



The Primary Care Health Target

Primary care sector webinar/May 2026

Welcome | Haere Mai

Dr Joe Bourne, Ministry of Health, Chief Medical Officer

Tāwhia tō mana kia mau, kia māia
Ka huri taku aro ki te pae kahurangi,
Kei reira te oranga mōku
Mā mahi tahi, ka ora, ka puāwai
Ā mātau mahi katoa, ka pono, ka tika

Retain and hold fast to your mana, be bold, be brave
We turn our attention to the future, that's where the
opportunities lie
By working together we will flourish and achieve
greatness
Taking responsibility to commit to doing things right

Agenda

What	Who
Welcome	Dr Joe Bourne, Ministry of Health, Chief Medical Officer
The primary care landscape	Martin Hefford, Health NZ, Acting Director Funding, Community and Mental Health
The Primary Care Health Target	Dr Sarah Clarke, Health NZ Clinical Director Primary and Community Care
How we're measuring the target	Dr Tom Love, Health NZ Strategic Advisor – Insights/Evidence and Performance
Next steps	Astuti Balram, Health NZ, Acting Director Living Well
Q&A panel	<ul style="list-style-type: none">• Dr Joe Bourne, Ministry of Health, Chief Medical Officer• Martin Hefford, Health NZ, Acting Director primary and community care• Dr Sarah Clarke, Health NZ Clinical Director Primary and Community Care• Dr Tom Love, Health NZ Strategic Advisor – Insights/Evidence and Performance• Astuti Balram, Health NZ, Acting Director Living Well• Dr Anna Skinner, Ministry of Health , Clinical Chief Advisor
Thank you and wrap up	<ul style="list-style-type: none">• Martin Hefford, Health NZ, Acting Director Funding, Community and Mental Health• Dr Joe Bourne, Ministry of Health, Chief Medical Officer

Questions

- Please post your questions in the Q&A chat throughout the webinar
- The webinar will be recorded and we'll share the recording and slides
- We'll collate key themes and common questions and will answer during the Q&A panel

The Primary Care Landscape

Martin Hefford, Health NZ, Acting Director Funding, Community and Mental Health

Primary care – the foundation of care for our communities

First point of entry into the health system

Offers wide range of services close to people's home

Coordinates care across a complex health system

Continuity of care improves health outcomes and reduces demand on specialist services



Primary Care presenting issues

Underlying causes / context

1. Access

- 24% of practices have closed books.
- About 300,000 people unenrolled
49% Māori. 68% aged <45 yrs.
- 1.2M NZers didn't use a GP service because of waiting times.

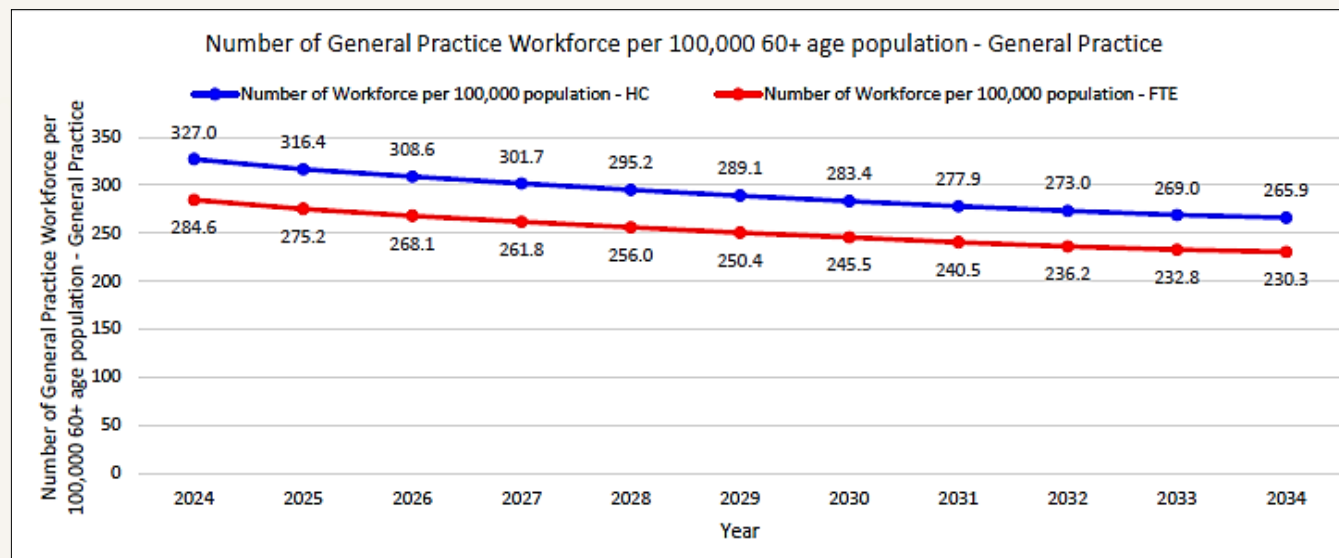
2. Workforce & delivery system

- Poor morale, burnout, clinical admin burden
- Ongoing vacancies
- Financial sustainability issues

