2 September 2025

Health New Zealand
Te Whatu Ora

[redacted]

Tēnā koe [redacted]

Your request for official information, reference: HNZ00092439

Thank you for your email on 2 July 2025, asking Health New Zealand | Te Whatu Ora for the following under the Official Information Act 1982 (the OIA):

> *Given the 24/7 online service is now live, can you please provide any information relating to the planning or procurement for this service.*

Response

As noted in our response to you dated 15 August 2025, we are releasing the information you requested in two tranches, this is tranche two – planning documents. My sincere apologies for the delay in providing you with this information.

Please refer to **Appendix One,** which sets out our decision on the release of documents within scope of your request. The documents able to be released are attached as **Appendix Two**.

Some information is also refused under section 18(d) on the basis that it will soon be publicly available and will be located here Publications – Health New Zealand | Te Whatu Ora

Some information within these documents has been withheld under the following sections of the OIA:

- 6(c) – to prejudice the maintenance of the law, including the prevention, investigation and detection of offences
- 9(2)(b)(ii) - to protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is subject of the information
- 9(2)(f)(iv) – to maintain the constitutional conventions for the time being with protect the confidentiality of advice tendered by the Minister
- 9(2)(g)(i) – to maintain the effective conduct of public affairs through the free and frank expression of opinions

Where we have withheld information under section 9(2) of the OIA, we have considered any countervailing public interests in the release of this information. We do not believe that the public interests outweigh the need to withhold in this instance.

How to get in touch

If you have any questions, you can contact us at hnzOIA@tewhatuora.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

Sasha Wood

Sasha Wood
Head of Government Services
Health New Zealand | Te Whatu Ora

Appendix One

#	Date	Title	Decision on release
1	28 October 2024	Memorandum to the Executive Leadership Team – GP Direct initiative	Some information withheld under section 6(c) 9(2)(b)(ii) 9(2)(f)(iv) 9(2)(g)(i)
2	29 April 2025	Briefing – Update on progress for launch of digital 24/7 service	Withheld in full under section 18(d) as being proactively released.
3	7 May 2025	Briefing – Implementation of Online GP Consultation Service – Phase 1	
4	5 June 2025	Briefing – Full launch of 24/7 digital GP service	
5	20 November 2024	Briefing – Primary Care Tactical Action Plan: Implementation Plan	
6	November 2024	Primary Care Services Tactical Actions	

Document 1

Memorandum to the Executive Leadership Team

GP Direct initiative

Date:	28 October 2024
From:	Martin Hefford, Director Living Well, Planning, Funding and Outcomes

Purpose

1. This memo outlines the planned design parameters for a new initiative ('GP Direct') intended to help improve access to primary care for all New Zealanders. Specifically, the paper seeks ELT's agreement to progress the initiative to the Commissioner for approval.

Recommendation

2. ELT should:

   a) **note** the key design parameters for the GP Direct initiative as outlined in this paper;

   b) **note** that this is one part of a Government-initiated primary care tactical action plan;

   c) **note** the estimated annual cost of this initiative (preferred option) is $27 million per annum;

   d) **note** the proposed approach to implementation via open panel procurement starting with existing providers;

   e) **endorse** the proposal for progression to the Commissioner for consideration;

   f) **agree** to fund the proposal (if approved) in 24/25 by reallocating intended commissioning group savings, in 25/26 by allocation from the already indicated Budget 25 appropriation for primary community and public health services, s 9(2)(f)(iv)

   g) s 9(2)(f)(iv)

