

Meeting with General Practitioners Aotearoa

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| Due to MO: | 27 March 2025 | Reference | HNZ00081231 |
| To: | Hon Simeon Brown, Minister of Health | | |
| From: | Martin Hefford, Director Living Well, National Commissioning | | |
| Copy to: | N/A | | |
| Security level: | In Confidence | Priority | Routine |
| Consulted | N/A | | |

| Contact for further discussion | | | |
|--------------------------------|--|-----------|-------------|
| Name | Position | Phone | 1st contact |
| Martin Hefford | Director Living Well, National Commissioning | s 9(2)(a) | x |
| Astuti Balram | Group Manager Primary Care - Living Well | | |

| Attachments |
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| Appendix 1: Summary of recent announcements – increasing primary care access. |
| Appendix 2: Biographies of attendees |

About the meeting

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| Purpose | This is an introductory meeting with General Practitioners Aotearoa (GPA), a membership organisation for GPs in New Zealand. GPA will wish to discuss the key challenges primary healthcare is facing. |
| Date | Thursday 3 April 2025 |
| Time | 4.00pm to 4.30pm |
| Venue | Minister's office, Wellington |
| Attendees | Dr Buzz Burrell Dr Marcia Walker Note, biographies are attached as Appendix 2 |
| Health New Zealand Te Whatu Ora officials | Martin Hefford, Director Living Well, National Commissioning Astuti Balram, Group Manager Primary Care - Living Well |
| Media | No media are expected |
| Talking points | S9(2)(f)(iv), S9(2)(g)(i) |

Background and context

1. This briefing provides you with information to support your meeting with General Practitioners Aotearoa (GPA).
2. GPA is an independent membership organisation for general practitioners (GPs) in New Zealand. GPA was launched in 2023 to represent GPs who are practice owners, employees, contractors and/or trainees, to give voice to the issues that impact their work, practices, communities and their patients.
3. GPA is solely funded by its membership. It is incorporated and registered as a charitable entity under the Charities Act 2005. It was formed after the demise of the New Zealand Medical Association to independently advocate for GPs.
4. Health New Zealand | Te Whatu Ora (Health NZ) has not been able to ascertain the number of GPs who are members of GPA and therefore the size of GPA's mandate.

Areas for discussion with GPA

5. S9(2)(g)(i)

S9(2)(g)(i)

Enhanced primary care

6. In March 2025 you announced that General practice will receive a \$285 million uplift over three years. GPA will be interested to talk through this and other recent announcements to increase timely access to primary care for all New Zealanders. Appendix 1 includes a summary of the initiatives.
7. GPA may ask if the three-year funding commitment pledge will be renewed in three years' time.
8. You may wish to advise GPA that the intent is that this funding will continue. Health New Zealand | Te Whatu Ora (Health NZ) will assess outcomes before the end date and will review options for continuing the funding at that time.
9. GPA may also ask about your request for advice on access targets for primary care. You may wish to advise GPA that health targets focus effort and accountability on what matters for New Zealanders.
10. A timely access target for general practice will provide accountability for the investment that is going into general practice to help lift performance. As part of their advice, officials are learning from overseas experience and considering a suite of measures. Health NZ will also develop an implementation plan, including deciding where incentives best sit to deliver on the target.
11. The Ministry of Health is currently building on the Government's announcements to increase timely access to primary care and is developing a strategic plan to guide improvements in access to and quality of primary care in the future. This strategic plan will identify the areas of focus to 'move the dial' on improving access to and quality of primary care over the short to medium term. The strategic plan contemplates the issues GPA identified as areas of concern.

Capitation reweighting

12. Health NZ is currently working to develop and refine options for a re-weighted capitation formula that could take effect from 1 July 2025. GPA has a strong interest in capitation funding and the capitation re-weighting work Health NZ is progressing.
13. Capitation funding for primary care was introduced in 2002. The funding formula was developed based on use patterns at the time and has not been fundamentally changed since. The capitation formula is limited as it only takes age and sex variables into account when determining the level of capitation funding. This simplistic model results in inadequate funding and can cause financial and workforce pressures in areas of need.
14. Health NZ is working with a Technical Advisory Group (TAG) comprised of sector representatives who provide expertise from a wide range of perspectives to develop an updated weight as inputs to a revised capitation formula to align funding closer to people's needs. Health NZ will be providing a detailed update to you in April 2025.