3. Contribution to health system

- Childhood immunisation rates not improving at desired rate (87% delivered by GP nurses)
- Opportunity to support health target performance by strengthening planned care in general practice/access to care in community

1. Workforce size & mix



Nurse practitioner numbers small ~ 300FTE in primary care increasing at ~44 year.

Paramedic, pharmacist, and physiotherapist workforces (total 12,000+) are well placed to take on GP demand, but numbers in primary care tiny.

2. Funding & accountability

- Capitation inadequate & poorly targeted.
- Contract and accountability settings are outdated.
- Primary care datasets under developed vs secondary care.

3. Delivery system

- Under-use of digital innovation
- PHO role unclear.

Primary Care Tactical Action Plan

The aim: All New Zealanders have timely access to the care they need from primary care providers, to keep themselves healthy and to strengthen the overall responsiveness and sustainability of the health system.

Planning and performance

Primary Care Health Target

New Primary Care Health Target:
80% of New Zealanders have GP access within one week

Strengthening funding settings

Funding that meets need

Updating the way we fund general practice for the first time in 20 years

Growing and retaining the workforce

Doctor pathway

Significant increase in domestic medical graduates, overseas-trained doctors, medical students, and support for GPs.

Nurse pathway

Significant increase in funding for graduate nurse places, advanced education, and nurse practitioner training.

Enhancing delivery models

Increased patient access

New online GP 24/7, consistent sustainable urgent and after-hours care nationwide, and more acute and planned care in community.

Improved medicine access

12 month prescription lengths, expanding prescriber rights to wider set of health professionals, freeing up GP time, and making medicines easier to access.

Total investment
\$641 Million

Over four years

What's been achieved so far - highlights

- 12% increase to general practice annual funding
- Performance payments for eligible GP practices for 6 weeks imms
- General practice early adopter Primary Care Health Target data flows begun
- Online 24/7 GP care launched with over 80,960 consults from over 63k people since May 2025
- 49 international doctors started with districts (NZREX)
- Nurse Practitioner training (141 enrolled) and Advanced Education scholarships (232 granted)
- 12-month prescriptions introduced
- Urgent care and after-hours roll-out – Dunedin, Lower Hutt, Wanaka, Counties Manukau, six rural prototypes implemented

Key Health Targets



**Shorter Stays in
Emergency
Departments**



**Shorter Wait Times
for First Specialist
Assessment**



**Faster Cancer
Treatment**



**Shorter Wait Times for
Elective Treatment**



**Improved
Immunisation for
Children**



**Timely access to
primary care
appointments**

New in 2026

The Primary Care Health Target

Dr Sarah Clarke, Health NZ Clinical Director Primary and Community Care

The new target

- Announced by the Minister of Health July 2025
- Provides a view across the health system of access to:
 - support improvements
 - target resources where they're needed.
- Publication of Q1 26/27 results to begin end of 2026

The new Primary Care Health Target:
80% of primary care appts within 7 days of booking



The aim of this target is to reduce the length of time people wait for patient-initiated appointments, while protecting planned, proactive, and ongoing care.

How it's been developed



Primary Care Health Target Advisory Group:

- Inputted to the development of the definition, inclusions and exclusions
- Primary care sector representatives from across NZ



Early Adopter Practices

- 18 practices
- Allowed testing of data and analysis

Patient questions

Privacy statement

This is an overarching privacy statement to inform you of how Health New Zealand – Te Whatu Ora (referred to as “Health NZ”, “we” and “us”) will handle the personal and health information in our care.

On this page

[About this privacy statement](#)

[Our purpose](#)

[Why we collect personal and health information and how we use it](#)

[What personal and health information we collect](#)

[How we collect your information](#)

[How we indirectly collect your information](#)

[How we share or disclose information](#)

[Accessing your information](#)

[Correcting your information](#)

[Storage & Security of your Information](#)

[How long we keep your information](#)

[Artificial Intelligence](#)

[Contact the privacy team](#)


About this privacy statement

While there may be small differences in how information is handled in different parts of Health NZ, we will handle your information in line with our obligations under the Privacy Act 2020, Health Information Privacy Code 2020, and other relevant legislation or guidelines.