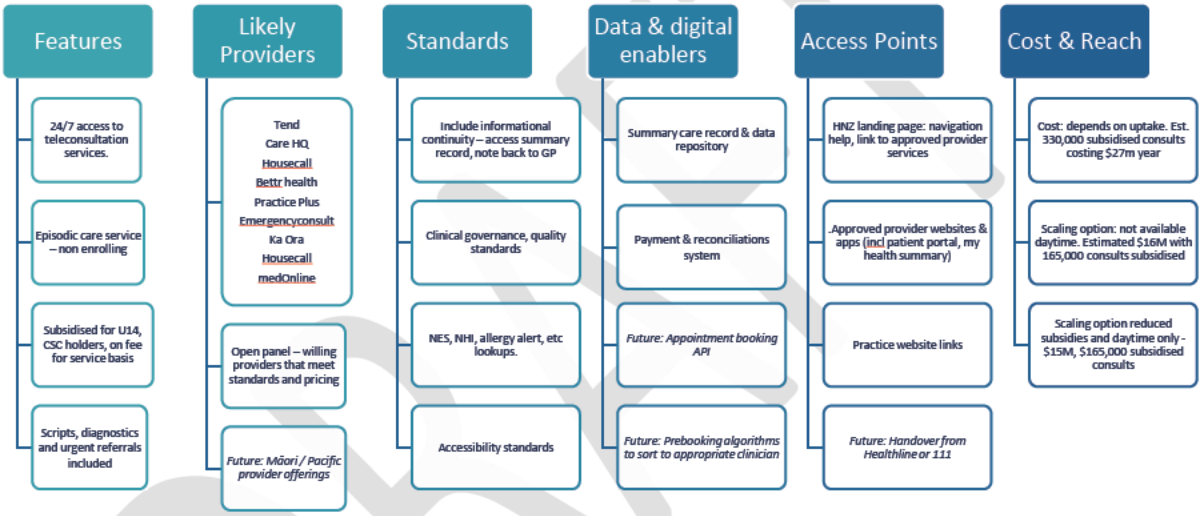
Summary

3. Figure 1 provides a high-level overview of the GP Direct initiative and how it is intended to work.

4. Subject to confirming the parameters of the GP Direct initiative (including costs and funding), our intention is to have the scheme operational (using a 'minimum viable product' approach) by mid-December.

5. We will monitor the uptake of the service to support a continuous improvement approach with a view to commencing a wider roll-out after six months of operation (from the end of April 2025).

Figure 1: Overview of the GP Direct Initiative



Background

6. 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.

7. GP encounters are increasing steadily (14.5 million encounters with enrolled patients in the 8 months to August 2024 cf 14 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.

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

9. 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.

10. In response, the Government has sought to develop a primary care tactical action plan which includes a range of actions to ensure that more New Zealanders can get an appointment in primary and community care, faster.

11. The plan (a draft of which was provided to Ministers on 25 October) includes five elements:

    a) Providing digital primary care options for all

    b) Enable more workforces to prescribe more medicines

    c) Increase prescribing lengths from 3 months to up to 12 months

    d) Increase the number of qualifying doctors

    e) Increase the number of nurse practitioners and nurse prescribers

12. This proposal responds to the first of these actions (to provide digital primary care options for all). Our proposal would see the provision of a nationwide GP teleconsultation service (termed GP Direct until a preferred name is developed) for urgent problems 24 hours a day, 7 days a week.

13. The key benefit of the proposal is to provide access for those who cannot obtain a timely appointment with a GP because their GP is not open after-hours, or they have insufficient capacity to meet demand, or because there is no local practice enrolling patients.

Key features of GP Direct

14. GP Direct is intended to allow patients to have a video consultation with a GP for urgent problems 24 hours a day, 7 days a week. All GPs will be NZ registered and will be able to prescribe medications, order lab tests or radiology if needed, and provide a summary note back to the patient's usual GP (if enrolled).

15. Patients can also confer with a GP by teleconsult for routine problems, but the service is not intended to enrol patients and would not provide ongoing care coordination.

16. 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.

17. Health NZ will agree to 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.

18. All providers will be approved New Zealand-based general practice 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 (See **Appendix 1** for draft service requirements).

19. Current providers (and their current service offerings) who may have an interest in being considered for participation in the initiative are listed in **Appendix 2** (though the initiative will not be limited to just these providers).

