

## Application processes for PHO decisions

<b>Due to MO:</b>	17 July 2025	<b>Reference</b>	HNZ00091674
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>From:</b>	Jason Power, Acting National Director, Planning Funding and Outcomes		
<b>Copy to:</b>	n/a		
<b>Security level:</b>	In Confidence	<b>Priority</b>	Routine
<b>Consulted</b>	n/a		
<b>Proactive Release:</b>	This title is proposed by Health NZ for proactive release		

### Contact for further discussion (if required)

Name	Position	Phone	1st contact
Martin Hefford	Director, Living Well		x
Astuti Balram	Group Manager Primary Care		

### Attachments

**Appendix 1:** New PHO Assessment Framework

**Appendix 2:** Tend approval letter

**Appendix 3:** Geographical Expansion Decision Making Framework

**Appendix 4:** Examples of practices which have changed PHO in 2025

## Purpose

1. You asked for an overview of application processes for PHO-related decisions that includes advice on applications to establish new PHOs and for changes in scope for existing PHOs.

## Status quo

2. Under the current model, contracting for primary medical services happens through Primary Health Organisations (PHOs). There are 31 PHOs in New Zealand, with populations ranging in size from 22,000 to more than 600,000 people. Each PHO delivers services under the PHO Services Agreement (PHOSA).
3. In some cases, PHOs operate in a single district, whereas other PHOs have agreements to operate in multiple districts<sup>1</sup>. In addition, some districts have all practices under a single PHO, while other districts have multiple PHOs in operation.
4. In terms of application processes for PHO-related decisions, there are three types of application to consider (each of which is discussed below):
  - Application process to establish a new PHO;
  - Application for an existing PHO to operate in a new district (geographic expansion);
  - Application for a practice to change PHOs.

## Application processes

### Application process to establish a new PHO

5. Where an organisation indicates a desire to establish a new PHO, the assessment process includes both national level consideration of the application against the requirements of the PHOSA alongside consideration of the application against regional requirements (e.g., ability for the new PHO to participate in regional data sharing arrangements and Alliances). The criteria used by Health NZ to support this determination are set out in the Assessment Framework (attached as **Appendix 1**).
6. Between January-May 2025 Health NZ operated a 'no new PHO' policy as we anticipated moving to place-based PHOs following consultation with the sector on future PHO roles and functions. As this work is now being led by the Ministry of Health and timeframes for any reset of the PHO sector are not yet confirmed, Health NZ has recommenced considering applications to establish new PHOs.
7. The sector was advised on 23 May 2025 that we would consider new applications for PHOs that meet the critical mass and economies of scale to deliver the organisational requirements set out in the PHOSA.
8. Recent examples of applications to establish new PHOs include Tend (approved on 28

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<sup>1</sup> Note that a PHO will have a separate PHOSA for each district they operate in.

May 2025) and Green Cross Health<sup>2</sup>. We will keep you updated as applications for new PHOs are received and decisions made.

9. Examples of the requirements that can be placed on a successful new PHO can be seen in the approval letter issued to Tend (**Appendix 2**).
10. In making decisions on new PHO approvals, Health NZ seeks to retain a focus on ensuring service continuity for consumers, potential impact on population-based programmes (e.g., screening), and the impact on cross-PHO joined-up service provision across hospital and primary care services. Health NZ wishes to maintain economies of scale and critical mass, and will not approve applications from entities with an enrolled population smaller than ~75,000 enrolled patients.
11. An approval issued following this process is only valid for any districts in which the PHO will have an active presence on establishment. Should they wish to add practices in other districts once established, then this becomes an application for geographic expansion (see more on this below).
12. Following the approval of Tend as a PHO, Health NZ received several queries about the potential for existing PHOs to become 'national PHOs' (i.e., to operate across all districts without the need for a PHOSA in each area). In response to these queries, Health NZ clarified that the communications issued on 23 May 2025 related to applications for new PHO entities only, and that there are no 'national' PHO agreements (with section B11 of the PHOSA outlining the geographic expansion approach).