[Privacy Act 2020](#) 

[Health Information Privacy Code 2020](#) 

This statement does not replace more specific Health NZ privacy statements on our other websites, consent forms, or other ways that we may communicate with you in your specific circumstances.

Health NZ recognises the Government’s [Data Protection and Use Policy \(DPUP\)](#)  and aims to apply the DPUP principles to ensure that we are respectful, trusted and transparent when collecting and using people’s personal and health information.

- Public facing web page is available at: <https://www.healthnz.govt.nz/privacy/primary-care-health-target-privacy-information>
- Explains in plain accessible language:
 - what the target is
 - what information is collected,
 - how privacy is protected,
 - and how results will be used.

How we're measuring the target

Dr Tom Love, Health NZ Strategic Advisor – Insights/Evidence and Performance

What we're measuring, collecting and why

Definition component	Reasoning
Goal: More than 80% of patients having an appointment with general practice within 7 days by 2030.	Reflects reasonable patient expectations of receiving care within a week.
Scope: General practice teams.	Supports flexible models of care and patients to receive care from the most appropriate health professional within general practice.
Measure description: Proportion of primary care appointments—with a member of the clinical workforce—that have a start date within seven days of being booked. Applies to individuals who are enrolled on the day that the appointment falls (enrolled and funded).	Reflects timeliness of access to care. There is community concern that access to general practice services is not timely enough, and HQSC Patient Experience Surveys indicate that timeliness of access has been deteriorating.
What counts as an appointment: Activities that are recorded in a practice's appointment book or walk-in queue for a member of the registered clinical workforce.	This is the most practical way to identify appointments in today's practice management systems.
Data source: Practice PMS data to measure 'time taken between contact with a general practice and an appointment occurring'.	Captures patient interactions with practices, aligns with other health access targets, enables performance to be compared across demographics.

Data inclusions – what makes up the measurement

Appointment booked date

The date a patient requested an appointment

Appointment start date

The date the appointment was scheduled to occur

Appointment access time

The number of calendar days between an appointment booked and and start date.

Example:

- A patient calls their practice on the 1st of August and requests to see their GP.
- They are booked in to see their GP at the next available time on the 8th of August.
- In this example the Appointment Booked Date is the 1st of August, the Appointment Started Date is the 8th of August, and the Appointment Access Time is 7 days.

Other inclusions – common questions

Registered health
professional

In-person or virtual

Transfers between
health professionals for
same appointment
request is fine

Data exclusions

Appointments from
unenrolled patients

Appointments with
invalid NHI

Appointments with
missing booked or
started date

Appointments
booked
retrospectively

Appointments with
short durations

Data exclusions

Appointments that are duplicates

Appointments that are booked within 72hrs of another appt

Appointments booked more than 8 weeks after the appt

Appointments that aren't last in the slot

Additional appointments with the same provider on the day

The exclusion of an appointment does not result in the deletion of that record. They are retained to enable analysis and to allow refinement of the target without requiring resubmission of data from practices.

