of the framework is to establish a robust and equitable urgent and after-hours care system for New Zealand, ensuring:
 - More consistent urgent care access: encompassing availability, funding, data, quality standards, and cost to the consumer across the country.
 - Easy navigation: A clear and user-friendly system for patients to navigate.
 - Integration with broader healthcare services: Strong collaboration between urgent care, primary care (including after-hours care), ambulance, ED, and digital health services for improved patient outcomes.
 - Meeting ACC's legislated investment objectives around timely care and recovery for injuries as reflected in improved rehabilitation outcomes.
 - Health Target Performance is optimally supported: in particular, Shorter Stays in Emergency Departments (SSED).
50. The framework is based on four urgent and after-hours care service types shown below (Figure 4) which are based on population, geographic and community characteristics.

A consistent, graduated model based on population need

Population characteristics and clinical capacity levels are under development

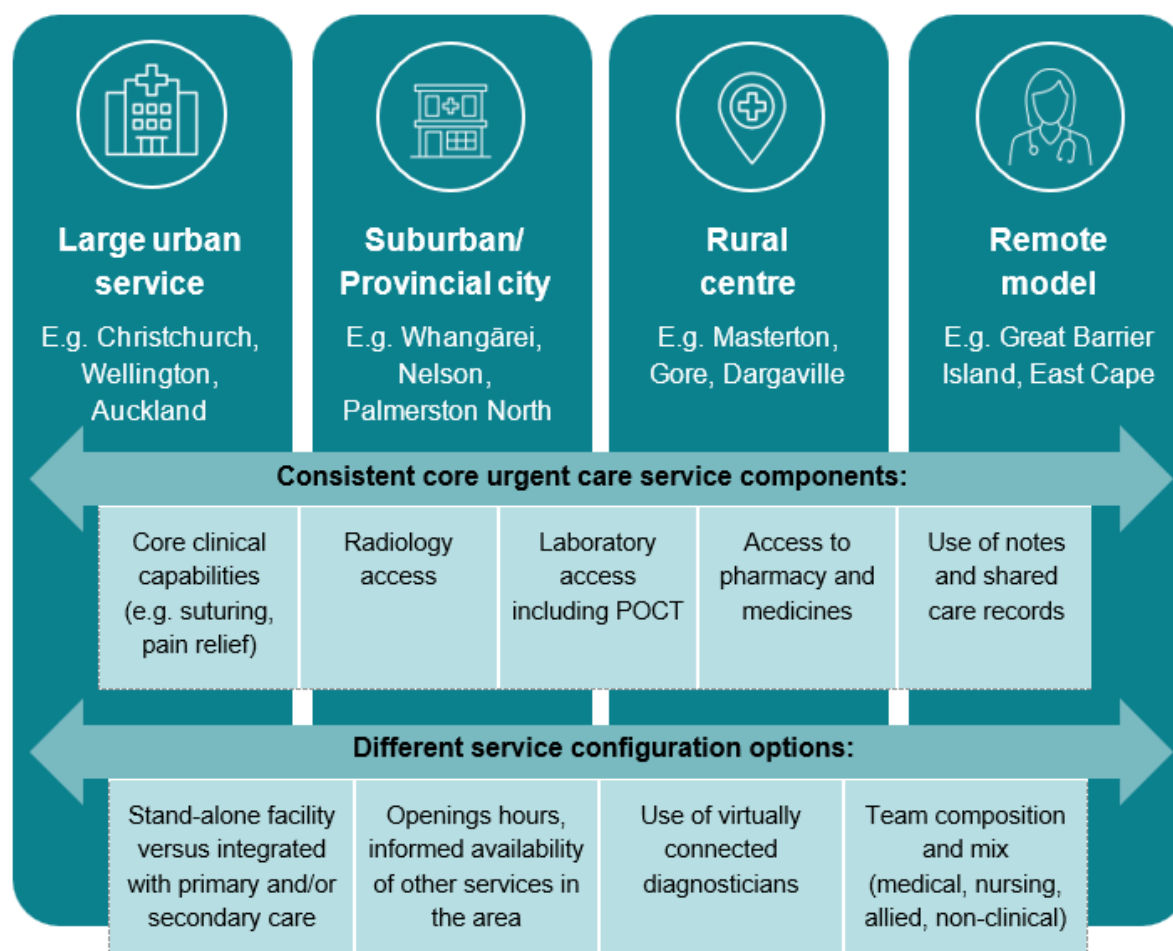


Figure 4: Urgent care framework: key components

51. A consistent set of minimum standards, and including pharmacy, radiology and laboratory services, will be developed for each service type. All services will be expected to deliver a core set of clinical capability, including suturing, pain relief, plastering, radiology access, laboratory access (including point of care testing), access to pharmacy and medicines, and use of open notes/shared care records.
52. These are intended to be minimum expectations only – local commissioning teams may have additional service provision or features (e.g. longer hours) based on local demand. Where access (opening hours) is currently greater than minimum expectations, current access will be maintained.

53. While core services will be accessible through all services, the service configuration will differ to ensure financial, clinical and operational sustainability.
54. Figure 5 below provides further detail on the service configuration. The following caveats should be noted:
- More broad and robust clinical engagement on service design will take place over the coming months, as Health NZ and ACC work together on future commissioning approaches.
55. Some locations will have features of more than one service type. For example, Wānaka has a 'rural centre' population in peak seasons, but is more than 60 minutes to a secondary hospital (which is a feature of the remote service). In these instances, service configuration will be adapted to local needs and priorities in way that ensures core urgent care services are provided.
- These are minimum standards. Where services currently provide opening hours beyond minimum standards, they will be supported to maintain their current hours.