### **Applications for geographic expansion (under the geographic expansion framework)**

13. As noted previously, PHOs are approved to operate in certain districts. Section B.11(2) of the PHOSA sets out the criteria that PHOs need to meet when seeking to operate in a new area. Specifically, they need to show how they will:
  - Promote access equity and choice for people in the area;
  - Better meet the needs of people than the services currently provided in the area;
  - Contribute to achieving the most effective and efficient delivery of health services in a way that meets local, regional and national needs;
  - Positively contribute towards encouraging collaboration between primary and community partners in the delivery of integrated health care services;
  - Promote the integration of health services in the area, particularly in respect of primary and secondary health care services.
14. For PHOs wishing to expand into new areas, that process is managed through Health NZ's 'PHO Geographical Expansion Decision Making Framework' (**Appendix 3**). The framework is available on the Health NZ website.
15. The case for supporting a new PHO to enter a region or district depends in part on the

number of practices and the size of the associated population moving to the new PHO.

16. Applications under the Geographical Expansion Framework are managed at a regional level. Recent examples of geographic expansion include:

- National Hauora Coalition seeking approval to operate in Capital and Coast District – approved for Kapiti location on 19 June 2025;

### Applications for practices to change PHOs

17. The third application process for PHO-related decisions relates to practices which are seeking to move between PHOs. As with geographic expansion applications, the process of switching PHOs is prescribed in the PHOSA.

18. Specifically, S15 of the PHOSA sets out the process for notifying Health NZ where they wish to “*enter into a subcontract with a provider of First Level Services with whom the PHO has not previously contracted*”.

19. Under the PHOSA section B15, PHOs have a requirement to notify Health NZ of the intention to subcontract with additional practices in existing contracted areas, and Health NZ must advise the PHO within 20 business days if Health NZ objects to the subcontracting arrangements.

20. Under the PHOSA, the only reasonable objection to new subcontracting arrangements in existing contracted areas is if there are concerns regarding the practice’s/provider’s ability to perform the services required under the contract.

21. Applications to change PHOs are managed at a regional level and are relatively common. Based on information issued in response to a pair of requests under the OIA earlier this year, **Appendix 4** sets out some recent examples of practices which have changed PHO in the first part of this year.

22. Practices seeking to change PHOs are required to give notice by 31 December for implementation from 1 July 2026. The extended notice period provides opportunity for Health NZ and the PHO to plan and manage changes to the set of services, other than general practice, that are organised or funded by PHOs (e.g., use of flexible funding pools, primary mental health contracts and local agreements) without disruption to services for consumers.

23. In terms of reasons why practices would seek to change PHOs, largely these relate to the set of financial incentives and/or the services that are on offer from the PHO. There are concerns in some quarters that the ease with which practices can change PHOs may be incentivising practices to seek out PHOs that have less rigorous oversight practices.

## Appendix 1: New PHO Assessment Framework

Attached as separate document

## Appendix 2: Tend approval letter

Attached as separate document

## Appendix 3: Geographical Expansion Decision Making Framework

Attached as separate document

## Appendix 4: Examples of practices which have changed PHO in 2025

Practice	Previous PHO	New PHO
<i>Northern Region</i>		
Onerahi Family Healthcare	Mahitahi Hauora	ProCare
Beachhaven Birkdale Medical	Comprehensive Care	ProCare
Albany Family Doctors	National Hauora Coalition	ProCare
Windsor Medical Centre	ProCare	Comprehensive Care
Doctors on Luckens	National Hauora Coalition	Comprehensive Care
Kerimed Doctors	Mahitahi Hauora	Comprehensive Care
Balmoral Doctors	ProCare	Comprehensive Care
The Doctors Sunset Road	Comprehensive Care	National Hauora Coalition
OneHealth Medical & Urgent Care	ProCare	Total Healthcare
Three Kings Accident & Medical	National Hauora Coalition	Auckland PHO
MaxCare Medical	National Hauora Coalition	The Cause Collective
<i>Te Manawa Taki Region</i>		
Cambridge Medical Centre	Midlands Regional Health Network	National Hauora Coalition
Tokoroa Doctors	National Hauora Coalition	Midlands Regional Health Network
Rototuna Family Health Centre	National Hauora Coalition	Midlands Regional Health Network
<i>Te Waipounamu Region</i>		
Durham Health	Pegasus Health	Christchurch PHO
Eastcare Health	Pegasus Health	Christchurch PHO
Greers Rd Medical	Pegasus Health	Christchurch PHO
New Brighton Health	Pegasus Health	Christchurch PHO
Shirley Medical	Pegasus Health	Christchurch PHO
Bryndwr Medical Centre	Pegasus Health	Waitaha Primary Health