Other cases

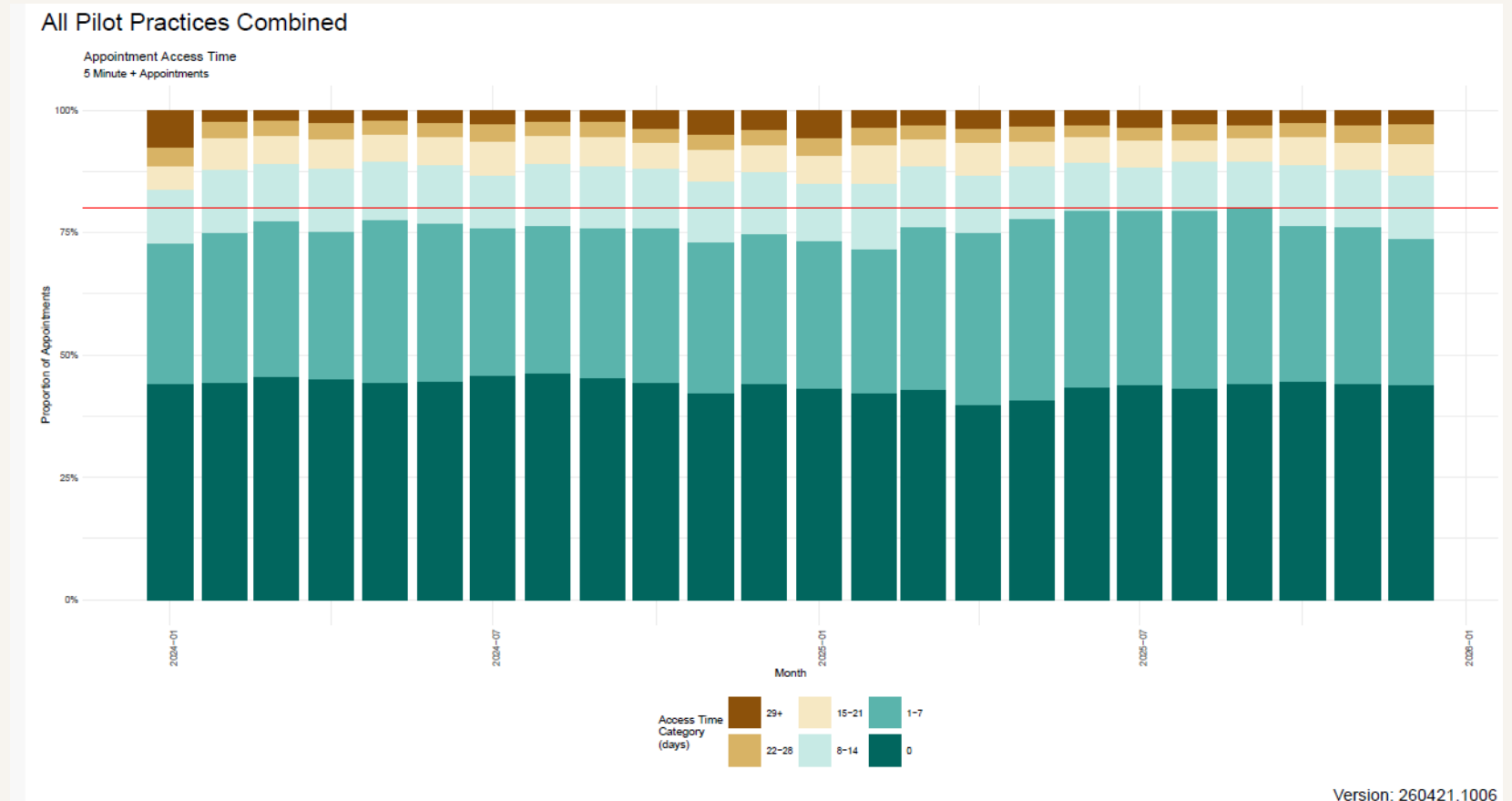
Missed
appointments –
included

Simultaneous
appointments –
included if over 5 mins

Same day
appointments –
included

Working with actual data – early adopter practices

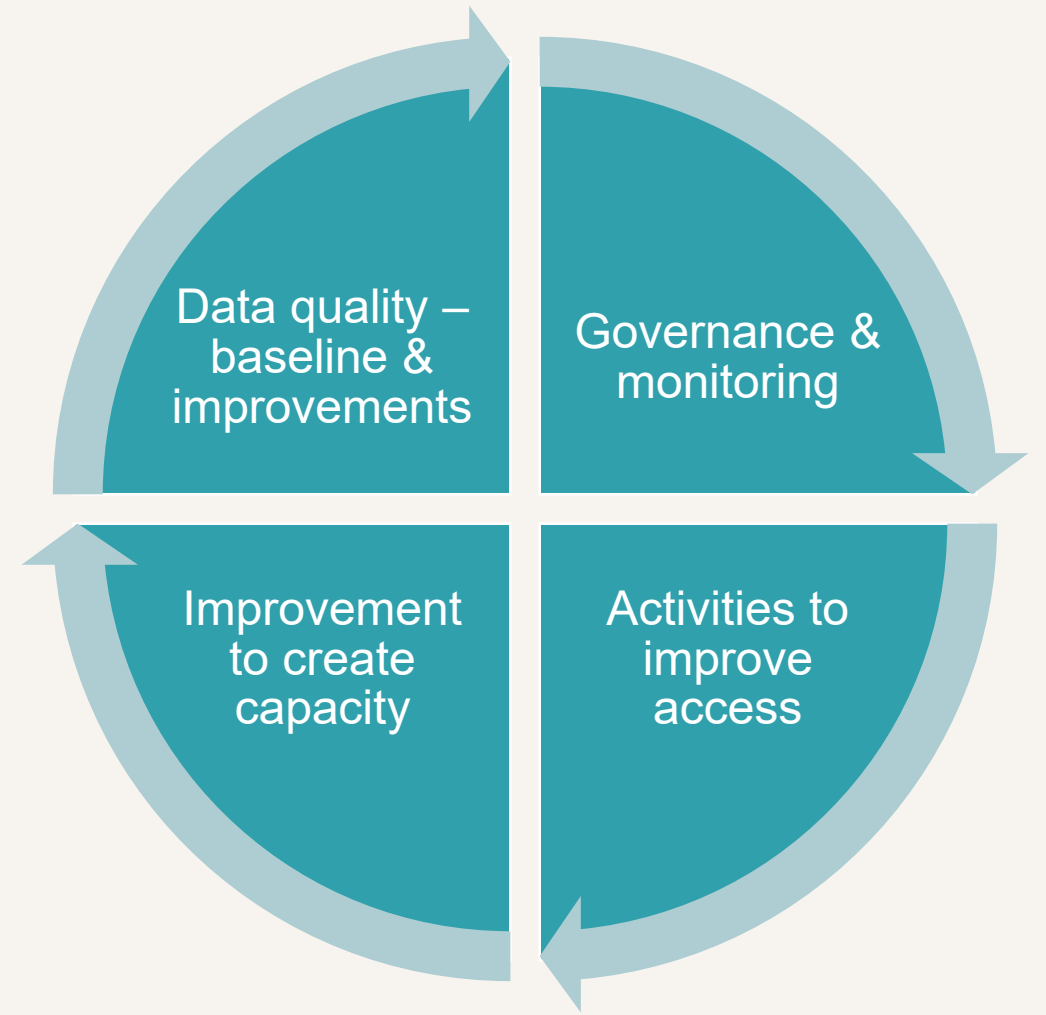
- 18 pilot practices
- Analysing variability in data
- Testing different data cleaning approaches
- Testing different exclusion approaches to achieve consistency.
- Met with some practices to reconcile our understanding of appointment events with the raw view of the PMS



