

Risk	Mitigations
s 9(2)(g)(i)	

Table 2: Risk management – workforce

3.3.3 Scope inclusions/exclusions

Inclusions	Exclusions
Current Health NZ numbers as submitted in the Health Workforce Plan.	Health New Zealand Employed staff
Using the ACE matching process for Graduate placements	
Current NZREX Provider and programme to continue in 2025 and be opened to other providers.	

Table: scope inclusions/exclusions – workforce

3.4 Workstream 3: Access to Medicines

A change to the Medicines Act will allow some prescribers to prescribe unapproved medicines to allow substitution in cases of supply shortages. This will improve efficiency, prevent delays in getting prescriptions, reduce errors, and provide for better continuity of care with a likely positive impact on health outcomes.

Alongside this change is a proposal to increase prescribing lengths to up to six or 12 months. This change will support better access by reducing costs and inconvenience for patients on long-term medicines and will also reduce some administrative burden for primary care. Reducing costs for patients will support continued access to medicines, which has long-term benefits for the health system such as through reducing avoidable hospitalisations.

The MoH will lead the legislative changes aspects. Health NZ will manage relationships with software vendors and clinical service providers to ensure systems and models of care are updated to operationalise the changes.

3.4.1 Timeline

Implementation pathway – access to medicines



Diagram: Implementation pathway – access to medicines

3.4.2 Risk Management

Risk	Mitigations
s 9(2)(g)(i)	

Table: Risk management – access to medicines

3.4.3 Scope inclusions/exclusions

Inclusions	Exclusions
Amendments to the Medicines Regulations 1984	Extending prescription periods for people who require more regular contact and assessment with the prescriber
Prescriptions to be extended, based on the prescriber's clinical judgement	Controlled drug medicines will not be included.
s 9(2)(g)(i)	
Minor changes to the Pharmaceutical Schedule rules may be required to align with the amendment to the Medicines Regulations 1984.	

Table: scope inclusions/exclusions – access to medicines

4 COSTINGS

The following costings have been estimated to support the clinical service and digital enablers aspects of the initiatives.

Note that an external rapid review of the underpinning cost model and assumptions for the digital services was undertaken between 17-20 November 2024 by EY.

Sensitivity analysis indicates a risk that demand could push expenditure above the funding levels outlined through the costing model. s 9(2)(g)(i)

The Cabinet paper notes that Health NZ will report back to the Minister of Health in May 2025 following the initial rollout of the digital service and once we begin to see demand to assess whether we are at risk of overspend.

OPEX	2024/25	2025/26	2026/27	2027/28	2028/29	Total over five years
1a: Clinical Service Delivery: cost of subsidy	s 9(2)(g)(i)					
1a: Clinical Service Delivery misc (comms, mgmt, etc)						
1b: Digital Build digital (build + run)						
1b: Digital Build depreciation						
1b: Digital Build contingency						
Subtotal 1a + 1b						

Table: Digital Service Costings

CAPEX \$M	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	Total 5 Years
digital infrastructure	s 9(2)(g)(i)					
capital charge						
contingency						
Total CAPEX						

The following costs have been estimated to implement the workforce development aspects of the tactical action plan.

Workforce Initiatives \$M	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	Total 5 Years
2.1 NZREX Primary Care pathway	s 9(2)(g)(i)					
2.4 Medical Trainee Cap increase						
3.1 Nurse practitioner training						
3.3 Graduate employment in primary care						
Total						

Work continues on the costing underpinning workstream three: prescriber length.

5 PROJECT OVERSIGHT AND RESOURCING

This initiative is led by Health NZ Planning, Funding and Outcomes directorate in partnership with Ministry of Health.

5.1 Oversight, advisory and project support

HNZ | Te Whatu Ora and Ministry of Health senior leadership to ensure successful delivery to agreed plan and unblock any escalated issues.