20. The advantages of this procurement approach include that:

    a) A non-exclusive arrangement provides for competition between providers based on quality of service and fees;

    b) It allows multiple providers to bring capacity to bear rather than relying on one or two providers;

    c) It does not exclude providers that may target Māori or Pacific consumers or other minority populations, and;

    d) It enables us to quickly tap into the existing provider market.

21. Access to the service will be available to NZ residents and non-residents (though only NZ residents and otherwise eligible persons will have costs subsidised) through a number of platforms:

    a) a Health NZ-managed web page with navigation support (i.e. "What kind of service do I need") and direct links to approved providers

    b) links from general practice websites

    c) via proprietary service provider apps (eg Tend, CareHQ)

    d) service provider websites.

22. In time, we anticipate the service expanding to include:

    a) next available appointment available via an API for each approved provider on the HNZ landing page

    b) direct booking from a GP practice receptionist

    c) 'Warm handover' from teletriage services (e.g. Healthline, 111, Ka Ora)

    d) Access via details from my-health-summary and other patient portals.

Clinical Governance and continuity of care

23. 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 expect providers' practitioners to access the summary shared care records where available and create an expectation that practitioners provide a clinical note back to the patient's GP if they have one.

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

25. Other expectations of providers will be that all clinical staff are registered and fully authorised to practice in New Zealand and that all consultations are coded using Snomed CT. The draft set of service requirements is set out in **Appendix 1**.

Enablers

26. The usefulness of the initiative will be strengthened by key enablers including:

    a) Enabling digital access to summary patient records across New Zealand and across providers. Currently, there is a patchwork of summary care records, but we are progressing rationalisation into a single record through vendor arrangements. Access to a summary record is important for the safe delivery of episodic care across NZ.

    b) The summary care record extracts will also feed a primary care data repository which will have considerable advantages for planning and funding services, monitoring quality, and enabling better population health management.

    c) The ability to provide pharmacy options (such as extended-hours pharmacies, medicines depots, or via courier delivery) after-hours. This is being considered in the urgent care framework being developed.

Funding the initiative

27. We foresee the GP Direct service being funded by a mixture of Health NZ subsidies and patient co-payments. Provisional fees and subsidies for the service are set out in Table 1. These will be finalised after negotiations with interested parties.

Table 1: GP Direct subsidy

Cohort	CSC	Subsidy*	Max Copay*
Under 14	Y	$75	$0
Under 14	N	$75	$0
Youth (14-18)	Y	$55	$20
Youth (14-18)	N	$19	$60
Adult	Y	$55	$20
Adult	N	$5	$70

**Overnight (between the hours of 10 pm – 8 am) we anticipate an additional premium to apply. We foresee this being paid as an additional $10 subsidy from Health NZ plus a $10 copayment from the patient.*

Cost estimates

28. We have identified three implementation options. The indicative costs associated with each of the options are outlined in Table 2. Costs include an allowance of s 9(2)(b)(ii) for digital and data infrastructure costs and s 9(2)(b)(ii) for contingency.

Table 2: Options and indicative costs

Option	Description	Indicative cost	Comment
1 – GP Direct 24/7 provision (preferred option)	An approved panel of providers will deliver 24/7 access to the GP direct initiative as described previously. Subsidy and maximum fees would be per table 1. An estimated **330,000 subsidised consults** for CSC and under 14s will be provided per year.	s 9(2)(b)(ii)	This is the preferred option.
2 – GP direct afterhours only	This would limit the funded access for people to only outside usual business hours (evenings, weekends, holidays) removing the daytime demand from the subsidised package. An estimated **165,000 subsidised consults** will be provided per year.	s 9(2)(b)(ii)	This may result in people waiting to afterhours for service, pushing up costs.
3 – GP direct afterhours only + reduced cost contribution	Under this option, the opening hours and the level of subsidy would reduce, increasing copayments and reducing both cost per consult and demand. An estimated **165,000 subsidised consults** will be provided per year.	s 9(2)(b)(ii)	Increased copayments may create a barrier to some people accessing the service.