	Large Urban Service	Smaller City Service	Rural Centre	Remote Service
Population catchment	~150,000 to ~300,000	~40,000 to 150,000	~ <40,000	~ <10,000
Service description	High-volume urgent care services, including major and acute injuries and illnesses, as well as urgent and episodic primary care overflow.	Moderate-volume urgent care services, focusing on a broad range of acute injuries and illnesses, as well as urgent care for episodic primary care overflow.	Urgent care services in major towns. These services will often be co-located with a rural hospital or integrated rural health service.	Very low-volume urgent care services in remote areas, focusing on acute injuries and illnesses. Often delivered through a network of local providers and digital health solutions to reach isolated populations.
Example locations	Auckland, Wellington, Christchurch	Whangārei, Porirua, Dunedin	Masterton, Queenstown, Dargaville	Great Barrier Island, Raglan, Haast
Access to ED	<30 mins drive from a secondary hospital	<30 mins drive from a secondary hospital	<60 mins drive to nearest secondary hospital	>60 mins drive to a secondary hospital
Minimum opening hours	8am – 8pm, 7 days per week with improved service provision based on local demand (e.g. 7am – 11pm) or 24/7 in designated areas	8am – 8pm weekdays 9am – 5pm weekends, with improved service provision based on local demand (e.g. 7am-11pm). 24/7 in designated cities	5pm – 8pm weekdays 9am – 5pm weekends with improved service provision based on local demand (e.g. 7am-11pm)	On-call service 24/7
Workforce capability	Medically led by Urgent Care Fellow. Includes other appropriately skilled medical staff, + registered nurse, nurse practitioners, physiotherapist, paramedic and other allied health as required.		Doctor or nurse led. Urgent Care Fellow not mandatory.	
Facility	Usually a stand-alone facility with specific design for urgent care.		Usually after-hours clinic rooms using existing GP / rural hospital premises. In smaller areas, it could be pharmacy based.	Travel to patient and/or use existing clinic.
Pharmacy requirements	Pharmacy open same hours as urgent care centre and is co-located or closely located.		After-hours pharmacy or other medicine access solution (e.g. pharmacy on-call/call-out, automated technology attached to pharmacy/depot/collection points to support extended hours operation / GP digital health, wider use of PSO, courier services, etc).	
Lab requirements	Urgent on-site phlebotomy available with courier systems for urgent lab analysis.		Urgent lab testing via Point of Care Testing POCT minimum suite.	
Radiology requirements	On-site x-ray, with access to ultrasound, CT and MRI through referral. On-site during 100% of opening hours.	On-site X-ray with access to ultrasound, CT and MRI through referral. On-site or on-call during >75% of opening hours.	Link to hospital radiology services or stand-alone radiology service.	Link to hospital radiology services or stand-alone radiology service.
Digital health services	Encourage the community to use digital solutions as their first option for urgent care, where clinically appropriate.		Employ tech-enabled delivery to connect with remotely located urgent care skill sets. This includes digital health consultations with specialists, remote monitoring, and tele-triage.	

Figure 5: Configuration for each type of urgent care

Large urban and smaller city services

56. In major large urban areas and smaller cities, dedicated urgent care clinics will be strengthened to ensure accessible and comprehensive healthcare services. 24/7 clinics will service large populations with the greatest demand for overnight care. The large urban and smaller city services will be clinically led by an Urgent Care Fellow and supported by a broad interdisciplinary team, including nurse practitioners, paramedics, GPs, nurse prescribers, prescribing pharmacists, and physiotherapists, ensuring a multi-disciplinary approach to patient care.
57. The clinics will be supported by after-hours pharmacy services open the same hours as the clinic. Co-located or closely located radiology services will also be available, providing at minimum plain film x-rays and ultrasound where availability allows. The improved community referred radiology programme, another national health priority project, will put in place access to CT scans via referral when not on site.
58. Clinics in large urban and smaller city areas will provide fracture clinics and suturing services.
59. The model of care may be different overnight (e.g. greater use of team-based care and digital solutions), to optimally support workforce and financial sustainability.
60. Urgent care clinics could also be a base for delivery of more complex services in community settings, reducing hospital dependency and improving access to specialised procedures, such as minor gynaecological procedures, minor surgery, oncology infusions, IV therapy.

Rural and remote

61. Unlike urban and city areas, stand-alone urgent care services are not usually optimal for rural and remote locations. Smaller populations/lower volumes and geographical isolation mean that rural models of care need to be more integrated between digital health (e.g. Rural Teleconsult Service), traditional general practice, rural hospitals, after-hours pharmacy services, and ambulance services including PRIME. The core components of the proposed model include:
 - Strong, sustainable primary care;
 - Rural ambulance services with closer integration to GPs and rural hospital services, including paramedics working in GP/hospital settings in future;
 - Improved access to diagnostics, including point of care (laboratory) tests, ultrasound and x-ray;
 - Improved access to medicines after-hours;
 - Digital health services including both triage and teleconsultation available 24/7; and
 - For remote communities a considerable distance from in-person care, 24/7 on-call services for in-person care.
62. The framework supports providing as much locally delivered care as possible, and avoiding patients having to travel away from their community.
63. A key success factor in rural settings will be ensuring robust triage for after-hours demand, to ensure digital health is used in the first instance wherever possible. This will ensure more difficult to staff on-call, in-person services are only used when clinically required overnight.

