Briefing

Health New Zealand
Te Whatu Ora

Primary Care Tactical Action Plan: Implementation Plan

Due to MO:	20 November 2024	**Reference**	**HNZ00072064**
To:	Hon Dr Shane Reti, Minister of Health		
From:	Dr Dale Bramley, Acting Chief Executive		
Copy to:	N/A		
Security level:	Budget - Sensitive	**Priority**	Urgent
Consulted	Ministry of Health		

Action sought	**Action required by**
Endorse the Primary Care Services Tactical Actions High Level Implementation Plan, subject to Cabinet's endorsement of actions	25 November 2024

Contact for further discussion (if required)

Name	**Position**	**Phone**	**1st contact**
Dale Bramley	National Director, Planning, Funding and Outcomes	s 9(2)(a)	x
Debbie Holdsworth	Director, Planning, Funding and Outcomes	s 9(2)(a)	

Attachments

Appendix 1: Primary Care Services Tactical Action Plan – High-level Implementation Plan

Appendix 2: Presentation – High-level Implementation Plan for PCSTAP

Purpose

1. This paper asks you to provide your feedback, and endorse, the first version of the Primary Care Tactical Actions High Level Implementation Plan.

Recommendations

Health New Zealand | Te Whatu Ora recommends that you:

a)	**Provide feedback** on the *Primary Care Tactical Actions High Level Implementation Plan*	
b)	**Endorse** the *Primary Care Tactical Actions High Level Implementation Plan,* subject to Cabinet's endorsement of the Actions	**Endorse/** **Not Endorsed**
c)	**Note** that to deliver these actions on schedule, Health NZ will need to begin some actions prior to Cabinet agreement	**Noted**

Dr Dale Bramley, Acting Chief Executive

Health New Zealand

Date: 20/11/2024

Hon Dr Shane Reti, Minister of Health

Date:

Background

1. In the next week Cabinet is expected to consider the paper *Transforming primary care – first steps*. The plan includes three clusters of actions:

    a. Providing digital care options for all.

    b. Increasing and retaining doctors and nurses in primary care

    c. Improving access to medicines by extending prescription times and prescribing rights

2. These actions are first steps to deliver an accessible primary care system that connects people to the care they need, is responsive to their preferences, delivers flexibly to meet those needs, and supports a sustainable health system over the long-term.

Discussion

We have drafted a plan to deliver the Primary Care Tactical Action Plan

3. Health NZ has written a draft implementation plan (Appendix 1) to deliver the actions in *Transforming primary care – first steps*. A presentation pack summarising the digital services is also available at Appendix 2.

4. We ask that you provide feedback on, and endorse, this plan. Pertinent detail on major milestones and risks are summarised in this briefing to support your review.

5. The implementation plan includes an overview of the communications and engagement approach, but should be read alongside the Communications Plan for a fulsome view of public and provider engagement planning.

6. Further detailed work on branding for the 24/7 digital service, and other marketing, will take place in early 2025. We do not recommend using branding for the new service at the time of announcement. Advice from international experts is that this should occur following a soft launch of the service in February, probably in June, in time for winter, and when improved functionality is available.

7. Reporting and monitoring of implementation will be central to ensuring adherence to major milestones, but also an important tool for continuously improving the delivery of actions, especially the digital primary care service.

There are milestones we need to meet, and challenges to overcome, to deliver

Workstream 1a: 24/7 digital primary care – clinical services development

8. Urgent Care Direct (placeholder name) will provide patients with video consultations with a GP or other prescriber for urgent clinical problems 24 hours a day, 7 days a week. To successfully launch Phase 1 on 20 February, we must hit the following milestones:

    a. *Complete service and demand modelling by December 2024

    b. *Finalise a procurement plan and payment rules by end December 2024

    c. Complete service specifications by February 2025

    d. Onboard first providers by February 2025.

9. We must begin actions marked with an asterisk now, prior to Cabinet agreement. The risk here is to Health NZ staff time and opportunity cost, should proposals not proceed.

10. There are broader challenges to implementing this work. The most significant risks, and their mitigations, are outlined below. Further detail of risks and mitigations are available in Appendix 1.