Options for funding the service

29. The service could be funded from existing baselines, from additional Budget 25 funding, or by clawing back funds from capitated providers.

30. s 9(2)(g)(i)

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

32. As such, the most likely option in the 24/25 year is the reallocation of planned savings in the community primary care and public health appropriation this year. For the 25/26 year, the initiative could be funded (in part or in full) from the Budget 25 allocation.

Clawback rules for enrolled patients

33. There are risks that introducing the GP Direct service may lead to practices deliberately underservicing (on the understanding that patients can be redirected to GP Direct). As a result, we could look to institute a 'claw back policy' to manage this.

34. While we would be unlikely to institute a claw back policy initially (as we seek to encourage uptake of the service), in the longer term we expect to negotiate a fair use policy. Under this, use above a certain rate could attract clawbacks from capitation. These monies could then be used to offset the costs of providing the GP Direct initiative.

35. However, as noted previously, the option to claw back funding is not currently enabled and would require either agreement from providers or a Ministerial directive.

Risks

Risk	Impact	Mitigations
Lack of a consistent summary care record across NZ	Limits informational continuity of care and increases clinical risks.	Expedite already planned programme to rollout a consistent summary care record across NZ.
Costs of operation may exceed budget (excess demand)	HNZ exposed to fiscal risk	Options to reduce subsidies or hours of operation as required.
Service may be seen as a competitor to GPs	Lack of support from practices which limits uptake and negative media coverage of any clinical mishaps.	Effective communications to outline how GP Direct is intended to complement general practice. No clawback initially.
Limited window for implementation	'Teething' problems may result in a negative perception of the service	Work with existing providers and allow for ramp-up time.
Service fails to achieve clinical safety standards	Adverse outcomes for patients and negative coverage which limit uptake	See the section on Clinical Governance and continuity of care for discussion.
Service providers and general practices may be vying for the same resource	Primary care workforce is negatively impacted	Limited subsidies will reduce demand for the service to a manageable level and minimise the impact on the GP workforce. Use of other clinical roles (e.g. Nurse Practitioners and prescribing pharmacists) to deliver the service will reduce the impact on scarce GP workforce.
Limited access for patients lacking digital literacy or internet connectivity	Service has negligible value for certain patient groups	Options for kiosks in Marae, pharmacies, community centres, etc.
No access to the pharmacy out of hours limits the usefulness	Limits effectiveness of the service, potential adverse outcomes for patients	To be considered in urgent care report.

Next steps

36. Our proposed approach to implementation is to focus on developing a minimum viable product (MVP) for launch before the end of 2024. Our intention is that the service will be reviewed and further expanded in 2025.

37. Key deadlines for the implementation of the MVP are as follows:

    - By the end of October: Develop draft service features, procurement approach, cost estimates, business rules, clinical standards, engagement plan, and project plan (*largely completed*).
    - By 5 November: Initial discussions held with current providers.
    - Early November: ELT consideration of features, costs, and risks associated with the initiative.
    - Mid-November: ELT and Commissioner approval for the initiative (and funding). Contract specifications finalised.
    - 22 Nov: Timetable set for summary record, data repository, and payment engine.
    - 29 Nov: Awareness campaign brief finalised.
    - By 10 Dec: Agreements in place with providers for interim delivery. 'Landing-page' developed for testing.
    - By 20 Dec: Go-live with the MVP platform. Awareness campaign initiated to support the launch.

38. We will continue to monitor the uptake of the service to support a continuous improvement approach with a view to opening the service up to additional providers and commencing a wider roll-out from the end of April 2025.