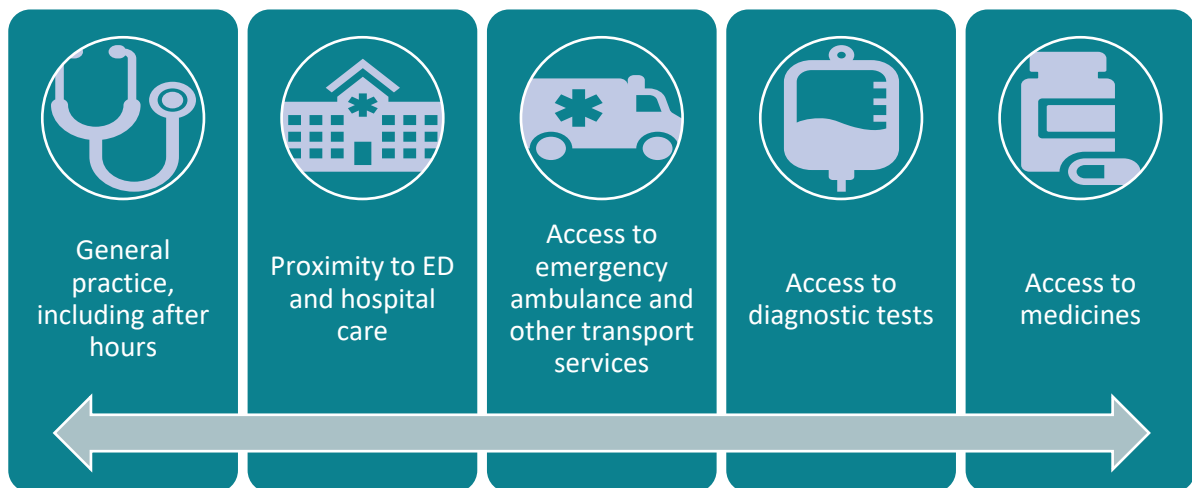


Figure 6: Rural and remote core service components

Extended hours pharmacy option

64. An option in rural towns (and some more isolated suburbs) is to base urgent care at an extended hours pharmacy that employs nursing roles and has an integrated medical consultation room with remote monitoring devices that can provide information on temperature, oxygen saturation, respiratory rate, blood pressure along with visual inspection of ears and throat.

Access to medicines after-hours

65. Enabling access to medicines after-hours is critical to providing more care in the community, and to avoid travel for rural patients. Work will begin to explore and deliver strategies that improve access to medicines after-hours, including:
- Ambulance services that have access to a range of medicines to provide effective urgent and emergency care. Work is underway to review how PRIME providers might be able to access the same range of medicines commonly used by the ambulance service;
 - Increased pharmacy depots or collection points to support new rural and remote urgent care sites;
 - On-call/call-out pharmacy services or courier services;
 - Automated technologies; and
66. Medicines on the Hospital Medicines List (HML). These are available to rural practitioners but are unfunded. Work is underway to explore options to fund these medicines for rural practitioners.

Point of care testing and equipment

67. Access to point of care testing and laboratory results can reduce patients' need for transfer to other healthcare sites and improve clinical outcomes through timely intervention. In the absence of laboratory services, point of care testing can enable rapid clinical decision making from assessment to treatment, and minimise unnecessary transport and hospital presentations.
68. Implementation will include improved access to point of care testing, particularly in rural and remote areas. Some the tests that would provide the greatest impact on the urgent care system might include:

- Troponin testing, which is used to determine whether cardiac damage has occurred. In patients who present with symptoms that are not clearly of cardiac origin, use of this test will tell whether admission is warranted;
 - Full Blood Count (FBC) that checks haemoglobin, total White Blood Cell (WBC) count, and differential cell count that helps determine if a clinically significant infection is present; and/or
69. A basic biochemistry panel, which allows testing of blood gases, creatinine and electrolytes. This provides a metabolic screen to assess the type and extent of the patient's condition.

Minimum communications and clinical equipment

70. Rural practitioners, especially PRIME providers, often form part of emergency responses. Access to core clinical equipment can improve timely communication, the timeliness and impact of clinical input, and the personal safety of rural practitioners. Improved communications and clinical equipment will be explored through implementation of the framework.
71. Figure 7 below provides an example of how a rural patient's experience will change under this framework.

