Health New Zealand Te Whatu Ora

Kia ora koutou,

Update: Immunisation in General Practice

We want to firstly acknowledge all your efforts to immunise your practice population in the face of significant workforce challenges and community resistance and mistrust post-covid.

A focus on childhood immunisation

As you know, immunisation at 2 years is a health priority. Our immunisation rates have slipped, and children are increasingly vulnerable to measles or other vaccine preventable outbreaks. Knowing exactly how much they have slipped, in which population cohorts, and then taking action to vaccinate the missing children, is made more difficult by the interoperability issues between the new Aotearoa Immunisation Register (AIR) and GP patient management systems.

Addressing interoperability between AIR and Patient Management Systems

AIR is a modern platform - it provides a portal for other users which works well and is also designed to integrate with modern Patient Management Systems via an API (Application Programme Interface) which allows different software to talk to each other.

As with the National Immunisation Register (NIR), it will also interface with older patient management systems. But just as with the NIR, there can be discrepancies between what is recorded in your patient management system and what is reported in AIR. We have developed a fix / workaround using a Microsoft product called Fabric which enables PHOs to analyse AIR data, reconcile it with PMS records, and update where immunisation events are missing in AIR. This will enable more accurate targeting of children that have missed an immunisation milestone.

Supporting general practice to deliver immunisations

The second issue we wanted to clarify was the precall/recall initiative and newborn enrolment. As you will be aware, until the end of June 2025 there is funding available for the work your teams do with immunisation precall and recall (as an aside, this was being planned and worked through with GP and PHO leaders well before NZ Doctor reported rather negatively on it). We are very aware that even with the increase in providers being able to perform childhood immunisations, General Practice still provides 87% of these and has the practice registers and the key role in oversight, co-ordination, and recall/ precall. Your PHOs will be working closely with practices to support best practice precall / recall and co-ordination of Immunisation.

Alongside this, over the past two years we have significantly increased the rate payable for childhood immunisations first from around \$26 to \$41 and now to \$47.38 (GST inclusive). Health NZ/ Te Whatu Ora now pays a higher rate for the more complex childhood immunisations compared to single vaccine vaccinations such as flu and covid. We have also agreed to direct the \$26 million PHO System Level Measures funding to be focused on achieving the 2-year-old immunisation target. At least 50% of this funding must be used to financially benefit providers. Immunisation is one area of general practice that is seeing better remuneration.

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Supporting timely enrolment for newborns

The best indicator of timely immunisation is on time 6-week immunisations. Antenatal Pertussis immunisation comes a close second. Clearly, for timely 6-week immunisation we need timely infant enrolment, and we are keen for this process to be streamlined.

The most recent variation the PHO agreement has been amended: first, to explicitly state that there is no requirement to sight a birth certificate to enrol an infant; and second, to extend provisional enrolment for up to 12 months.

All Under 18 years eligibility for immunisation

We also wanted to remind you that children under 18 years old are eligible to receive vaccinations listed on the New Zealand Immunisation Schedule, and you can still claim for the administration fee, regardless of whether they are eligible for other publicly funded health

We hope you view the focus on timely immunisation and enrolment as a positive initiative - we recognise that among some of you there was annoyance that other providers were being supported to provide childhood immunisations. However, we are genuinely acknowledging both the critical role that General Practice provides, as well as the current really tough environment that makes it challenging for some parents to access immunisation - hence the provision of additional options including walk in and afterhours immunisation.

Ngā mihi

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