39. Separately, work is continuing on options for digital first enrolment.

Attachments

- Appendix 1: Draft requirements for GP Direct providers
- Appendix 2: Service provider stocktake
- Appendix 3: Cost assumptions and information
- Appendix 4: Data and digital cost assumptions

Appendix 1: Draft service requirements for GP Direct providers

Technology and Integration

- Allocates an NHI to every patient consultation.
- Has an NES look-up facility that identifies where the patient is enrolled.
- Allocates HPI to each consult
- s 6(c) lookup as needed.
- ACC claims directed to ACC
- Able to generate electronic prescriptions, electronic referrals, radiology requests, and lab tests across NZ regions and districts.
- Able to copy results to the person's General Practitioner.
- Accepts payment through account-to-account, credit or debit card,
- Provides transaction-level reporting as a regular data extract.
- Certificate for special authorities arrangements in place
- Provides transaction-level reporting to HNZ.

Clinical Quality / Governance:

- Provides informational continuity of care - accesses summary shared care record where one is available and provides a clinical note back to the patient's GP if they have one.
- Has a system of clinical governance that includes the ability for clinical observation of a Teleconsult either on a live basis or via a recording.
- All clinical staff are registered and fully authorized to practice in New Zealand.
- Consultations are coded using Snomed – CT
- Provides a full range of primary care services (e.g., not just medical marijuana) within telehealth scope.
- Includes arrangements for follow-up on lab tests and radiological investigations.
- Consult summary to patient.

Future functionality

- Able to provide an API showing the next available appointment through the Health NZ portal.
- Able to accept HNZ authorized vouchers for free or discounted cost of service (long-term).
- Able to accept warm handovers from Healthline or similar services (e.g., 111).
- Able to allow GP receptionist or 111 or Healthline nurse to see available slots and to book a patient directly into the appointment system.
- Reporst on Clinical indicators – to be developed.

Accessibility and Communication

- Provides voice-only options.
- Consider non-booked – virtual walk-in option.

Future functionality

- Provides a data-free option
- Make available through pharmacies/marae-based kiosks, etc.

Appendix 2: Service provider stocktake

The information below was gathered through a desk-top review of provider websites offering digital consultations with GPs and in some cases other health professionals – both private businesses and those receiving public funding.

Name & URL	About the provider	Hours	Coverage	Accessibility/inequities	Clinical exclusions
1. **Ka Ora** Ka Ora Telecare	A network of three providers: Emergency Consult Practice Plus Reach Aotearoa	5 pm to 8 am weekdays 24-hour weekends & public holidays	Enrolled with a rural medical practice Live in or visiting a rural area Non-enrolling	• On Health Point • Landline option FAQs address costs barriers, disability and cultural needs for Māori and Pacific and other impairments	Nurse or kaiāwhina provides triage and may refer to a nurse or telehealth Not suitable for emergencies Cannot prescribe some controlled drugs
2. **Emergency Consult** Emergency Consult | On-demand Healthcare | Doctor Online | Video Call an Emergency Doctor | Telehealth New Zealand - Emergency Consult	Emergency Consult Limited Emergency medicine specialists Contracts to Ka Ora	24/7	Non-enrolling Available to people travelling overseas but qualifies help available International patients Service is ACC-registered	• On Health Point • Brief health professional bios • No information to address access barriers/ inequities	• Narcotic scripts • Repeat GP scripts • Mental health consults • Overlaps but not a GP service "First port of call for unscheduled accident and illness often occurring afterhours, weekends, nights or when you cannot get in to see your GP urgently."
3. **Practice Plus** Telehealth & Virtual GP Appointments New Zealand | Practice Plus	Includes several PHOs (Tu Ora, Think Hauora, Pinnacle, Pegasus, Te Awakairangi, Western Bay of Plenty Contracts to Ka Ora	Weekdays 8 am - 10 pm Weekends & Public Holidays 8 am - 8 pm	For enrolled patients at partnered PHOs International patients. Also for casual patients.	• On Health Point • Not available to hearing impaired • Recommend a support person for interpretation • Displays a rainbow flag on the homepage • 'How to' video and digital enablement info	• Person must be in NZ • If physical exam required • Controlled medications • Immigration medicals • Advice on when to seek urgent medical attention
4. **TEND** See a GP Online or In Person - Healthcare Made Easy | Tend	Mix of online and clinics (Auckland – 3; Bay of Plenty – 4, Canterbury – 4)	Weekdays: 7 am – 9 pm	Enrolments for residents in Auckland, Tauranga, Christchurch	• On Health Point • Interpreter service (unclear if funded) • No information to address access barriers/ inequities	• Recommend patients book a 30-minute appointment for mental health issues