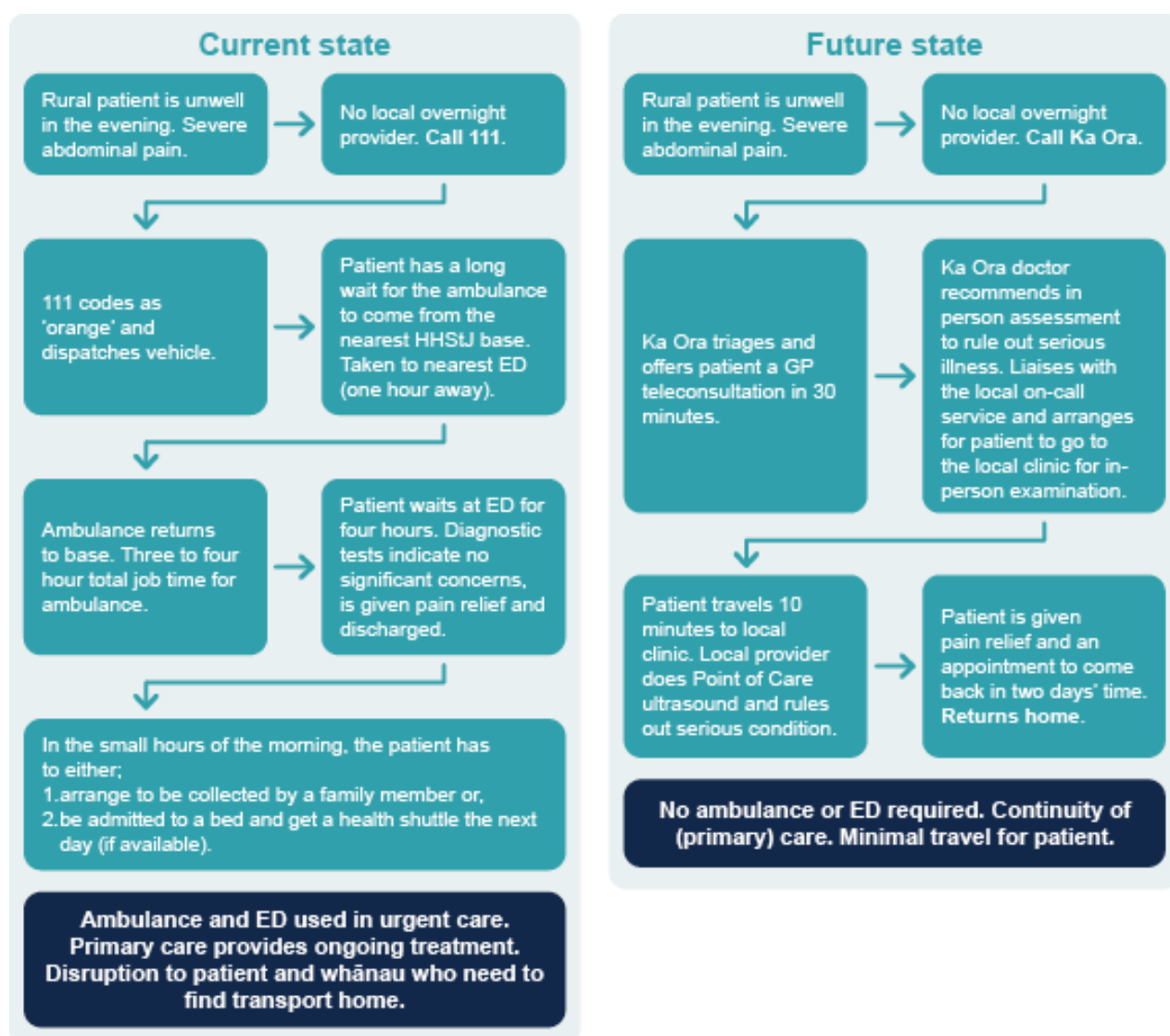


Figure 7: On-call model example of hospital avoidance

The role of digital health services

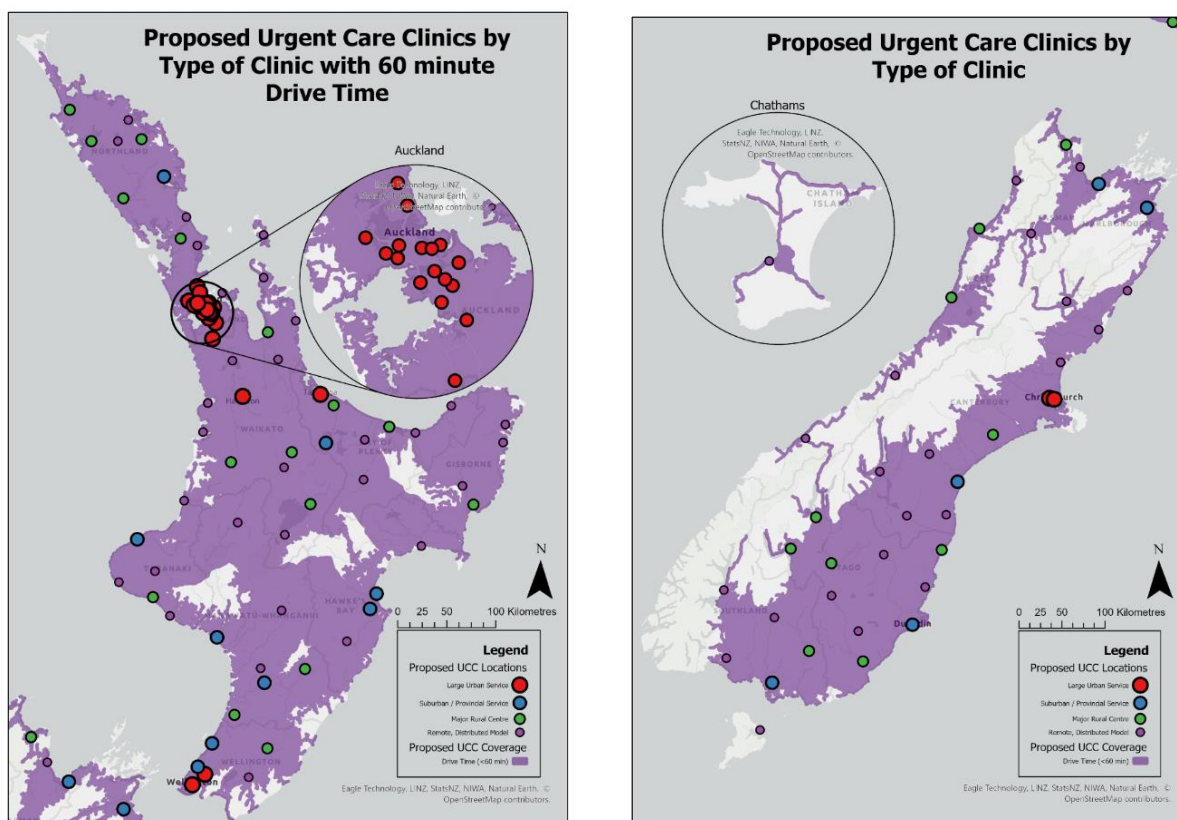
72. Digital health channels have an important role to play in managing the demand for urgent and after-hours services.
73. Teletriage and nurse advice is available 24/7 via Healthline, which currently takes some 700,000 calls per annum. This is not a treatment service, but can provide self-help advice, and helps patients to navigate to the right service. Healthline services have about a 25-30 per cent call resolution rate.
74. Digital health services are now available in New Zealand across a range of providers. Work is underway on a new digital service that will provide all New Zealanders with access to video consultations with New Zealand-registered clinicians, such as GPs and nurse practitioners, for urgent problems 24 hours a day, seven days a week.
75. Digital health is expected to provide an alternative, particularly for those who seek urgent and after-hours care for reasons of convenience or because of long GP waiting times. Digital health services have an 80-90 per cent resolution rate.