Risk	Mitigation
Demand exceeds supply initially – resulting in a poor brand image.	s 9(2)(g)(i) To manage demand as service launches: Good pre-consultation protocols will be in place including navigation on the landing page, and support through Healthline when people are not sure, so that people are matched to the right service the first time. s 9(2)(g)(i)
May create a shift away from people enrolling with a general practice, reducing continuity of care and negatively impacting health outcomes.	Continue to encourage enrolment and use of regular GP. Provide informational continuity of care through shared care record. Continue to encourage providers to stand up digital services and join the panel of providers so that enrolled patients can use their provider of choice.
There may be some people who use the teleconsultation service, but need to see an in-person clinician for their health care needs.	Protocols with the selected providers will be established to ensure that people are directed to the best clinical option for in-person services that are available at the time – this may be to the enrolling primary care practice, an urgent care clinic or, if needed, the closest emergency department.

Workstream 1b: 24/7 digital primary care – digital build

11. The digital build will use existing provider technology (telehealth and patient management systems) on launch. To successfully launch the Minimum Viable Product on 20 February, we must hit the following milestones:

    a. *Develop website for Digital Front Door by February 2025.

    b. *Establish manual reporting system by February 2025.

    c. Configure our invoicing payment system for this service by February 2024.

    d. *Establish referral and results path for unenrolled users by February 2025.

12. We must begin actions marked with an asterisk now, prior to Cabinet agreement. Again, the risk is only to Health NZ staff time and opportunity cost, should proposals not proceed.

13. After launch, we will take an iterative approach, based on feedback, do deliver improvements in subsequent releases (scheduled for June and December 2025).

14. The most significant risks, and their mitigations, are outlined below. More detail is available in Appendix 1.

Risk	Mitigation
Our timeline estimates include assumptions of what our tele-consult providers can deliver and by when. For example, booking and integration. There is risk the providers will not meet our milestones.	Document clear and concise requirements for integration and data in the Services Specification Early engagement with providers to assess capacity to support and deliver to our expectations. Support for the providers to comply with our specifications s 9(2)(g)(i)
Delays in project delivery of major features due to privacy or security approval to operate not being able to be secured.	Early engagement with privacy and security teams to ensure impact assessments will are conducted swiftly. Particular attention regarding the changes of behaviour in data sharing, with close adherence to the recommended adoption plan.
s 9(2)(g)(i)	s 9(2)(g)(i)

Workstream 2: Workforce development

15. Three projects to expand the primary care workforce sit in this workstream. To successfully launch the first phase of these initiatives in December 2024, we must hit the following milestones.

    a. NZREX primary care pathway:

        i. *Develop candidate expression of interest (EOI) process in November.

        ii. Develop EOI website in November.

        iii. *Engage with Medical Council to agree exam capacity and phasing in November.

        iv. Launch candidate EOI website in December.

    b. Nurse graduates into primary care:

        i. *Develop application process for providers to seek funding in November.

        ii. *Confirm procurement settings in November.

        iii. Provider and candidate website complete in November.

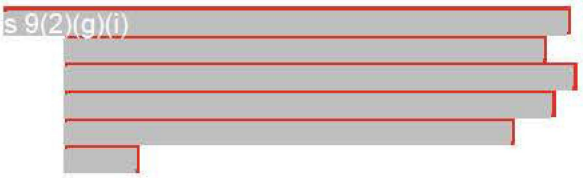
        iv. Website and communications go live in December.

    c. Nurse practitioner training:

        i. *Work with current consortium to confirm 2025 intake in November.

        ii. 2025 cohort size announced in December.

16. As above, those milestones with asterisk have already commenced prior to Cabinet approval to ensure delivery. Major risks and their mitigations are below, while the remainder are detailed in Appendix 1.

Risk	Mitigation
Insufficient primary care provider interest in participating in initiatives, resulting in an inability to hit target numbers due to lack of placements.	Ensure strong communications to market the opportunities. Enlist PHOs as allies in the workforce development initiatives.
Insufficient nurses with precursor qualifications to hit targets for nurse practitioner training.	s 9(2)(g)(i) 
Interest is higher than we have support for. This is for both Nursing programmes and NZREX.	Ensure we are clear on the numbers being supported and update the level support available regularly so that people can see if we still have capacity.