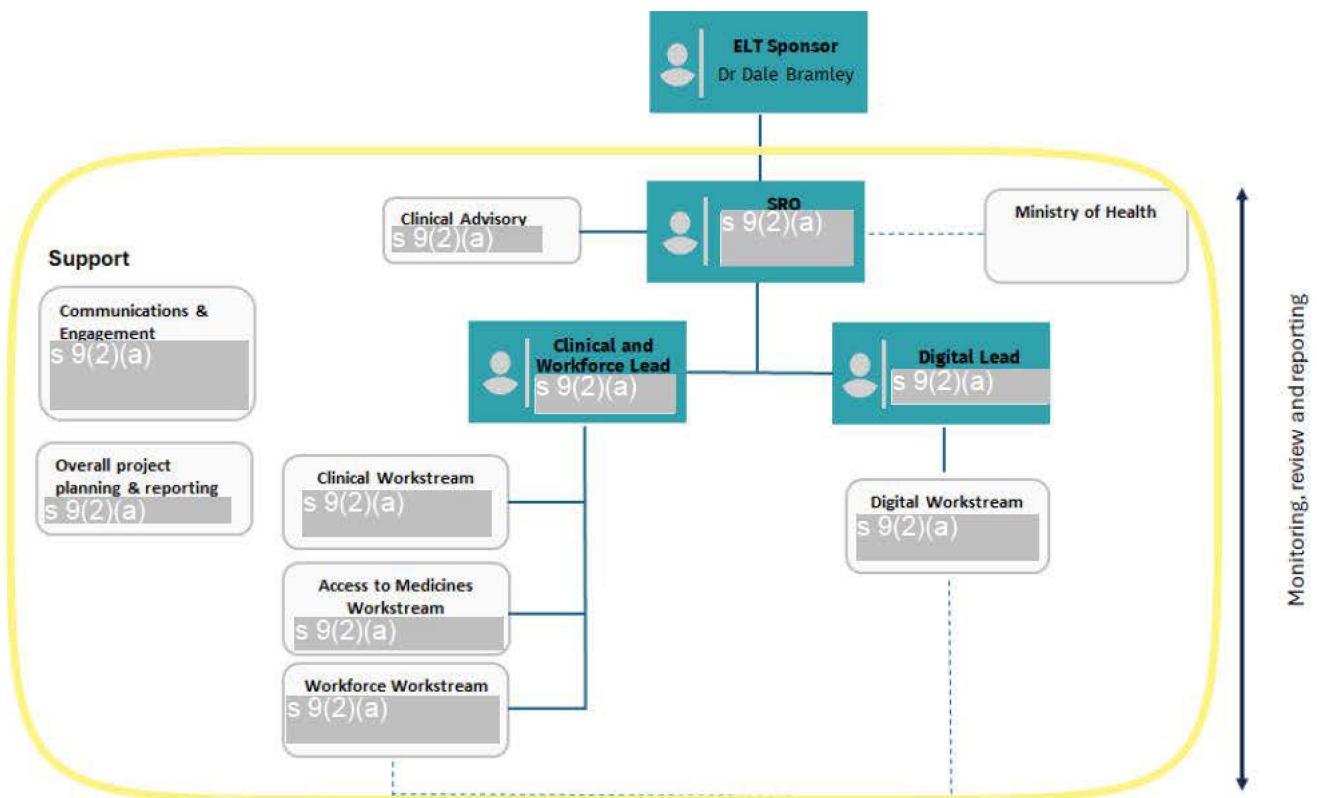


Diagram: project oversight, advisory and project management

Weekly status reports will be delivered through to end quarter 1 2025.

6 RISK MANAGEMENT

A single combined risk register will be instituted to manage risks.

7 REVIEW AND EVALUATION

A detailed plan will be developed to include:

- Programme dashboard with KPIs and RAG status to monitor progress.
- Patient outcomes using transaction level s 9(2)(g)(i) data based on approved data file specification by February 2025.
- Monitoring patient experience, which will allow us to learn and adapt, to improve the service.
- Recruitment update.
- Monitoring prescribers and prescription length impact.
- Formal review of clinical service at months 1, 2, 3 and then quarterly to adjust subsidies and marketing to match supply and demand.

8 STAKEHOLDER ENGAGEMENT AND COMMUNICATION

The Ministry of Health will lead on supporting Government announcements and Health NZ will lead all the communications around operationalising these initiatives. Health NZ and the Ministry of Health will work together to manage liaison with stakeholder groups and providers.