ED diversions

76. About one third (450,000) of annual ED attendances are classified lower urgency (triage 4 and 5). Some of these patients are suitable for treatment through an urgent care clinic service as an alternative to ED.
77. Where appropriate and urgent care clinics exist EDs will have the ability, after triaging the patient to check suitability, to offer the patient the option of being referred to their local urgent care clinic as an alternative to waiting at ED. Patients would have the choice of staying or not, and if they choose to go to the urgent care clinic, that clinic would be informed of the transfer of care in advance.
78. These arrangements are already in place at some EDs (e.g. North Shore, Waikato), where they are diverting up to 10 per cent of patients to urgent care services. A 2022 time and motion study found that on average ED staff saved 1 hour and 9 minutes whenever a patient took the option of being diverted post triage (9 minutes of admin time, 15 minutes of nurse time, and 45 minutes of doctor time). Where data is available on the utilisation rates of current voucher schemes, the evidence is that they are often used. For example, 92.5 per cent of vouchers provided are used in Waikato and 83.6 per cent in Tauranga.
79. Implementation will involve more nationally consistent use of ED diversion initiatives across New Zealand.

Proposed distribution of urgent care services

80. As part of achieving consistent urgent care access across the country, service design includes an objective that 98 per cent of New Zealanders are less than a 60-minute drive from an in-person urgent care service.
81. The maps below (Figure 8) and Appendix 2 show modelling outputs that have generated a proposed future geographic distribution of clinics across the country, and the areas of New Zealand which would be within a 60-minute drive of a clinic as a result. Appendix 2 also sets out in more detail the impacts on all urgent care clinics across the country, broken down by region.



Region	Large urban	Smaller city	Rural centre	Remote service	Total
Northern	17	1	4	6	28
Midland (Te Manawa Taki)	2	2	7	19	30
Central (Te Ikaroa)	2	6	5	6	19
South Island (Te Waipounamu)	2	5	11	21	39
Total	23	14	27	52	116

Figure 8: Proposed future distribution of urgent care services

82. Future service providers may be determined by procurement processes, the details of which are yet to be determined.
83. In some locations the existing number of services and/or opening hours are greater than the specified minimum. In these instances, the services will be supported to maintain their current provision.
84. To further enhance access to urgent and after-hours services across the country, the framework will deliver 24/7 services in major urban centres and regions with large populations that drive a level of demand for overnight services. It identifies a particular need for expanded 24/7 urgent care in Counties Manukau as well as in Whangarei, Palmerston North, Tauranga, and Dunedin. The way this expansion is implemented in each area is expected to reflect and respond to local needs. The framework includes 24/7 services in seven major urban and five larger smaller city locations, which are outlined in Appendix 2.

85. Implementation of the future service will support flexible models of care for 24/7 services, to ensure best balance of access, high quality care, workforce and financial sustainability. For example, overnight when the volume of patients seen is low, models of care might make greater use of nursing and digital solutions than during busy, daytime hours.

Contracting approach

Funding and co-payments

86. Health NZ will implement a consistent set of funding and contractual terms for after-hours and urgent care services.
87. Contracted provider payments will be based on the clinic type (i.e. large urban, smaller city, rural and remote). The following features of the funding and contracting approach will be considered:
- Mix of volume, availability and risk corridor/wash-up components;
 - Patient subsidies and maximum patient co-payments. This approach will consider the median or average GP co-payment level for the area being served;
 - Claw-back business rules, to be considered in the context of wider primary care programme of work. These rules include General Medical Services and practice nurse subsidies; and
88. Use of free initiatives for young people under 14 years of age.
89. It is assumed that clinics will also derive income from ACC and from patient co-payments.

Information management, reporting, and review

90. Health NZ will require National Health Index (NHI) level reporting of activity in funded urgent and after-hours services. A data repository will be developed to enable identification of trends and issues across the system and to inform ongoing improvement measures. Urgent care services will be expected to contribute to, and access, the national shared summary patient record when developed.

Regional alliances

91. A whole-of-system approach will be taken to planning, coordination and advice on action to improve urgent care access. This approach includes working with regional alliances to drive the delivery of efficient, timely, quality care for all New Zealanders. The approach will also encourage the formation of additional regional alliances where this improves outcomes for patients.
92. The scope of future work includes:
93. Collating data from urgent care, emergency departments and ambulance services to:
- Understand utilisation and trends.
 - Identify service development opportunities.
 - Develop and monitor performance and quality indicators.

- Benchmark provider performance.
- Operationalise initiatives such as:
 - Ambulance redirects to primary and urgent care.
 - Interface between ED and community providers.
 - Implementation of best practice improvements and health pathways.
 - Planning for seasonal pressures, emergency preparedness, holidays and other events such as pandemic responses.
 - Sector communication on urgent and after-hours services.

Implementation and delivery

94. Implementing the framework will be a complex, multi-year programme. Detailed implementation planning is well progressed and includes:
 - Immediate implementation of new and extended services;
95. Long-term commissioning approach, in close connection with ACC;
 - National urgent care funding model, including subsidies and co-payments;
 - Nationally consistent service standards;
 - Nationally consistent data, information and performance management framework;
 - Digital health integration, linking to other primary care initiatives;
 - Workforce development and capacity building; and
96. Change management, including public communications and education.