Workstream 3: Access to medicines

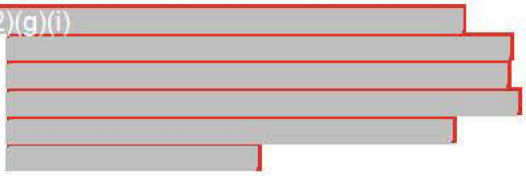
17. This workstream includes changes to allow some prescribers to prescribe unapproved medicines and increasing prescribing lengths. The Ministry of Health will lead the regulatory changes, and Health NZ operationalise the changes with software vendors and service providers. This will begin after Cabinet decisions, alongside regulatory work, with the following milestones.

    a. Prescribing unapproved medicines:

        i. Sector engagement from April to October 2025.

    b. s 9(2)(f)(iv) 

18. There are risks to implementing this work. The most significant, and their mitigations, are outlined below, with the detail in Appendix 1

Risk	Mitigation
Reduced revenue to community pharmacies and Health NZ to fund community pharmacies through reduced dispensing fees with fewer original prescriptions, and more lower cost repeats dispensing payments may jeopardise pharmacy sustainability.	s 9(2)(g)(i) 
Increased pressure on the combined pharmaceutical budget, due to improved access to medicines.	Monitoring and reviewing of the changes to medicine uptake as the initiative is introduced.

Next steps

19. Over the next two weeks, Health NZ will continue implementation planning, including:

    a. Finalising a procurement plan and payment rules for providers of tele-consults.

    b. Reconfigure the invoice-based provider payment system.

    c. Developing provider and candidate processes and EOI webpage, and engaging with Medical Council, on NZREX expansion.

    d. Developing provider and candidate processes and EOI webpage for nurse entry to primary care.

    e. Confirming nurse practitioner training 2025 cohort size.

20. An updated implementation plan will be available in early 2025 ahead of the launch.

21. Weekly reporting on progress of implementation will be available following Cabinet endorsement of the Action Plan and can be included as part of Health NZ's Weekly Ministerial Report should you wish.

Te Whatu Ora
Health New Zealand

Primary Care Services Tactical Actions

High Level Implementation Plan

Transforming primary care

Version: 1.0.20.11.2024
Document Owner: Health New Zealand Planning, Funding and Outcomes
Folder filing: Primary Care Tactical Action Plan

TABLE OF CONTENTS

1 INTRODUCTION

Vision: *accessible primary care that connects people to the health services they need, when they need it.*

The Government will shortly consider proposals for a primary care tactical action plan to ensure more New Zealanders can get timely primary medical care. The plan includes three clusters of initiatives:

1. Providing digital care options for all
2. Increasing and retaining doctors and nurses in primary care
3. Improving access to medicines by extending prescription times and prescribing rights.

In response, Health New Zealand | Te Whatu Ora (Health NZ) has established a connected set of workstreams to implement the plan. The workstreams are:

1. **Clinical Service Development and Digital build**: establishing an approved set of digital primary medical services delivering care when an in-person primary care clinician is not available or not required and the digital platforms to navigate to the services.
2. **Workforce Development**: implementing the additional workforce initiatives.
3. **Improving access to medicines** through increasing the maximum length of prescriptions.

The integrated initiatives will:

- Improve access by providing subsidised access to 24/7 online primary medical consults.
- Boost primary care capacity by nurse practitioner (NP)/ prescriber and General Practice (GP) workforce investments.
- Develop a shared care record accessible across NZ to manage clinical safety.
- Develop a linked primary care data repository that can be used as a new minimum dataset linkable to other datasets.
- Provide navigation aids to guide individuals to the appropriate services, encouraging self-help when suitable.
- Create digital assets that can enable further innovation.
- Improve access to prescribed medicines.

The authorising cabinet paper also references a set of more strategic developments in primary care including changes to contracting and accountability, a revised urgent care framework, and improvements to capitation and funding arrangements.

The action plan is expected to increase access to primary care, as well as promoting a switch to broader use of digital first options.

This high-level implementation plan covers scope, timeline, risk, deliverables and governance. There is a communications and engagement plan led by Ministry of Health that needs to be read alongside this plan.