# PHO Services Agreement - Assessment framework

## Minimum Requirements

Criteria	Requirements	Evaluator Comments	Meets requirements Y/N or with conditions
<b>Alliances</b>	<ul style="list-style-type: none"> <li>Participation in existing alliances</li> </ul>		
<b>Organisational Governance:</b> The PHO's governance and management arrangements are in line with NZ recognised practice, including full and open accountability for use of public funds	<ul style="list-style-type: none"> <li>Not for profit</li> <li>Documented governance framework</li> <li>Appropriate risk management systems</li> <li>Appropriate fraud detection systems</li> </ul>		
<b>Clinical Leadership, engagement and governance:</b> The PHO can demonstrate that arrangements to ensure clinical leadership and engagement, including an established clinical governance framework, are in place.	<ul style="list-style-type: none"> <li>Practising clinicians involved in key decision making</li> <li>Engage with, and have support of, clinicians from a range of disciplines who deliver services</li> <li>Have a documented clinical governance framework</li> </ul>		

<p><b>Māori Health:</b> Committed to improving the health outcomes for Māori as a priority</p>	<ul style="list-style-type: none"> <li>• Integrate Māori participation in governance, service planning, development and implementation.</li> </ul>		
<p><b>Service development and integration:</b> Work collaboratively with Health NZ to improve the integration of services, care coordination and continuity of care.</p>	<ul style="list-style-type: none"> <li>• Undertake collaborative strategic and service analysis and planning with Health NZ and other partners</li> <li>• Work jointly with Health NZ and other PHOs</li> <li>• Facilitating and coordinating the integration of services within areas</li> </ul>		
<p><b>Service provision and reporting:</b> Makes best use of system resources, provides best value and avoids duplication.</p>	<ul style="list-style-type: none"> <li>• Able to provide services as required</li> <li>• Provides equitable access to services in rural communities</li> <li>• Ensure equitable access for Māori, Pacific and other priority populations</li> <li>• Public annual reporting</li> </ul>		
<p><b>Workforce:</b> supports and develops a workforce to deliver services.</p>	<ul style="list-style-type: none"> <li>• Ensures all workforces adhere to standards and are aware of responsibilities</li> <li>• Monitor availability of practitioners and staff to ensure appropriate delivery of services</li> <li>• Deliver ongoing professional development to workforce</li> </ul>		
<p><b>Quality:</b> provide safe effective, consumer</p>	<ul style="list-style-type: none"> <li>• Have documented systems and processes to continuously improve delivery of services</li> </ul>		

centred and of acceptable quality	<ul style="list-style-type: none"> <li>• Actively evaluate, monitor and manage performance</li> <li>• All practices have met Foundation Standard</li> <li>• Effective processes to manage consumer feedback and complaints</li> <li>• Ensure all buildings, plant and equipment use are fit for purpose and adequately maintained.</li> </ul>		
<p><b>Information Management:</b> collects, analyses, manages, shares and protects information to support the delivery of the services.</p>	<ul style="list-style-type: none"> <li>• Ability to preserve and protect the safety, security and confidentiality of records.</li> <li>• Appropriate back up and disaster recovery procedures.</li> <li>• Have information management systems that support integrated care.</li> <li>• Comply with, and ensure CP comply with data sharing and reporting arrangements.</li> <li>• Systems to support timely and accurate payments</li> </ul>		
<p><b>Emergency planning and response:</b> works collaboratively with Health NZ and others to plan for and respond to health emergencies</p>	<ul style="list-style-type: none"> <li>• Participate in district/regional emergency planning</li> <li>• Has own emergency plan</li> </ul>		

## Clinical Service Delivery

Criteria	Requirements	Evaluator Comments	Meets requirements Y/N or with conditions
Ability to provide First Level Medical Services	<ul style="list-style-type: none"> <li>The PHO will ensure that First Level Services that are provided by a face to face consultation are available to 95% of its Enrolled Population during Regular Hours within 30 minutes travel time.</li> </ul>		
Ability to provide urgent care medical services.	<ul style="list-style-type: none"> <li>The PHO will Provide all Service Users with access to Urgent Care Services on a 24-hour a day, 7-day a week basis for 52 weeks a year.</li> <li>The PHO must ensure that Urgent Care Services that are provided by a face to face consultation are available to 95% of its Enrolled Population: (a) within 30 minutes travel time during Regular Hours; and (b) within 60 minutes travel time during After Hours.</li> </ul>		

## Local Requirements

Requirements	Evaluator Comments	Meets requirements Y/N or with conditions
Northern Region		
Te Manawa Taki Region		
Central		
Te Waipounamu		

28 May 2025

Cecilia Robinson  
Co-CEO  
Tend

Kia ora Cecilia,

Thank you for your application for Tend PHO to hold the PHO services agreement with Health NZ.