Appendices

Appendix 1: Current Urgent Care Clinics

	Both Health NZ and ACC funded	Health NZ funded only	ACC funded only
Northern region			
White Cross Ascot (24/7)	X		
White Cross Ōtāhuhu	X		
Local Doctors Glen Innes	X		
White Cross Lunn Ave	X		
White Cross St Lukes	X		
Local Doctors Mt Roskill	X		
East Care Urgent Care Clinic	X		
Counties Medical – Papakura Urgent Care	X		
Local Doctors Ōtara	X		
Local Doctors Mangere Town Centre	X		
Local Doctors Browns Road	X		
Local Doctors Dawson Road	X		
Franklin Urgent Care	X		
Shorecare Smales Farm (24/7)	X		
Shorecare Greville Rd	X		
White Cross Henderson (24/7)	X		
White Cross New Lynn	X		
Tāmaki Health White Cross Whangārei	X		
Counties Urgent Care – Takanini			X
Bakerfield Urgent Care			X
OneHealth A&M			X
Onehunga Accident and Medical			X
Silverdale Medical Ltd			X
The Doctors Middlesmore			X
Three Kings A&M Clinic			X
Westgate Medical Centre			X
White Cross Glenfield			X

Te Manawa Taki region			
Anglesea Clinic Urgent Care	X		
Medicross Urgent Care & GP Clinic	X		
Accident & Healthcare Tauranga	X		
Tui Medical	x		
Lakes Primecare – Rotorua		X	
Tui Medical Rototuna			X
Victoria Clinic Limited			X
Central region			
Team Medical, Kapiti	X		
Kenepuru Accident and Medical	X		
Hastings Health Centre Urgent Care	X		
City Medical Napier	X		
City Doctors Urgent Care	X		
Whanganui Accident and Medical Clinic	X		
Lower Hutt After Hours		X	
Accident & Urgent Medical Centre – Wellington			x
Te Waipounamu region			
Marlborough Urgent Care Centre	X		
Nelson Bays Primary Health Trust	X		
Pegasus Health (Charitable) Limited	X		
Riccarton Clinic	X		
Dunedin Urgent Doctors		X	
Queenstown Medical Centre		X	

Appendix 2: Impact of proposed sites

The table below summarises access for a community/location, rather than a specific practice, clinic or service. It is based on published opening hours at a point in time. As such, the current hours information is subject to change.

The current hours reflect in-person primary care, community-based after-hours and urgent care delivery. Digital health options are not included (e.g. Ka Ora and other digital health options). Some rural communities are served by their local rural hospital – hospital access in these locations may not be reflected in the table below.

Primary Response in Medical Emergencies (PRIME) current hours are included under “Current hours” where they are available beyond the hours primary care is available in their community. It is acknowledged that some primary care providers are delivering a PRIME service in-hours to their communities.

For rural and remote areas, a change in access refers to opening hours, access to diagnostic tests and/or access to medicines after-hours. While rural communities may continue to access the same local care provider and hours, this initiative supports local teams to strengthen urgent care in a range of ways including:

- Improved access to diagnostics (like blood tests or x-rays);
- More timely access to medicines, especially after hours;
- Extra clinical staff or support for local on-call services; and/or
- Better use of digital tools to connect patients to care quickly.

Proposed locations, service hours and delivery arrangements are indicative and subject to change, dependent on local service design, development and procurement processes.

Region	Location	Current Hours	Proposed Hours	Nature of change
Central	Central Hawke's Bay	Weekdays: 0900-1800 Weekends: No service	Existing hours + 24/7 on-call	Proposed increase in access
Central	Dannevirke	Weekdays: 0800-1700 Weekends: No service	Weekdays: 0800-2000 Weekends: 0900-1700	Proposed increase in access – new weekend service
Central	Fielding	Weekdays: 0800-1700 Sat: 0800-1145	Existing hours + 24/7 on-call	Proposed increase in access
Central	Hastings	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Central	Hutt Valley	Weekdays: 1730-2200 Weekends: 0800-2200	Weekdays: 0800-2200 Weekends: 0800-2200	Proposed increase in access – new weekday service
Central	Kapiti	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Central	Levin	Weekdays: 0800- 1700 Weekends: No Service	Weekdays: 0800-2000 Weekends: 0900-1700	Proposed increase in access – new weekend service
Central	South Wairarapa	Mon – Wed: 0800-1700 Thurs: 0800-1900 Fri: 0800-1700	Existing hours + 24/7 on-call	Proposed increase in access
Central	Masterton	Weekdays: Closed Weekends: 0900-1700	Weekdays: 1700-2000 Weekends: 0900-1700	Proposed increase in access – increased weekday evening hours
Central	Napier	Weekdays: 0800-2100 Weekends: 0800-2100 + overnight nurse service	Weekdays: 0800-2100 Weekends: 0800-2100 + overnight nurse service	No change
Central	Palmerston North	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0000-0000 Weekends: 0000-0000	Proposed increased access to a 24/7 service

Region	Location	Current Hours	Proposed Hours	Nature of change
Central	Porirua	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	No change
Central	Taihape	Weekdays: 0830-1700 Sat: 0900-1200 PRIME 7 days, daytime hours only	Existing hours + 24/7 on-call	Proposed increase in access
Central	Wairoa	Weekdays: 0830-1700 Weekends: 1500-1600	Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
Central	Wellington	Weekdays: 0800-21:00 Weekends: 0800-2100	Weekdays: 0800-2100 Weekends: 0800-2100	Capability to increase hours
Central	Whanganui	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Remuera Rd	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – Onehunga	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – Central	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – South Auckland	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – Mangere	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC

Region	Location	Current Hours	Proposed Hours	Nature of change
Northern	Auckland – North Auckland	Weekdays: 0830-1700 Weekends: 0800-2000	Weekdays: 0830-1700 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – Westgate	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – Glenfield	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC
Northern	Auckland – Howick	Weekdays: 0700-2300 Weekends: 0700-2300	Weekdays: 0700-2300 Weekends: 0700-2300	Contracted service hours retained to reflect local demand. Have capabilities to become 24/7 service.
Northern	Auckland – Ascot	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	No change
Northern	Auckland – Glen Innes	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Mt Roskill	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Mount Wellington	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – New Lynn	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Ōtāhuhu	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change

Region	Location	Current Hours	Proposed Hours	Nature of change
Northern	Auckland – Central Auckland	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Papakura	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Takanini	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Manurewa	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Flat Bush/ Papatoetoe	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Māngere	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – Franklin	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Northern	Auckland – North Shore	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	No change
Northern	Auckland – Henderson	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	No change
Northern	Auckland – Pinehill	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change

Region	Location	Current Hours	Proposed Hours	Nature of change
Northern	Auckland – Ōtara	Weekdays: 0800-2300 Weekends: 0800-2300	Weekdays: 0800-2300 Weekends: 0800-2300	Contracted service hours retained to reflect local demand. Have capabilities to become 24/7 service.
Northern	Dargaville	Weekdays: 0730-1700 Sat: 0900-1200 PRIME 7 days 0800-2000	Weekdays: 0730-2000 Weekends: 0900-1700	Proposed increase in access
Northern	Great Barrier Island	Weekdays: 0900-1700 PRIME 24/7	Existing hours + 24/7 hour on call	Proposed increase in access
Northern	Hokianga	Mon – Fri: 08:30-17:00 Weekends: where workforce is available	Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
Northern	Kaikohe	Weekdays: 0900-1630 PRIME available overnight Mon – Fri	Existing hours + 24/7 hour on call	Proposed increase in access
Northern	Kaitia	Weekdays: 0800-1600 and 1800-2100 Weekends: 1000-1300	Weekdays: 0800-1600 and 1800-2100 Weekends: 09:00-17:00	Proposed increase in access
Northern	Kawakawa – Bay of Islands	Weekdays: 0830-1700 Weekends: No service	Existing hours + 24 hour on call	Proposed increase in access
Northern	Mangawhai	Weekdays: 0800-1700 Weekends: No service PRIME 7 days, daytime hours only	Existing hours + 24 hour on call	Proposed increase in access
Northern	Matakana	Weekdays: 0900-1700 Weekends: No service	Existing hours + 24/7 hour on call	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
Northern	Waiheke Island	Weekdays: 0830-1700 Sat: 0930-1600 Sun: 0930-1330	Existing hours + 24/7 hour on call	Proposed increase in access
Northern	Waipapa	Weekdays: 0900-1700 Weekends: No service	Existing hours + 24/7 hour on call	Proposed increase in access
Northern	Wellsford	Weekdays: 0800-2000 Weekends: 0800-2000	Existing hours	No change
Northern	Whangārei	Weekdays: 0800-2300 Weekends: 0800-2300	Weekdays: 0000-0000 Weekends: 0000-0000	Proposed increased access to be 24/7
Midland	Colville	PRIME 24/7	Existing hours + 24/7 on call	Proposed increase in access
Midland	Gisborne	Weekdays: No service Weekends: 0900-1700	Weekdays: 0900-2000 Weekends: 0900-1700	Proposed increase in access
Midland	Hamilton – North	Weekdays: 0700-2200 Weekends: 0700-2200	Weekdays: 0700-2200 Weekends: 0700-2200	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC. Could be considered as a future site.
Midland	Hamilton – Hamilton Central	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC. Could be considered as a future site.
Midland	Hamilton – Hamilton Central	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	No change
Midland	Hamilton – Te Rapa	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	Not contracted by Health NZ for urgent care services, future impact determined in partnership with ACC. Could be considered as a future site.