1.1 Overall timeline

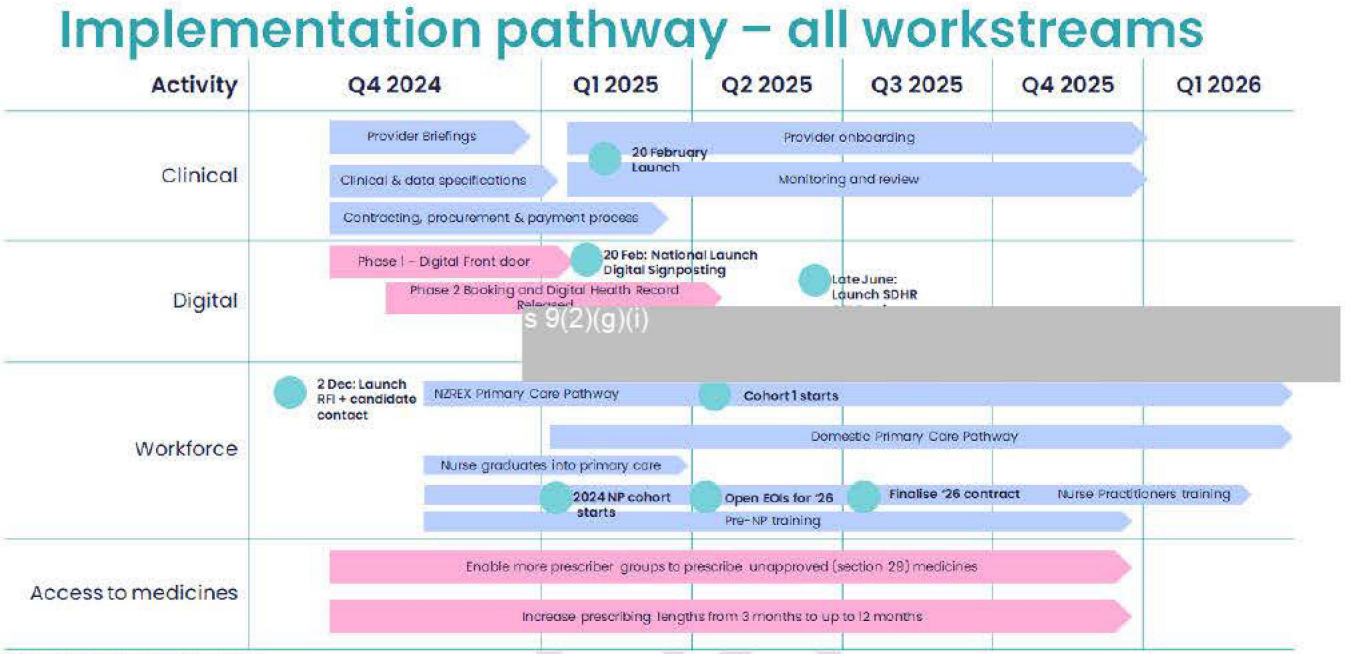


Diagram: Overall timeline

2 BACKGROUND AND CONTEXT

Easy access to high-quality primary care is correlated with better health status, higher immunisation rates, and lower use of secondary services. Some 95% of New Zealanders are enrolled, but as of July 2024, there were an estimated 296,000 people not enrolled in primary care and about a third of general practices were closed to new enrolments.

GP encounters are increasing steadily (21.7 million encounters with enrolled patients in the 12 months to October 2024 compared to 21.1 million encounters in the same period in 2023). Despite the increasing number of GP encounters, the New Zealand Health Survey 2022/23 estimated 1,034,000 people had an unmet need for general practice services because of wait times. This is a near doubling from previous surveys. The issue of increased wait times is also reflected in the quarterly GP patient experience survey.

Urgent care centres and after-hours services have also been under pressure, with many raising patient fees, reducing hours, or considering closing.

The broad issue of increasing waiting times across NZ is exacerbated in areas where clinics are chronically and significantly understaffed, resulting in the underservicing of the enrolled population's health needs.

3 WORKSTREAMS

3.1 Workstream 1a: Clinical Service Delivery

Care Direct (placeholder name) is intended to allow all New Zealand patients to have a video consultation with a GP or other clinical prescriber for urgent clinical problems 24 hours a day, 7 days a week. All participating GPs/NPs will be NZ registered and will be able to prescribe medications, order

lab tests or radiology if indicated, and provide a summary note back to the patient's usual GP (if enrolled).