I am pleased to confirm we approve this application for the following Health NZ districts, subject to the conditions recorded in this letter:

- Metro Auckland (including Counties Manukau, Auckland and Waitemata Districts)
- Bay of Plenty district
- Canterbury district

Under the existing PHO services agreement, all PHOs are allocated to geographical areas aligned with past DHB districts and so we will be allocating your contracted geographical areas in line with existing contracting parameters.

Any future applications for geographical expansion should be submitted to the relevant Health NZ regional planning and funding team in line with the requirements set out in Part B clauses B9 – B13 of the PHO services agreement. Applications for geographical expansion will be considered in line with our existing PHO expansion policy and in accordance with the relevant PHO agreement provisions.

We approve your existing subcontracting arrangements for the practices outlined in your application (see Appendix 1). New subcontracting arrangements must be approved by the relevant Health NZ regional planning and funding team as set out in Part B clause B15 of the PHO services agreement and would come into effect no earlier than 1 July in the following calendar year after giving notice of the subcontract unless an earlier date is agreed with the regional planning and funding team.

We approve Tend's application to become a PHO on the condition that the following requirements are met:

**Minimum Requirements: Schedule B1**

PHO Services Agreement Criteria	Requirements	Timeframe
Alliances	Tend is required to become a member of the Northern Region Joint Alliance Leadership Team, and where other alliances are in place, or commence in other areas, we would expect Tend to participate fully in these structures.	Within 3 months of the PHO Services agreement Start Date or as agreed with the appropriate regional commissioning team.
Organisational Governance	Achieve full charitable status through the Charities Commission	Within 12 months of the PHO Services agreement Start Date.
Service Development and integration	Tend will provide a specific flexible funding pool plan for each district/region to the relevant regional commissioning team for approval and participate fully in collaborative regional planning processes alongside existing PHOs.	Within 3 months of the PHO Services agreement Start Date.
Service Provision and Reporting	Tend will comply with the full PHO reporting requirements as set out in the Reporting Referenced Document, including but not limited to quarterly reporting on clinical performance indicators and clinical FTE, and annual financial reporting.	Initial reporting to be received within the first 3 months of operation.
Quality, Information Management and Emergency Planning.	We have assessed Tend as meeting the requirements for this initial assessment but note we have not asked for detailed documentation on each area.  As a new PHO, we will request a full routine audit to be completed.	Within the first 6 months of the PHO Services agreement Start Date.

**Regional Requirements**

The PHO services agreement sets expectations for PHOs to participate in local alliances and structures to support service development and integration. Regional requirements are set by our regional commissioning teams and agreed with PHOs. We expect Tend to fully comply with any current and future regional requirements including but not limited to:

Region	Requirements
Northern Region	<ul style="list-style-type: none"> <li>• Full membership and participation in the Northern Region Data Sharing Group Framework.</li> <li>• Full membership and participation in the Northern Joint Alliance Leadership Team.</li> <li>• Participate in proactive engagement with Health NZ and existing PHO CEOs and IMPBs in terms of integrating Tend as a new PHO.</li> </ul>
Te Manawa Taki	<ul style="list-style-type: none"> <li>• Participation in collaborative FFP planning processes.</li> <li>• Participate in proactive engagement with Health NZ and existing PHO CEOs and IMPBs in terms of integrating Tend as a new PHO.</li> </ul>
Te Waipounamu	<ul style="list-style-type: none"> <li>• Participation and data sharing into the regional Te Waipounamu primary care dashboard.</li> <li>• Participation in collaborative regional FFP planning processes.</li> <li>• Participate in proactive engagement with Health NZ and existing PHO CEOs and IMPBs in terms of integrating Tend as a new PHO.</li> </ul>

In addition to the requirements outlined above, we would like to remind Tend of the following expectations set out in the PHO services agreement:

- PHOs must ensure that first level medical services provided by face-to-face consultation are available to 95% of its enrolled population within 30 minutes' travel time (schedule C1, clause 4)
- PHOs must ensure that all service users have access to urgent care services 24 hours a day, 7 days a week for 52 weeks a year. These services should be available by face to face consultation for 95% of its enrolled population within 30 minutes travel time during regular hours, and within 60 minutes travel time during afterhours (schedule C1, clause 5)
- PHOs are expected to contribute to local afterhours services where these are in place, and we would expect Tend to work with the local Health NZ team to agree its equitable contribution.

