

Update on progress for launch of digital 24/7 service

Due to MO:	29 April 2025	Reference	HNZ00083434
To:	Hon Simeon Brown, Minister of Health		
From:	Jason Power, Acting National Director, Planning Funding & Outcomes		
Copy to:	n/a		
Security level:	In Confidence	Priority	Urgent
Consulted	n/a		

Action sought

Agree to go live with Phase 1 Test period within five working days of your approval

Contact for further discussion (if required)

Name	Position	Phone	1st contact
Martin Hefford	Director, Living Well	s 9(2)(a)	x
Stuart Bloomfield	Director Data & Analytics		

Attachments

Appendix 1: Week by week delivery plan for Test phase

Appendix 2: Fees framework principles

Appendix 3: Risks and mitigations for service launch

Appendix 4: Costed Digital Plan

Appendix 5: Communications and engagement plan

Purpose

1. This briefing requests your approval to go live with the 24/7 Digital Service Phase 1 Test Period.
2. The joint Health New Zealand and Ministry of Health Governance Group approved phase 1 service readiness on 17 April 2024 for ELT and Minister of Health endorsement.

Summary

3. We propose to implement the 24/7 Digital Service (the service) in phases. Phase 1 will involve a test period. This includes a landing page (digital front door) and group of RFP panel selected service providers. If you approve Phase 1, we could go-live within 5 working days.
4. The phased approach is intended to help mitigate the risk of a demand surge associated with a public launch, and to set up reporting, monitoring and payment systems.
5. Starting in the test phase, maximum fees for designated cohorts (under 14s, youth [14 to 17] and people with a community services cards [CSC] and their dependents [17 and under] have been set at slightly higher levels than in-person fee maximums set in the PHO agreement. This is to manage demand and to avoid an incentive to use the service instead of your usual GP. We have reserved the right to change the fees and subsidies with one month's notice.
6. s 9(2)(f)(iv)

Recommendations

Health New Zealand | Te Whatu Ora recommends that you:

a) Note readiness assessment including key risks and mitigation to launch Phase 1 Test Period	Noted
b) Note an overview of subsidy and fee structure for the service	Noted
c) Indicate if you would like a website demonstration as part of go live approval	Yes / No
d) Agree to go live with Phase 1 Test period within five working days of your approval	Yes / No
e) s 9(2)(f)(iv)	Yes / No



Hon Simeon Brown, Minister of Health

Date: 29/04/25

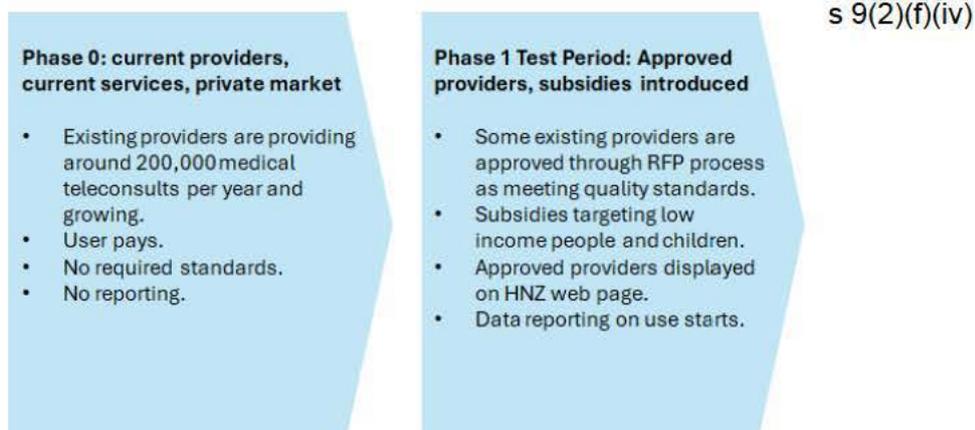
Jason Power
Acting National Director, Planning, Funding and Outcomes

Health New Zealand | Te Whatu Ora
Date: 29/04/25

Background

7. On 3 March 2025, Cabinet approved the recommendations in your paper *Delivering Quality and Timely Primary Care: Next Steps and Implementation*, which included establishing a service ‘providing all New Zealanders with access to video consultations with New Zealand-registered clinicians, such as GPs and Nurse Practitioners, for urgent problems 24 hours a day, seven days a week’ with a ‘soft launch’ expected in April 2025.
8. This service will be promoted to, and focus on, people underserved by primary care (i.e., not enrolled, unable to get a timely GP appointment, needing care afterhours), but it will be available for anyone. People will get a full medical consultation within the confines of a video consultation (no physical examination possible), including a diagnosis, prescriptions, and referrals for laboratory tests or urgent radiology.
9. Patients will pay providers directly, with subsidy arrangements and maximum fees set by Health NZ for designated cohorts. Selected providers will use their existing telehealth platforms and patient management systems and will share information about the encounter with the person’s usual general practice.
10. Figure 1 below shows the overall phased approach starting with current state, phase 1 test period and potential phase 2 functions.

