

Online 24/7 GP Care

Overview of service delivery – August 2025

Introduction

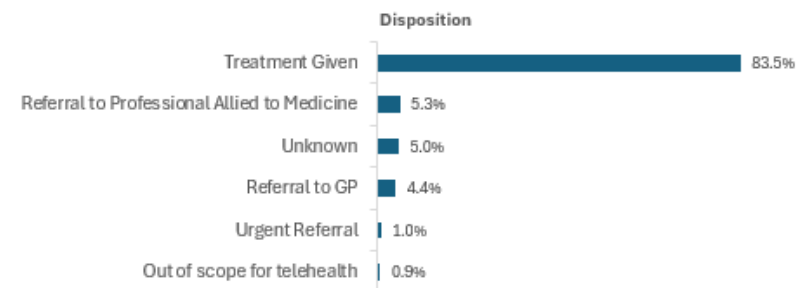
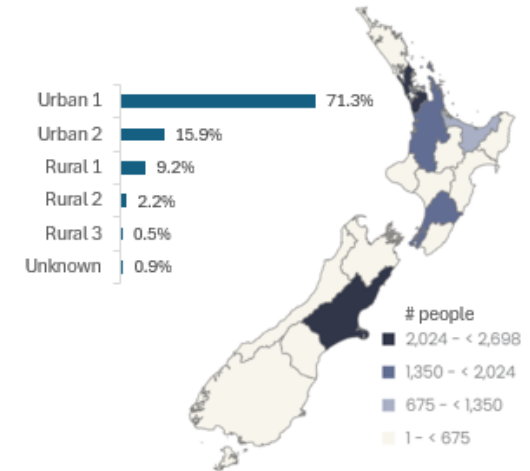
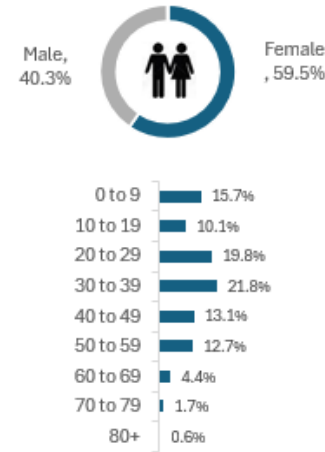
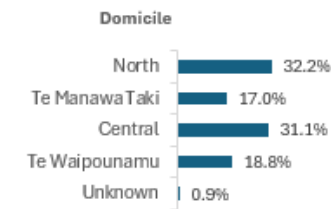
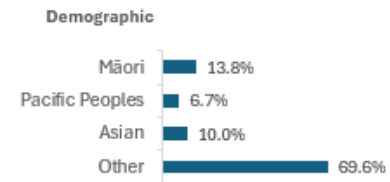
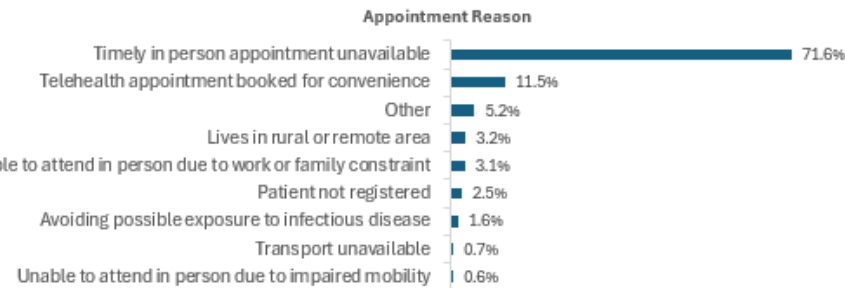
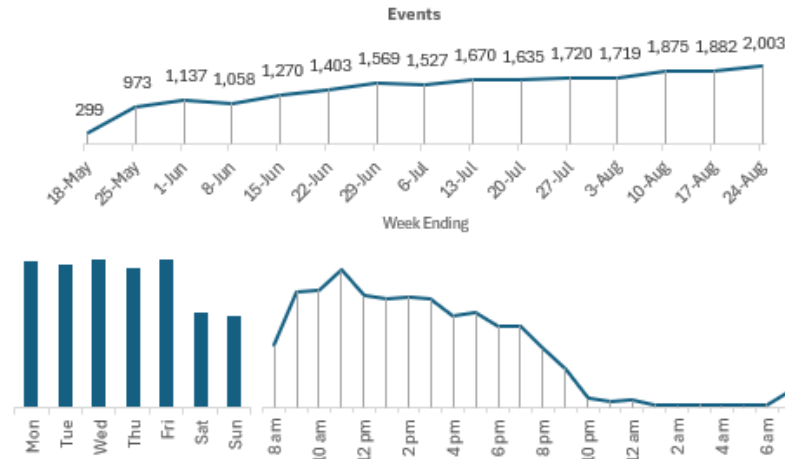
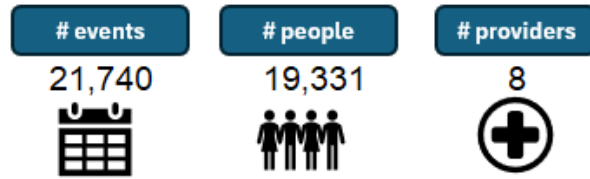
About this service