Next steps

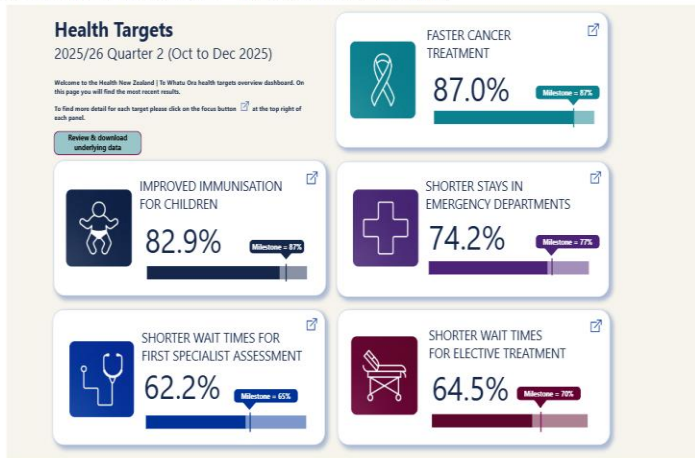
Astuti Balram, Health NZ, Acting Director Living Well

Primary Care Health Target Data Flow & Implementation



Health targets results

The results for 2025/26 Quarter 2 – October to December 2025.



>95% practices

Next steps

**1 July
2026**

- Data from 1 July will be inform performance for the primary care health target

**End of
2026**

- Primary care health target results for Q1 2026/27 (July to Sept) published at PHO or district level

**30 June
2027**

- Learning from 1st year of implementation - data and improvement activities
- Develop a 2027-2030 implementation plan with progressively improving milestones to 2030.

Q&A Panel



- Dr Joe Bourne, Ministry of Health, Chief Medical Officer
- Martin Hefford, Health NZ, Acting Director Funding, Community and Mental Health
- Dr Sarah Clarke, Health NZ Clinical Director Primary and Community Care
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Questions and support



- Visit our website at www.info.health.nz/NPCD



PHOs:

- Contact the Health NZ primary care team – primary.care@tewhatuora.govt.nz

General practice:

- Contact your PHO relationship lead in the first instance
- Queries can also be sent to primary.care@tewhatuora.govt.nz



We'll send you e-updates with key news

Wrap up

Dr Joe Bourne, Ministry of Health, Chief Medical Officer

Martin Hefford, Health NZ, Acting Director Funding, Community and Mental Health



Thank you | Ngā mihi

Pou Hihiri, Pou Rarama, Pou o te Whakaaro,
Pou o te Tangata, Pou o te Aroha,
Te Pou e here nei i a tātou
Mauri ora ki a tātou
Haumi ē! Hui ē! Tāiki ē!

May clarity be yours May understanding be
yours Through reflection Through personal
endeavour Through respect The virtues which
binds us as one May we be filled with wellbeing
For one another Bind us together!