Figure 1: Overview of Phased Service Approach



11. Figure 2 below illustrates how patients will experience the service during Phase 1. Most people will access the service through each services existing website / app channels. A Health NZ landing page (digital front door) will be established to provide patients with:
 - a) information about the service, supporting them to make the right choice about which service is right for them and, if they choose to use the service, help them navigate to it.
 - b) links to available providers, who are contracted to provide subsidised appointments 24/7.
 - c) information about the subsidies they are entitled to, or any payments they may be required to make.
12. Information about the encounter will then be shared via health messaging with the persons’ enrolled GP. Information from providers is key to understanding usage and experience, so monitoring and reporting of service performance will start two weeks after the test phase begins.

Figure 2: Patient experience during Phase 1 Test Period



Discussion

Readiness Assessment

13. As outlined in Table 1, our assessment is that we are ready for Phase 1. The joint Health New Zealand and Ministry of Health Governance Group approved phase 1 service readiness on 17 April 2024 for ELT and Minister of Health endorsement.

Table 1: Phase 1 Readiness Assessment

Item	Status	Comment
Programme governance in place	Complete	
Provider proposals received	Complete	8 proposals received
Subsidies and patient fees confirmed	Complete	Fees framework summarised in this paper
Purchase units established and payment system ready to pay	Complete	Based on manual interim process
Communications and engagement plan ready, including reactive media messages	Complete	Discussed with SROs and shared with Governance Group
24/7 service specification	Complete	
Data schema and reporting design	Complete	
Provider initial panel approved	Complete	8 providers approved
Contract negotiations	Complete	Standard contract
Cost centres allocated	Complete	Interim cost centre in place
End-to-end testing of the data flows per provider to ensure data quality, completeness and availability of the information	Finalising	To confirm in test phase
Web page ready to insert URLs of approved providers.	Complete	Can be modified over time.
Web Page Review and Readiness Assessment	Complete	Governance group reviewed and endorsed

Item	Status	Comment
Subsidies in place and web page ready to go live	Complete	Ready to go once approved
First reports and invoices	May 2025	To come fortnightly after Phase 1 go live.

14. The approved service providers for the test phase are Tend, CareHQ, Practice Plus, Bettr Health, Pocket lab, MedOnline, Emergency consult and Greencross. They are all existing telemedicine providers in New Zealand. At launch, three providers will provide 24/7 services.
15. A more detailed week-by-week delivery plan is included in Appendix 1. An associated communications plan is outlined in Appendix 5.

Initial Fees Framework

16. Health NZ has shared the draft service specifications – including an indicative fees framework – with approved telemedicine providers in confidence for feedback. This feedback was incorporated into the framework. In developing the fees framework, we have adhered to five principles which are set out in Appendix 2.
17. The initial fees and subsidies for the service are set out in Table 2. Health NZ has reserved the right to change the fees and subsidies with one month notice.

Table 2: Initial fees and subsidies for the service

GP Online Fees Framework (incl. GST)				Comparison in person GP fees		
Cohort	Community Service Cardholder	Subsidy	Maximum co-payment	Usual / average fees	90 th Percentile fees	Max fees
Under 14	Yes	\$75	\$0	\$0	\$0	\$60
	No	\$55	\$25	\$0	\$0	\$60
Youth (14-18)	Yes	\$55	\$25	\$19.50	\$13	\$75
	No	\$25	\$55	(avg) \$28.15	\$50	\$75
Adult	Yes	\$55	\$25	\$19.50	\$19.50	\$84
	No	\$2	None (avg \$79)	(avg \$58)	\$65	\$88.50

Appointments overnight (10pm – 8am) and on public holidays are subject to an additional \$10 subsidy payment and \$10 maximum patient co-payment. (Note the additional co-payment does not apply for appointments for Under 14 CSC holders where the maximum co-payment remains \$0.)