Patients can also use the teleconsult service for non-urgent problems. However, the initial service is not intended to enrol patients and would not provide ongoing care coordination or proactive care, after management of the presenting episode. Options for this can be included in later offerings.

The cost to patients will depend on the subsidies they are eligible for, the time of day, and the provider. Patients will pay the chosen service provider directly via online charging.

Health NZ will set subsidy arrangements and maximum fees for designated cohorts (e.g. under 14s and community service card holders) and will pay providers on a 'fee for service' basis. Participating providers will agree to abide by a maximum fee schedule.

All providers will be approved New Zealand primary medical teleconsult providers. An open panel approach will be taken to procurement, with any provider able to meet the service requirements and standards able to participate once approved. These providers will be designated as 'trusted partners' who will work with Health NZ to streamline the patient experience over time.

The following schematic summarises key components of the clinical service and approach.

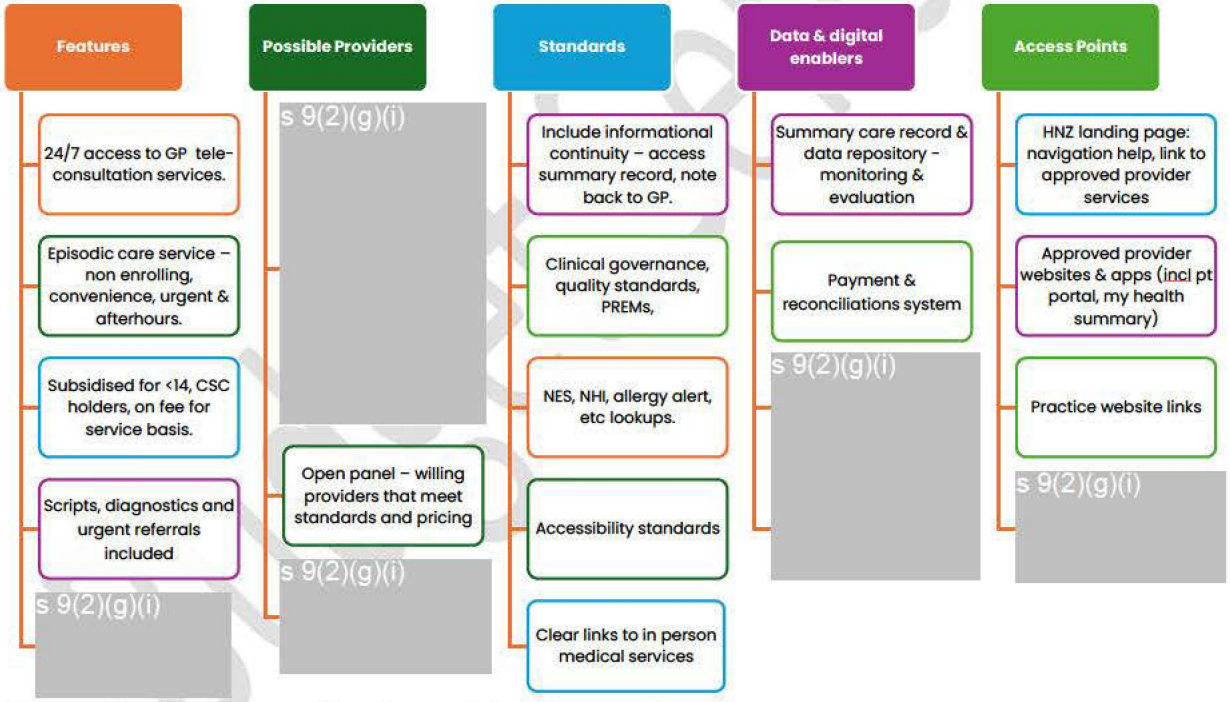


Diagram: key components of service model and approach

3.1.1 Clinical Governance and continuity of care

The concept of informational continuity of care is a key part of providing assurance around any telehealth treatment service providing episodic care. To support this, we will require providers' practitioners to access the summary shared care records where available and to provide a clinical note back to the patient's GP if they have one.

Further, they will be required to put in place clinical governance systems that include the ability for clinical observation of teleconsults either in real-time or via a recording.