Meso-level work

S9(2)(f)(iv)

Smokefree Repeal

19. GPA may wish to discuss the smokefree legislation.
20. The Government remains committed to the Smokefree 2025 goal and to reducing smoking rates, and this means ensuring that people have the practical tools and support to quit smoking. This includes ensuring the provision of effective services to stop smoking, access to alternative products to help smoking cessation, and social marketing campaigns to stop smoking and vaping.
21. The Government has repealed the changes brought in by the previous government. These changes included reducing the number of retailers that can sell smoked tobacco, limiting nicotine levels and the Smokefree Generation. However, all other legislative requirements remain, including (but not limited to) not being able to smoke or vape in workplaces and educational settings, no sales to minors and no advertising.
22. The Government does not support the previous Government's measures to regulate smoked tobacco. This Government passed the Smokefree Environments and Regulated Products Amendment Act 2024 (the Act), which came into force on 17 December 2024 as part of the Coalition Government's 100-day plan.

Youth vaping

23. The Act also amends the Smokefree Environments and Regulated Products Act 1990 to:
 - ban disposable vapes from 17 June 2025;
 - increase fines for those who sell vapes and other products (eg, cigarettes) to minors immediately;
 - restrict the visibility of vapes so they are out of the general public's sight from 17 June 2025;
 - restrict new specialist vape shops from opening within 100m of an early childhood centre immediately.

Appendix 1: Summary of recent announcements – increasing primary care access.

The March Ministerial announcements covered a set of initial primary care initiatives focused on improving health outcomes and ensuring New Zealanders have access to timely, quality primary healthcare.

Enhanced capitation

General practice will receive a \$285 million uplift over three years. This is on top of the capitation uplift general practice receives annually. This funding will incentivise general practices to provide more services and improve access to primary care appointments for New Zealanders. There will be additional service requirements and performance-based payments with this funding.

Nursing workforce:

- \$34.2 million for increased nurse practitioner training over five years. This will mean nurse practitioners will be able to contribute even more to health care in communities through the role they play providing complex care to patients and prescribing medicines. This helps to reduce workforce pressures in primary and community health care.
- \$21.6 million over four years for advanced tertiary education opportunities for up to 120 primary care registered nurses a year. This will encourage more primary care nurses to upskill and pursue advanced education, including registered nurse prescriber training.
- Increasing graduate nurses in primary care by up to 400 nurses a year, incentivised by up to \$15,000 per nurse in urban areas, and up to \$20,000 per nurse in rural areas.

General practitioner workforce:

- Increased medical school placements for doctors by 25 each year, to a total of 100. This will mean more doctors will be entering the health workforce from 2031, helping reduce New Zealanders' wait times for treatment.
- \$23.3 million over four years to train up to 50 New Zealand-trained graduate doctors a year in primary care. Graduate doctors who are interested in primary care will be given an opportunity early in their careers to follow that interest. Placements in primary care settings mean doctors connect into those communities, can quickly put their skills to use, and are more likely to stay in those settings.
- Supporting 100 more international-trained doctors to undertake their prevocational training and gain full registration via a primary care pathway 2025 and 2026. This supports overseas-trained doctors living in New Zealand who are willing to work in primary care, but can't because there aren't enough training opportunities.

Digital access to 24/7 primary care for all New Zealanders

- A digital health consultation service is planned for patients who do not need to be seen in person. This service is intended to complement access to primary care, help manage demand for primary care services and include care for people not enrolled with a practice.

Appendix 2: Biographies of attendees

Dr Buzz Burrell – MRCPI FRNZCGP FDRHMNZ FFPMANZCA

Chair

Buzz completed general physician training in the United Kingdom before coming to New Zealand as a respiratory medicine research fellow and lecturer for the University of Otago.

The opportunity of rural hospital and primary care was too irresistible, as was the South Island's West Coast, occasionally the Chatham Islands, and then remote rural hospital and general practice in Western Australia followed.

Unexpected achievements include Lecturer of the Year in Dunedin 1993, and runner-up New Zealander of the Year in 1997.

In 2012, Buzz established a semi-rural general practice in Renwick, near Blenheim, and was the doctor for the chronic pain service in Nelson.

He is currently a pain specialist in Auckland, and regional coordinator and senior lecturer for the University of Otago Rural Medical Immersion Programme.

He is a very slow ocean swimmer and a Harley rider – (hopefully not at the same time).

After the liquidation of the NZMA, the serious need for an advocacy group for doctors working in General Practice was created. With a fantastic and dedicated team, General Practitioners Aotearoa has been established.

Dr Marcia Walker – FRNZCGP: Secretary of the Board

Marcia is a Fellow of the GP College and current sessional GP in Auckland, and previous practice owner. Marcia has held multiple positions within GP leadership organisations, including previous executive member of NZRDA, past board member of the New Zealand Medical Association and current board member of the Auckland Faculty for the RNZCGP.