18. Health NZ has focused subsidy arrangements and maximum fees for designated cohorts – under 14s (children aged 13 and under), youth (aged 14 to 17) and people with a CSC (and their dependents aged 17 and under). Enabling these groups to access subsidised medical telehealth consultations will enhance their ability to access primary care via telehealth when needed.
19. The fees framework provides a \$2 subsidy for adults without a CSC and does not prescribe a maximum co-payment for use of the service. The \$2 subsidy is to recognise the provider reporting and other compliance obligations for this cohort.

20. Our assessment based on the experience with the rural telemedicine service is that this fees framework will result in relatively muted demand. s 9(2)(b)(ii)

21. s 9(2)(j)

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

Healthline's role with the launch of the new service

23. Currently, Healthline is focused on providing a call centre response. It does not include symptom checkers or online navigation aids across the health system. It does not have APIs to facilitate appointment booking across providers.

24. In the short term, it will continue to provide nurse helpline services, including handover to online GP services once the service is established. It has started testing handover approaches with CareHQ, one of the approved providers for the online service.

25. Healthline has flagged an interest in pivoting toward online solutions including options for AI-supported navigation. They have started a research project with Healthify and Healthpoint and, as they develop this competency, this may be a future channel for providing patients with navigation services across the health system.

Options for more clearly positioning the online GP service as an adjunct to core general practice

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

Costed digital implementation plan covering Phase 1 Test Period and Phase 2

29. You also requested information on the costs of the digital aspects of the service. We have developed and costed a digital implementation plan that covers Phase 1 and 2 to be delivered by September 2025 in Appendix 4. We will provide a briefing with options and alternatives in time for you to decide on options for Phase 2 in a briefing by the end of May 2025.

We are monitoring key risks across the whole project

30. To ensure effective management of issues and risks, we have put in place a framework to inform decision making and reporting for operational delivery, operational oversight, and governance across the programme. Risks and our mitigations for this project are outlined in Appendix 3.

Next steps

31. We can schedule a website demonstration with you as part of go live approval if requested.
32. We can commence Phase 1 Test Phase within 5 working days after we receive your approval.
33. We will report back on Phase 2 options by end May 2025, taking into account your feedback on this paper.

Appendix 1: Week by week delivery plan

s 9(2)(f)(iv)

s 9(2)(f)(iv)

Appendix 2: Fees Framework Principles

Position the service as an adjunct to core general practice rather than a replacement

The service is intended for after-hours care, unenrolled people, overflow, one-off convenience, and simple episodes of care that do not require long-term follow up. It is not intended to replace core general practice.

People will not be able to enrol directly with digital providers through this service, and current rules requiring an in-person offering to go alongside a digital offering to access capitation funding will remain.

Furthermore, there will be no clawback from capitation when enrolled people use this service.

Encourage enrolment and continuity of care

Significant subsidies are only available to patients that meet the usual criteria for reduced fees (i.e., community service card holders and young people). The co-payment fees for subsidised cohorts have been set at levels equal to or greater than the contractually required usual general practice fees for each cohort.

This approach is intended to avoid the service undercutting core general practice and help manage demand.

Providers will be required to review the shared health record where available, and to provide a note back to the patient's GP to update them on the consult.

Use competition to drive pricing

For unsubsidised patients, providers may set the co-payment levels at their discretion. These prices will be transparent and available to patients before they use the service.

Providers may choose to reduce prices to compete for market share. This is considered desirable as it puts pressure on other providers to keep fees at efficient pricing levels.

Encourage diverse offerings

The service will allow flexibility in how a provider meets a consumer's needs. Providers can decide to use nurse practitioners or other clinicians, and over time introduce structured asynchronous message-based consults if these are clinically appropriate.

Start tight then loosen up

s 9(2)(g)(i)

The principles will continue to be developed with sector leaders to help manage the risk of disruption to core general practice through this service. There have been some changes to the service specification and business rules after feedback from the General Practice Leaders Forum.

Appendix 3: Risks and mitigations for service launch

Risk	Mitigation
Undermining General Practice business.	s 9(2)(g)(i)
Lack of clarity on which groups are targeted at and how to ensure it is only accessed by those groups.	
Individuals not able to pay by credit card.	
Online services being overwhelmed.	
Pricing structure does not drive appropriate use of the service.	
Patients having to pay twice for a service (online and then at GP).	
IT system failures.	

Appendix 4: Costed Digital Plan

A breakdown of the CAPEX allocation including a view of what features the money will fund by proposed phases is in the table below.