Key communications and engagement activity to support the announcement, that we will work with the Ministry of Health on, includes:

- Public media announcement by the Government (PR, Q+A, fact sheets or other required collateral)
- Pre-brief Health NZ regional teams (primary care relationship managers) before announcement to ensure they can cascade the information through their community networks.
- Pre-brief primary care peak representative bodies before announcement to gain buy in and support.
- At announcement immediately send stakeholder e-update with supporting guidance, FAQs and invitations for follow-up engagement/where to direct questions for primary care providers

Following the launch, Health New Zealand will lead communications and public awareness campaigns.

We will do extensive work on a brand and marketing campaign to increase awareness of the new service. We recommend that the brand and marketing campaign work towards being in market for the phase two launch of the online service. This work will require a budget for paid advertising.

For the phase one launch in February, we will look to have an interim solution. This will ensure that if there are issues in the phase one launch the brand is not tarnished.

We will use key milestone of for each initiative for announcements and other communications and media opportunities. A communications plan will be developed, in collaboration with the Ministry of Health, for each of the initiatives in the primary care programme.

Communications, public awareness campaigns and stakeholder engagement will aim to ensure:

- Stakeholders understand the initiatives, why they're important, how they impact them and the steps they need to take to make best use of the services.
- New Zealanders know how to access online general practice services and are confident online services are safe and effective.
- Primary care providers and professionals feel valued and understand these initiatives are complementary to the services they already deliver
- Primary care providers and professionals understand these developments work alongside our ongoing commitment to address the workforce pressures and demands they face each day in their own practices and primary care services
- Trust and confidence in the health system is maintained.

Core key messages

- Primary care is the foundation of New Zealand's health system, providing a broad range of community focused and tailored care services that play a crucial role in preventing illness, improving long-term health outcomes and managing chronic conditions.
- Accessible primary care strengthens our communities and empowers people to lead healthier lives.
- We know many New Zealanders are having trouble accessing care and treatment.
- We want to ensure timely health care is consistently available to everyone in New Zealand.
- We are moving quickly to transform and modernise primary care so it can better respond to people's needs.
- The Government is taking steps to:
 - Provide digital access to 24/7 primary care.
 - Increase and retain doctors and nurses in primary care.
 - Improve access to medicines.

- These changes will make a real difference to Kiwis getting healthcare and will take pressure off primary care providers and ensure that general practitioners focus on those patients who need their specialised care.
- This is the first step in an ongoing journey that will transform primary care in New Zealand into a digital-first service. In the future, people will be able to get the advice and care they need on their smartphone whenever they need it. People will have more control over their healthcare experience, and it will fit better within their lives. Digital-first healthcare also means we will be able to make the most of advances in technology over time.

8.1.1 Stakeholder management

A stakeholder management plan is under development. Stakeholder engagement for the initial launch has been covered above.

8.1.2 Communications and engagement delivery timeline

s 9(2)(g)(i)



8.1.3 Risk Management

Risk	Mitigations
<p>Media commentary from primary care sector re:</p> <ul style="list-style-type: none"> Concerns this will negatively impact their business and they'll be left with costly complex care Concerns recruitment to support this service is from the same GP pool - impacting their workforce Concerns they're not ready to support new intakes of GPs/nurses Disagree with 12-month prescription timeframes Financial impacts 	<p>Pre-brief peak bodies</p> <p>Ensure messaging addresses these issues</p> <p>Proactive FAQs shared re: issues</p> <p>Reactive Q&As prepared on issues</p>
Public 'distrust' of telehealth services	Ensure public messaging and comms campaign highlights key assurance points re: telehealth, including the use of registered GPs

Table: risk management – communications and engagement

8.1.4 Supporting collateral

Examples of the supporting collateral that will be used throughout this work include:

- Media release.
- Reactive media messaging.
- E-updates to:
 - Primary care peak bodies.
 - PHOs/GPs (via PHOs).
 - Primary care training providers.
- Primary care provider FAQs.
- Training provider FAQs.
- Internal articles for:
 - Ruruku.
 - Tū Māta Kōkiri.
- Web page content:
 - Info.health.nz service user health navigation.
 - GP direct landing page.
- GP direct - social media posts.
- Slide deck for meetings/updates.
- Downloadable GP direct posters for primary care practices/online providers.
- Branding for approved online telehealth services websites.
- Marketing campaign.

Budget Sensitive