### Local Agreements

This decision applies only to the nationally consistent PHO agreement. The PHO agreement does not include funding for locally agreed services including, but not limited to:

- Primary options for acute care
- Access and choice / primary mental health

- CPCT funding
- Local workforce agreements
- Local ICT agreements
- Immunisation coordination and outreach services.

Some of these local agreements are funded through specific local consortia, some have long term agreements, and some have lead PHO arrangements. Discussions will be required with your regional Health NZ funding office to determine if and when these agreements can be apportioned to Tend for your population.

A minimum critical mass may be required to hold these contracts in a district. Any redistribution of local contracts may not occur until the 2026/27 financial year as many of these contracts are already in place for 2025/26. However, where an existing PHO is being funded for Access and Choice mental health services employed by Tend, we would expect this to continue until alternative arrangements are made.

Please find the link to the current PHO services agreement and related variations: [Primary Health Organisation Services Agreement – Health New Zealand | Te Whatu Ora](#) for your information, noting that we are actively negotiating the 2025/26 contract variation via the PHO services amendment protocol (PSAAP) group so this may be subject to change.

Ngā mihi,



**Jason Power**

**Acting National Director, Planning, Funding & Outcomes**

**Appendix One: Approved Sub-Contracting Arrangements for Tend PHO**

Practice Name	ID	Address	Previous DHB District
Tend Ashburton	F1A058-G	254 Moore Street, Ashburton 7700	Canterbury District Health Board
Tend Beckford	F2P065-J	16 Beckford Road, Saint Martins, Christchurch 8022	Canterbury District Health Board
Tend Bethlehem Medical Centre	F3M083-G	Shop C2-C3, 19 Bethlehem Road, Bethlehem, Tauranga 3110	Bay of Plenty District Health Board
Tend Greerton Medical Centre	F00085-K	120 Chadwick Road, Greerton, Tauranga 3112	Bay of Plenty District Health Board
Tend Hagley Park	F36038-E	9/62 Riccarton Road, Riccarton, Christchurch 8011	Canterbury District Health Board
Tend Harewood	F2H080-H	171 Harewood Road, Papanui, Christchurch 8053	Canterbury District Health Board
Tend Health Online	F3R285-F	128 St Georges Bay Road, Parnell, Auckland 1052	Auckland District Health Board
Tend Kingsland Medical Centre	F3M834-D	1/317 New North Road, Kingsland, Auckland 1021	Auckland District Health Board
Tend Linwood Medical Centre	F00095-B	Level 1, Eastgate Mall, 20 Buckleys Road, Linwood, Christchurch 8062	Canterbury District Health Board
Tend Pakuranga Medical Centre	F2V024-C	13 Cortina Place, Pakuranga, Auckland 2010	Counties Manukau District Health Board
Tend Papamoa Medical Centre	F3T152-H	53 Domain Road, Papamoa Beach, Papamoa 3118	Bay of Plenty District Health Board
Tend South City Medical Centre	F2H023-G	398 Cameron Road, Tauranga 3110	Bay of Plenty District Health Board
Tend Symonds St Medical Centre	F2Y070-C	57 Symonds Street, Grafton, Auckland 1010	Auckland District Health Board
Tend Waltham	F2Q001-K	83 Waltham Road, Sydenham, Christchurch 8023	Canterbury District Health Board

# PHO Geographical Expansion Decision Making Framework

January 2025

## Background

Following engagement with Primary Health Organisations (PHOs), primary care services and other stakeholders, Health New Zealand | Te Whatu Ora is introducing an interim decision-making framework to guide its decisions on applications from PHOs wanting to expand into new regions.

The interim **PHO Geographic Expansion Decision Making Framework** will be in place while Health NZ works with the primary care sector and other stakeholders to develop the long-term future role and function of 'meso-level' services including PHOs. Meso-level describes the layer of support between the commissioner and funder of care services (Health NZ) and care service delivery (primary care services).

The main aim of the interim framework is to provide stability for the sector and people who use primary care services by limiting General Practice movement between PHOs, unless significant benefits to the local population can be demonstrated, while the future role and function of PHOs is still being considered and developed.

The framework outlines four principles with factors for consideration and criteria requirements to help ensure only applications outlining a strong case for change that benefits the populations it serves and primary care services it supports are approved.

Those principles cover the applicant's potential impact on equity, local decision-making (and relationships), quality of care delivered and stability through volumes of people and General Practices it will propose to serve and support.