The new 24/7 Online GP service was launched to give people another option when they cannot get easy access to their usual GP. It is designed to complement, not replace, enrolled general practice care, and is particularly aimed at people who are unenrolled or unable to get a timely in-person appointment, or needing care urgently or afterhours. This could be because their practice is closed to new patients, fully booked, or they live in a rural or remote area. The service is available nationwide through eight contracted providers.

The service is one of a set of primary care tactical actions that are intended to make a rapid difference to access to general practice and related services in NZ. Other actions include, among others, growing the nursing and GP workforce, reweighting and increasing capitation, making access to urgent care reliable and consistent.

This report

- This report briefly summarises the trial period and from July to late-August, post go live of the GP Online 24/7 service.
- It includes data on the number and types of consultations
- It also includes a thematic summary of narrative reporting from the 8 providers and a set of real life patient stories.



Online GP Care
Health New Zealand
Te Whatu Ora

Notes: Data is to week ending indicated and excludes failed and DNA encounters. Sourced from providers and not yet validated against Health NZ datasets. Accuracy depends on the completeness and correctness of submitted data. Known issues include inconsistent coding, missing or incorrect entries, and variation in how appointment types and demographics are recorded. Interpret with caution and consider these limitations when using the data.

Excludes Ka Ora

Rurality definition: Urban (U1, U2): U1 represents the most urban areas, while U2 is less urban. Rural (R1, R2, R3): R1 is the least rural, and R3 is the most rural.

What this data tells us so far

It's still early days for this service, and it will take time to fully understand its impact on access to care and general practice. However, themes for us to consider from the first months of data include:

Numbers are increasing

We see a steady increase in use over the period increasing from around 1,000 to about 2,000 consultations per week. In its first 2 months, the service delivered 21,740 consultations to 19,331 people across New Zealand. Not yet included in the data are the medial teleconsults delivered to rural communities through Ka Ora. These add around another 400 online medical consults per week.

The service is reaching people when they can't see their usual GP

Most appointments (71.6%) were booked because a timely in-person appointment wasn't available, which matches the service's purpose. 11.5% of patients used it for convenience, and over 10% used it for a variety of other reasons (no transport, family/work commitments, etc). Other reasons such as rural location, work/family constraints, or not being enrolled with a GP were smaller drivers of use.

The majority of patients are getting treatment in their online consult

83.5% of appointments resulted in treatment being given then and there, suggesting the service is meeting immediate health needs rather than simply redirecting people elsewhere. Only 4.4% were referred back to their GP, and urgent referrals were rare (1%). Less than 1% were out of scope for telehealth.

What this data tells us so far

The service is used across all ages, with strong uptake from working-age adults and families

The largest user groups were 30–39 years (21.8%) and 20–29 years (19.8%), followed by young children (15.7%). The number of children seen in the service has been increasing weekly and they are now the group with the highest use rate. This pattern suggests a mix of parents seeking care for children and adults seeking care for themselves.