Region	Location	Current Hours	Proposed Hours	Nature of change
Midland	Hāwera	Weekdays: 0830-1700 Weekends: No service	Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
Midland	Kawerau	Weekdays: 0800-1600 PRIME Weekdays, daytime hours only	Existing hours + 24 hour on call	Proposed increase in access
Midland	Kawhia	Mon: 0900-1600 Tue: 0900-1500 Wed: 0900-1230 Thu: 1300-1730 Fri: 0900-1500 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
Midland	Mangakino	Mon – Tue: 0900-1700 Wed: 0900-1200 Thu – Fri: 0900-1700	Existing hours + 24 hour on call	Proposed increase in access
Midland	Mōkau	No current service	24 hour on call	Proposed increase in access
Midland	Murupara	Weekday: 0830-1700 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	New Plymouth	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Midland	Ōpōtiki	Weekdays: 0500-2100 Weekend: 1000-2000	Existing hours + 24 hour on call	Proposed increase in access
Midland	Ōpunake	Weekdays: 0830-1700 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
Midland	Paeroa	Weekdays: 0800-1700 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Pātea	Weekdays: 0830-1700 Weekends: No Service PRIME Weekdays, daytime hours only	Existing hours + 24 hour on call	Proposed increase in access
Midland	Pauanui	Mon: 0900-1200 Tue: 0900-1500 Wed: 0900-1200 Fri: 0900-1200 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Raglan	Mon – Fri: 0800-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
Midland	Rotorua	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
Midland	Ruatoria	Weekdays: 0800-1630 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Stratford	Weekdays: 0830-1700 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Taumarunui	Weekday: 0830-1630 Weekend: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Taupō	Weekdays: 0800-1730 Weekends: No Service	Weekdays: 0800-2000 Weekends: 0900-1700	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
Midland	Tauranga		Weekdays: 1700-2000 Weekends: 0900-1700	Proposed increase in access
Midland	Tauranga	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0000-0000 Weekends: 0000-0000	Proposed increased access to be 24/7
Midland	Te Kaha	Weekdays: 0900-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
Midland	Te Karaka	Mon – Tue: 0900-1700 Thu – Fri: 0900-1700 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Te Kauwhata	Weekdays: 0830-1700 Weekends: No service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Te Kuiti	Weekdays: 0830-1700 Sat: 0900-1200 PRIME 24/7	Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
Midland	Te Puia Springs	M, W, F: 0830-1630 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
Midland	Thames	Weekdays: 0830-1700 Weekends: No service	Existing hours + Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
Midland	Tokoroa	Weekdays 0800-1700 Weekends: No service	Existing hours + Weekdays: 0800-2000 Weekends: 0900-1700	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
Midland	Tūrangi	Mon: 0830-1700 Tue: 0830-1800 Wed: 0830-1600 Thu: 0830-1800 Fri: 0830-1700 PRIME Weekdays, daytime hours only Weekends: No service	Existing hours + 24 hour on call	Proposed increase in access
Midland	Whakatāne	Weekends: 0830-1700 Weekends: 1000-1600	Existing hours + Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
South Island	Alexandra	Weekdays: 0830-1730 Weekends: No service PRIME 7 days, daytime hours only	Existing hours + Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
South Island	Ashburton	Weekdays: 0830-1800 Weekends: No service	Existing hours + Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
South Island	Balclutha	Weekdays: 0900-1800 Weekends: 0900-1800	Existing hours	No change
South Island	Blenheim	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Currently working with provider to redevelop model. Starting time may be slightly later than the model to fit with local need, but closing time to be maintained at 2000.
South Island	Chathams	Weekdays: 0800-1630 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Cheviot	Weekdays: 0830-1700 PRIME Weekdays, daytime hours only	Existing hours + 24 hour on call	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
South Island	Christchurch	Weekdays: 0000-0000 Weekends: 0000-0000	Weekdays: 0000-0000 Weekends: 0000-0000	No change
South Island	Christchurch	Weekdays: 0800-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	No change
South Island	Dunedin	Weekdays: 0800-2200 Weekends: 0800-2200	Weekdays: 0000-0000 Weekends: 0000-0000	Proposed increased access to be 24/7
South Island	Fairlie	Weekdays: 0900-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Golden Bay	Weekdays: 0830-1930 Sat: 1000-1300 PRIME 24/7	Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
South Island	Gore	Weekdays: 0800-1700 Weekends: No Service	Weekdays: 0800-2000 Weekends: 0900-1700	Proposed increase in access
South Island	Greymouth	Weekdays: 0800-20:00 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
South Island	Haast	Weekdays: 09:00-1600 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Hanmer Springs	Weekdays: 0830-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Invercargill	Weekdays: 1800-2100 Weekends: 1200-1600	Weekdays: 0800-2100 Weekends: 0800-1700	Proposed increase in daytime hours

Region	Location	Current Hours	Proposed Hours	Nature of change
South Island	Kaikōura	Mon – Wed: 0800-1800 Thu: 0900-1800 Fri: 0800-1800 Weekends: 103-1200 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Karamea	Weekdays: 0900-1630 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Kurow	Mon – Thur: 0830-1700 Fri: 0830-1300 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Lawrence	Mon – Wed: 0830-1730 Thu: 0830-1930 Fri: 0830-1730 PRIME Weekdays, daytime hours only	Existing hours + 24 hour on call	Proposed increase in access
South Island	Lumsden	Weekdays: 0900-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Maniototo (Ranfurly)	Mon – Tue: 0900-1700 Wed: 0900-1300 Thu: 0900-1700 Fri: 0900-1500 Weekends: No Service PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Motueka	Weekdays: 0830-1700 PRIME available 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Murchison	Weekdays: 0830-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
South Island	Nelson	Weekdays: 0800-2200 Weekends: 0800-2200	Weekdays: 0800-2200 Weekends: 0800-2200	No change
South Island	Oamaru	Weekdays: 0830-1700 Weekends: No Service	Weekdays: 0830-2000 Weekends: 0900-1700	Proposed increase in access
South Island	Palmerston	Weekdays: 0830-1700 Weekends: No Service	Existing hours + 24 hour on call	Proposed increase in access
South Island	Queenstown	Weekdays: 0900-2000 Weekends: 1000-1800	Weekdays: 0900-2000 Weekends: 1000-1800	No change
South Island	Roxburgh	Weekdays: 0830-1730 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Stewart Island	Mon – Sun: 1000-1230 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Te Anau	Weekdays: 0800-1700 Saturday: 0900-1200 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Timaru	Weekdays: 1700-2000 Weekends: 0800-2000	Weekdays: 0800-2000 Weekends: 0800-2000	Proposed increase daytime hours
South Island	Tuatapere	Weekdays: 0830-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Twizel	Weekdays: 0830-1700 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access

Region	Location	Current Hours	Proposed Hours	Nature of change
South Island	Waikari	Weekdays: 0830-1700 PRIME Weekdays, daytime hours only	Existing hours + 24 hour on call	Proposed increase in access
South Island	Waimate	Weekdays: 0830-1730 Weekends: No service PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access
South Island	Wānaka	Weekdays: 0830-1800, & 1800-2300 Weekends: 0900-1200 & 1500-1800 + overnight on-call and nurse-led service PRIME 24/7	Existing hours	No change
South Island	Westport	Weekdays: 0830-1700 Weekends: No service PRIME 24/7	Existing hours + 24 hour on call	No change
South Island	Whataroa	Weekdays: 0900-1600 PRIME 24/7	Existing hours + 24 hour on call	Proposed increase in access