**Note:** This framework does not apply to practice movements between existing PHOs in an area or applications for new PHOs to enter the market.

## Decision Making Framework

Section B.11(2) of the PHOSA requires any PHO applying to operate in a new area to demonstrate how they will:

- a. promote access equity and choice for people in the area.

- b. better meet the needs of such people than the services currently provided in the area.
- c. contribute to achieving the most effective and efficient delivery of health services in a way that meets local, regional, and national needs.
- d. positively contribute towards encouraging collaboration between primary and
- e. community partners in the delivery of integrated health care services; and
- f. promote the integration of health services in the area, particularly in respect of primary and secondary health care services.

In considering these criteria, the following decision making framework has been developed to guide our decision making when applications for PHO geographical expansion are received:

Principle	Factors for Consideration	Assessment Criteria
<b>Equity</b>	<p>Impact on access to health services, service levels and outcomes for Māori and other high need populations?</p> <p>Ability to deliver services at scale to meet needs of target population.</p> <p>Impact on the diversity and range of services available to the local population.</p> <p>Ability to provide culturally responsive services and/or other services that will improve access, service levels and outcomes for Māori and other high need populations.</p> <p>Use of FFP (Flexible Funding Pool) to increase access to services for Māori and other high need populations</p>	<p>Specific details on the services they will put in place to meet the needs of the local population, and how these will integrate with the existing services in the area.</p> <p>Outline of how these services will contribute to improved equity of access, service, and outcomes for high needs populations in the area; including but not limited to:</p> <ul style="list-style-type: none"> <li>• Demonstrated understanding of current inequities for high needs populations and what is contributing to these inequities; and</li> <li>• How they will increase access and levels of services to meet the needs of the local population.</li> </ul> <p>Costed description of how they propose to use FFP funding such as ‘Services to Improve Access’ and ‘Care Plus’ funding in the new</p>

Principle	Factors for Consideration	Assessment Criteria
		<p>area to support high needs populations.</p> <p>Systems and processes for monitoring equity and outcomes.</p>
<p><b>Local decision-making</b></p>	<p>Entry is supported by the local IMPB, tangata whenua/mana whenua, urban Māori organisations (as applicable), and wider local community.</p> <p>Ability to support the needs and aspirations of Māori and other population groups in the area.</p> <p>Understanding of the local population needs.</p> <p>Existing local connections.</p>	<p>An outline of the local engagement undertaken, and support for their application.</p> <p>Demonstrated understanding of the local population needs.</p> <p>Connections to local iwi, Māori and Pacific Providers and organisation or other community organisations.</p>
<p><b>Quality</b></p>	<p>Current performance of the PHO for access, quality, equity, community relationships</p> <p>Ability to develop and maintain a workforce that is representative of the community.</p> <p>Evidence of appropriate local infrastructure to support service delivery.</p>	<p>Overview of the current performance of their PHO, and how they will maintain/improve their performance in the new area, this should include evidence of their current performance in delivering equitable access and outcomes.</p> <p>Consider their performance against current health targets and priorities, IMPB Community Health Plans, and required outcomes within the PHOSA.</p> <p>Outline of the workforce and infrastructure that will be available locally to support the new practices.</p>
<p><b>Stability</b></p>	<p>Impact on the stability of the health system within the area</p>	<p>The number and type of practices wanting to join the PHO in the new area and the volume and demographics of their enrolled population(s), which would need to</p>

Principle	Factors for Consideration	Assessment Criteria
	<p>Shift in enrolled population and number of practices with the entry of the new PHO.</p> <p>Benefits to the local population.</p>	<p>demonstrate reasonable population coverage.</p> <p>Outline of how they will support the overall stability of health services delivery in the new area, and how they intend to integrate with the existing PHOs and other health services providers.</p>

## Application Process

Any applications for PHO geographical expansion should be submitted to the relevant Health NZ regional commissioner and/or Hauora Māori Services regional director for consideration.

The Regional DCE for the impacted region will make the final decision on the application.

Where applications cover expansion into more than one region, Health NZ will appoint a lead region, and they will coordinate the assessment and decision making process with the other Health NZ regions.

Health NZ may seek feedback from the following stakeholders to inform the decision making process:

- Local Iwi-Māori Partnership Board(s)
- Incumbent PHOs
- Other relevant community stakeholders
- Health NZ will make a decision on the application within 20 working days of the receipt of the application with all requirement information. The decision will be provided in writing and include information on the rationale for the decision.