The service is being used across the country

All regions are represented, with the highest use rates in the Northern region.

Use patterns suggest weekday demand is higher

Wednesdays and Fridays were the busiest days, with Sundays quietest. Peak time was 11am. Overnight use is low.

Urban users dominate, but rural communities are still using the service

While nearly three-quarters of patients live in urban areas, around 12% were from rural communities, showing the service is filling gaps for those with limited local options. The data does not include the dedicated rural telemedicine service Ka Ora.

What this data tells us so far

We are not seeing a digital divide

Māori (13.8%), Pacific peoples (6.7%) and Asian people (10%) are all well represented, indicating some reach into priority populations.

There may be a correlation between not being enrolled with a GP and use of the service

The overall weekly user rate to date across NZ is ~36 per 100,000 population. Some districts with high numbers of clinics closed to new enrolments are using the service more, with standout high-use areas like Hutt Valley (68% closed to enrolment, 213 consults per 100,000) and MidCentral (54% closed, 172 per 100,000).

However some regions with low closed book rates still show strong uptake. For example, Counties Manukau (16% unenrolled) has a usage rate of 71 per 100,000, indicating other factors such as service awareness, local GP availability, and population demographics may be influencing demand.

Other low-use areas like Hawke's Bay (67% closed books, 28 per 100,000) and Taranaki (53% closed books, 52 per 100,000) show there is still room to build awareness in parts of the country.

Patient Stories

The following vignettes were supplied by the Online GP providers to provide example of how the service is being used.

Unenrolled patient

- Patient A contacted the online provider with a painful flare-up in his foot. He's had gout before but hadn't had a flare for a couple of years. This time, it wasn't settling on its own, so he booked a video consult.
- The online doctor gave him a new plan to manage the pain and arranged follow-up blood tests. These showed his kidney function had dropped since earlier in the year, so his treatment was adjusted to keep him safe. The clinical team advised that he would need ongoing follow-up with a regular GP.
- Patient A had previously been enrolled with a GP in another region but had since moved to the Hutt Valley. He wasn't connected with a local GP, so the team stepped in to help. The team made sure they had his permission to assist with enrolment and share his notes so the handover would be smooth.
- The team contacted a clinic to see if they could take him on, but it turned out to be too far for Patient A to travel. The team kept him informed and reached out to the X Service to see if they could assist in finding him a closer option.
- While that work continues in the background, the provider is still supporting Patient A with his care to make sure nothing falls through the cracks.
- This collaboration ensured that Patient A's health information was shared appropriately and that he could be connected with a practice that best suited his location and needs. Together, these organisations coordinated efforts to make Patient A's transition to ongoing care as smooth as possible.

Measles case

- Patient B, a baby under 12 months, was seen via a video consultation with Mum. The family had just returned from overseas, where they had been in contact with a confirmed measles case. Mum reported that Patient B had developed a cough and cold with red and sticky eyes, and a blotchy rash that started on babies face and had now spread.
- On examination via video, the doctor observed that Patient B appeared alert and comfortable, with a widespread rash and no visible signs of respiratory distress. Given the travel history, symptoms, and known contact, measles was highly suspected.
- The doctor contacted the on-call paediatric team, who advised against hospital attendance due to the risk of transmission. After-hours services were arranged to assess Patient B and perform a measles PCR swab in the car.
- The doctor explained the importance of the swab for public health reasons and outlined supportive care at home, including red flags to watch for and notified public health. Public Health followed up with the whanau for contact tracing and isolation advice.
- This case highlighted how via telehealth the service was effectively able to manage infectious diseases remotely and avoid risk of transmission and the importance of good communication, and managing wider public health needs and responsibilities. There is now a public health notification and alert in this region.

Mental health access after-hours

- A professional from the Bay of Plenty, was experiencing acute anxiety after a series of personal and professional stressors.
- Unable to see her regular GP for two weeks, she turned to the provider in distress in the late evening.
- Having used the service previously for her child, she booked an extended mental health appointment.
- The doctor provided immediate support and initiated a plan that included both pharmaceutical and lifestyle-based management, allowing the patient to regain control and feel heard during a critical moment.