Name & URL	About the provider	Hours	Coverage	Accessibility/inequities	Clinical exclusions
App-based		Weekends (Public holidays): 9 am – 9 pm	Provides support to patients throughout NZ on a casual basis	• No info on digital enablement • Provides brief profiles of online doctors • Offers 15- or 30-min consults (increased cost)	• No information on what is not suitable for an online appointment • Advice on when to seek urgent medical attention
5. **Well Revolution** Well Revolution | Online Doctors and Prescriptions App **App-based**	Well Revolutions Systems Limited Online	No appointment needed – "start a private chat at any time" 7 days a week **until late**	Everyone in NZ	• Not on Health Point • Send text, voice, or video messages directly to a doctor • No information to address access barriers/ inequities • App sends paperless prescriptions	• Controlled medications • ACC claims • Immunisations • Lab & radiology requests • No advice on when to seek urgent medical attention
6. **Bettr** Online Doctors NZ - See a GP in Minutes - That's Bettr	Owned by Tamaki Health Limited Operates Local Doctors, White Cross, and Bettr 40+ GP and Urgent Care clinics in Auckland and White Cross	8 am – 8 pm 7 days a week 10-minute consultation Follow the link we send you and join the virtual waiting room	Enrolments for Auckland and Palmerston North residents Casual patients (from anywhere)	• Not on Health Point • Brief info on digital enablement • Some photos of available doctors • Lip reading and chat function for hearing impaired • Telephone consult for visually impaired • Pool of doctors who speak other languages and expect to be able to offer this in the future	Medical emergency Controlled drugs Vaccination
7. **Care HQ** See a GP from anywhere. CareHQ NZ.	Affiliated with Southern Cross and Procare (Though can't find Procare connection on website)	7 am – 7 pm 7 days a week Register or log in Select appointment & pay & receive consultation link	Non-enrolling	• On Health Point • Need to provide own interpreter if needed • May be unsuitable for hearing difficulties, telephone if blind • 'How to' video and digital enablement info	Medical emergency
8. **HouseCall**	The Doctors online 65 clinics	Normal opening hours Not weekends	Non-enrolling Physically in NZ	• Not on Health Point • Video how it works • Includes Dr bios	• Will assess if suitable for an online appointment and, if

Name & URL	About the provider	Hours	Coverage	Accessibility/inequities	Clinical exclusions
Online doctor consults, wherever you are, book in 2 mins!	Has a pool of 6 online NZ doctors available limited hours	8 am – 5 pm – TBC Calendar indicates available appointments may not be 8m to 5 pm every day		• Online safety tips • Describes limitations for people with impairments/ need interpreters • No information to address other access barriers/ inequities	not, partial refund and referral
9. **MedOnline** MedOnline NZ Online Doctor for GP telemedicine appointments	MEDONLINE LIMITED Partners with Southern Cross "easy partner"	TBC	Non-enrolling Physically in NZ	• On Health Point • Doctor bios – Hindi speaking doctor • No information to address access barriers/ inequities • Offers a chatbot (could not answer my question re hours)	• Expects to be able to offer controlled drugs soon • Does not provide medical certificates for W&I, or ACC • Emphasises that the service offered by vocationally trained GPs • Urgent presentations should go to ED
10. **Pocket Lab** Pocket Lab | Online Doctors	Pocket Lab Limited is an online healthcare service for Aotearoa New Zealand. It was created by a group of New Zealand GPs to help reduce barriers to accessing quality healthcare and reduce health inequities across New Zealand.	8am-5pm, 7 days a week	Non-enrolling Resident in NZ	• Not on Health Point • No information about Doctors – based on availability • Claims to address health inequities by reducing barriers however no information for people with impairments; need interpreters • Offers a "sexual health hub"	No information – can arrange an ambulance if needed