Phase # (planned for)	s 9(2)(j)		
Phase 1			
Phase 2			
Phase 3			
Subsequent phases			
Total		19,540	23,286
			42,826

Note: Dollars presented exclude contingency, depreciation and capital charges

A breakdown of the forecast CAPEX allocation for phases 1 and 2 of the digital enablers as recommended by HAU is below and outlines the vendor costs for:

- Appointment bookings solution
- Bookings API + integration
- Automated payments solution
- Data collection solution
- Website additions
- Security Assessments and Testing
- Solution testing and change management

FORECAST CAPEX BREAKDOWN P1/P2

s 9(2)(j)

Internal

Contractor

Vendor including SW licenses

Note: final costs still subject to procurement finalisation

s 9(2)(f)(iv)

s 9(2)(f)(iv)

Appendix 5: Digital 24/7 Healthcare Service Communications, engagement and brand approach for phase 1 test period

Background

When approved, Health NZ will make digital access to a video consultation available with a GP or other clinical prescriber for urgent clinical problems 24 hours a day, 7 days a week. It will include subsidies for some cohorts of people, such as under 14s and Community Service Card holders.

This plan outlines the communications and engagement approach that will support the phase one test period of this digital 24/7 service.

Phase 1 Test Period

Service awareness

We will not be proactively promoting the service during the phase one test period, to ensure we have fully tested the service and made any required improvements before the full launch if approved.

People will access the service by continuing to use existing telemedicine channels (e.g. Tend, Practice Plus). Subsidies will be available for targeted cohorts when they use an approved provider.

People will also be navigated to the service providers from info.health.nz with advice on appropriateness.

A public awareness campaign will support promotion of the full launch.

Target audience/service user volumes

No specific population cohort, however, the service is aimed at people who can't make an appointment with their own GP when they need to or people who are unenrolled. Subsidies only apply to a subset of the population (CSC and under 14).

No required service user volume required for this phase - the aim is to build gradually on existing volumes.

Brand approach

Name and brand

We have shared the name and brand proposed options with the Minister's office. This will be implemented when approved to do so.

Info.health website

Initial updates to info.health.nz sign-posting/navigation to digital 24/7 healthcare landing page.

Communication and engagement objectives

- Impacted internal and external stakeholders understand the approach and intention of the test period.
 - People are successfully navigated to the services from info.health.govt.nz and via existing provider websites.

Key stakeholders and comms/engagement approach

1. Pre-brief key external and internal stakeholders
 - Stakeholders prepared with reactive lines if they get questions
2. No proactive media, but reactive lines prepared

Reactive lines

- Health New Zealand | Te Whatu Ora has begun introducing some of the key elements of the new digital 24/7 healthcare service announced by the Minister of Health in March, before it is fully launched later this year.
- This will ensure we understand any improvements the service may need before its full launch later this year.
- The aim of the service is to provide greater access to appointments when people can't see their own GP or primary care health professional.
- This is one of a range of Government initiatives to ensure New Zealanders get more timely access to quality healthcare in New Zealand.
- The elements of the new service that are now available on info.health.nz include:
 - Navigation support from info.health.nz's home page to find the right care at the right time, including this new service
 - The ability to book an appointment and receive subsidies where criteria is met, with a Health NZ endorsed digital health provider 24/7
- Later this year further features will be available including a view of available appointments across the digital health providers to support timely access to a health appointment.
- Once the service has been formally launched a public awareness campaign will be run to ensure people know the service is available when they need and want it.

Supporting communications materials

Communications materials	Development by
Reactive lines	s 9(2)(a)
Stakeholder e-update	
Slide pack to support meetings and updates	
Brand lock-up	
Website navigation and digital 24/7 landing page	
Te Haerenga and Tū Mata Kōkiri articles	

Risks and mitigations

Risks	Mitigation
Consumers who use the service don't have a good experience and this impacts trust and confidence in the brand	Reactive lines are clear that this pre-launch period is all about road-testing the service and resolving any issues
Commercially motivated opposition to the introduction of Shared Digital Health Record (SDHR) undermines trust and confidence in the brand before it is launched.	A proactive stakeholder engagement and media strategy is developed to promote the benefits of SDHR for New Zealanders
Stakeholders think this is the full launch and don't feel part of its announcement and development	Engagement with key stakeholders is carried out to ensure they are helping to inform developments and understand the intention of the two phases. We align engagement with similar audiences across interdependent projects (i.e., SDHR, s 9(2)(f)(iv)). Impacted stakeholders have a full set of reactive communications to support queries they receive.
Media and members of the public are confused about whether the service is actually operational	We have a comprehensive set of reactive lines ready for questions we receive, including re: SDHR.