Appendix 3: Cost assumptions and information

Volume (number of consults per annum)

Cohort	Description	Assumptions	Data source	Subsidy Bands (age and CSC)	Diversion %	ACC Exclusion
Divert from existing non-GP service	People who attended Urgent Care/after hours	Some people who use this service are able to be serviced by Digital GP.	Urgent Care	Available in data	25%	34%
Divert from existing non-GP service	People who attended ED and are triage 5	Triage 5 who use this service are able to be serviced by Digital GP. But cost may be a barrier if they have to pay for Digital GP.	ED	Only age is available	25%	34%
Shift from existing GP service - Deferred Need	People who had to wait for a GP appointment.	Some people would have used Digital GP if available.	GP QED	Available in data	1%	34%
Shift from existing GP service – Personal Choice	People who prefer digital to traditional face to face.					
Warm handover	Telehealth user where the outcome is "See GP" or "Attend A&M"	Some people would have followed the telehealth recommendation and gone to GP or A&M but some will not have taken any further action.	Whakarongorau	Estimated	50%	5%
Unmet Need	People who did not interact with the health service at all.	Condition likely to have self-resolved (otherwise they would show up in another service). Some of these people would have used a Digital GP service if available.	Estimate from NZ Health Survey indicator "Unmet need for a GP due to wait time being too long". Note that some of these may have ended up in non-GP service like Urgent Care/ED so adjust accordingly to avoid double counting.	Only age is available	30%	5%
Existing Users	People who currently use Digital GP services.	These people will continue to use Digital GP services.	From providers, e.g. Tend, Practise Plus – Data not currently available. Estimated at 120,000	Estimated	90%	5%

Usage Pattern (estimated) – these are used for calculation of premiums and inclusion/exclusion in scaling options

Period	Percentage of consults
Business Hours (weekdays)	50%
Evenings	45%
Overnight	2%
Weekend/public holiday	3%

Costs (proposed)

- Base consult cost: based on stocktake of existing services set to $75.00
- Overnight premium: set to $10 ($10 HNZ + $10 Co-pay)
- Subsidy/co-pay split – refer to tables in PowerPoint for details
- Possible small subsidy for nonCSC adults – tbc.
- Subject to further consideration and negotiation with providers.

Scaling Options

Option	Option 1 –24/7 provision (preferred option)	Option 2 – Afterhours only	Option 3 - Afterhours only + reduced cost contribution
Availability	24/7 availability	Non business hours only (Evenings, overnight and weekends)	Non business hours only (Evenings, overnight and weekends)
Subsidy	U14 fully subsidised 14+ CSC partially subsidised	U14 fully subsidised 14+ CSC partially subsidised	U14 CSC fully subsidised U14 non-CSC partially subsidised 14+ CSC cardholders partially subsidised

Appendix 4: Data and digital cost assumptions

Component	Cost est
Landing page with static information	$70,000
Changes to Healthline / Whanganui call flows to direct non-emergency GP calls to GP Direct service	$200,000
Support developing requirements for Telehealth Service procurement to cover: • Capture Register and Consent • Help and support for patients to navigate the service • Manage Complaints • Access to existing Shared Primary Care Records (SEHR) • Access to data services such as NZePS and NHI • Authorisation and Audit requirements • Privacy and Security Assurance • Coding and Clinical data model (Snomed CT) • Integration with Healthlink messaging for the GP Summary • Information provided to HealthNZ Data Platform • Regular Reporting to HealthNZ • Data repository • Manage Claims with HealthNZ Sector Pps	$350,000
HealthNZ Fee for Service Integration for Sector Ops	$200,000
HealthNZ National Data Platform Data Ingestion	$250,000