

# **New and improved urgent and after hours healthcare framework – update**

Urgent care sector webinar/May 2026

# Welcome



# Agenda

What	Presenter
Welcome	Martin Hefford, Acting Director Funding, Community and Mental Health, Health NZ
Overview of the new and improved urgent and after hours healthcare framework	Rachel Pearce, Co-Director, Rural, Health NZ
Implementation so far	
Urban case studies: <ul style="list-style-type: none"><li>- Dunedin</li><li>- Lower Hutt</li></ul>	<ul style="list-style-type: none"><li>• Adam O’Byrne, General Manager, Dunedin Urgent Doctors and Accident Centre</li><li>• Mark O’Conner, General Manager, Lower Hutt Afterhours Medical Centre</li></ul>
Rural Remote Prototypes – overview and videos	Rachel Pearce, Co-Director, Rural, Health NZ
Next steps for implementation	
Wider programme – next steps	
Question and answer panel	<ul style="list-style-type: none"><li>• Martin Hefford, Acting Director Funding, Community and Mental Health</li><li>• Rachel Pearce, Co-Director, Rural, Health NZ</li><li>• Dr Carol Atmore, Clinical Lead, Rural and Urgent Care, Health NZ</li></ul>
Closing and thank you	Martin Hefford, Acting Director Funding, Community and Mental Health

## Questions

- Please post your questions in the Q&A chat throughout the webinar
- We’ll collate key themes and common questions and will answer during the Q&A panel

# Urgent care services are an important feature of our primary and community care system

Based on the approximately **1.9 million** presentations to urgent care clinics in 2024:

Over **5,000** New Zealanders visit urgent care clinics every day

There are currently **48** urgent care clinics operating across New Zealand. **32** are funded by both Health NZ and ACC, **4** receive only Health NZ funding, and **12** are funded by ACC only.

There are many more urgent and after-hours services provided that are not classified as an urgent care clinic.

Most presentations were in the Northern region due to the high number of urgent care clinics in the region.

NZ urgent care clinic presentations have increased **8%** over the past seven years. In 2024 ACC-related presentations made up 33% of presentations, down from 35% in 2018.

Most consultations are for **14-64** year olds, with gradual growth in 65+ patients.

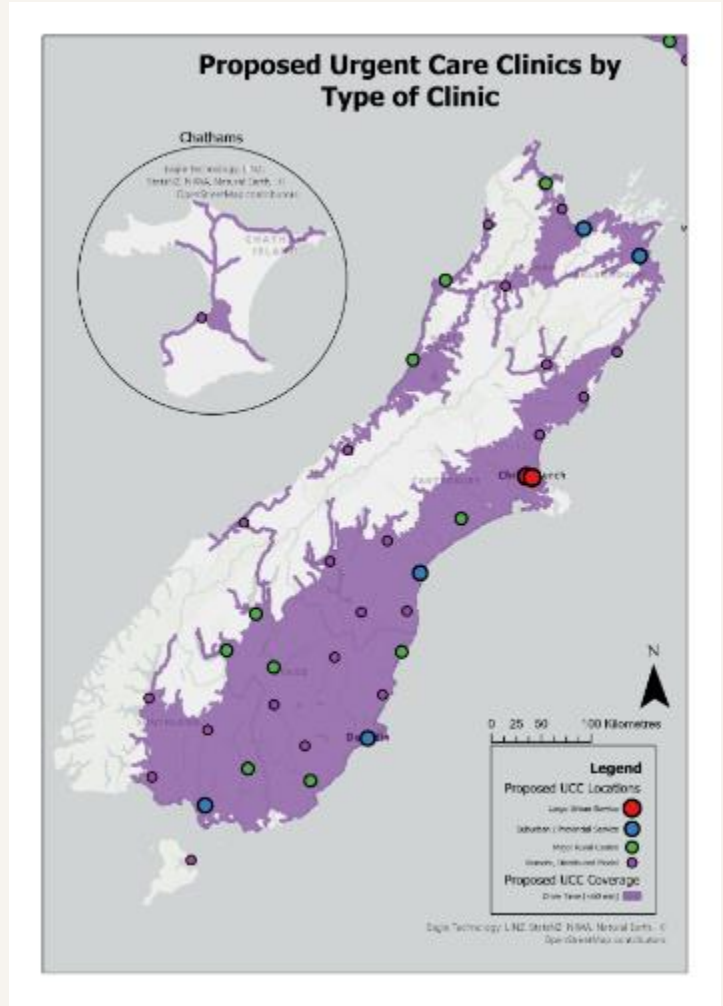
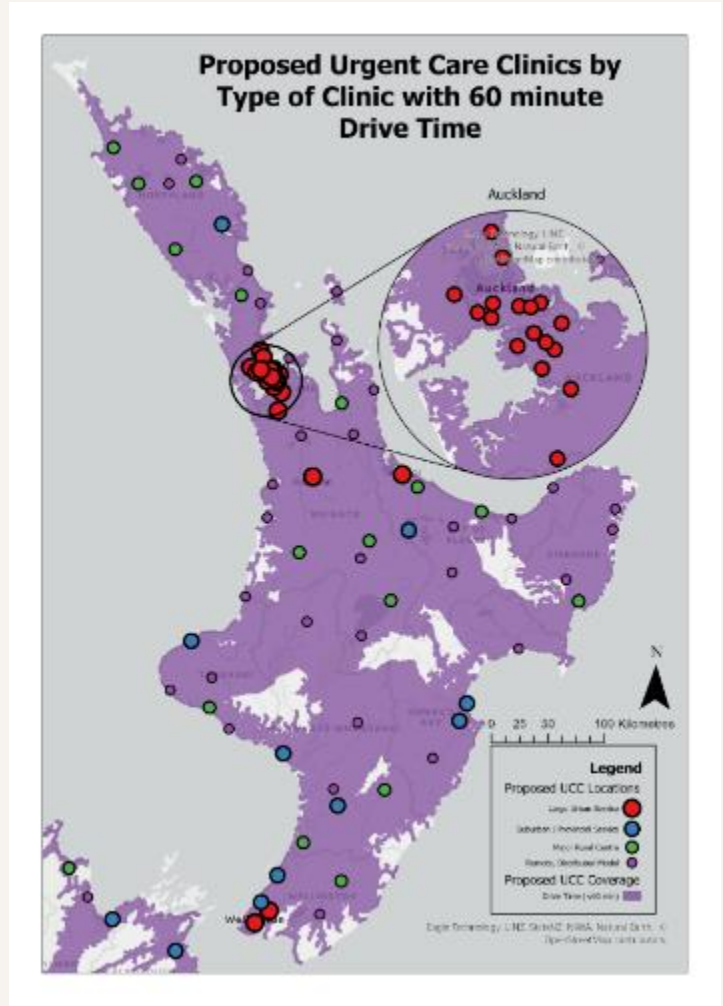
Approximately **29%** of patients have a Community Services Card (CSC).

The highest deprivation (Q5) patients are over-represented

# Overview of the New and Improved Urgent and Afterhours Health Care Framework

98% of New Zealanders within one hour's drive of an in-person urgent and after-hours service

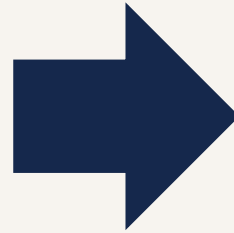
[New-and-Improved-Urgent-and-After-Hours-Healthcare.pdf](#)



# What good will look like

## Moving from this

- Inequitable, maldistributed access, especially for rural areas
- Variable funding and co-payments
- Poor data and visibility of access and performance across the country
- Workforce sustainability challenges
- Declining after-hours availability

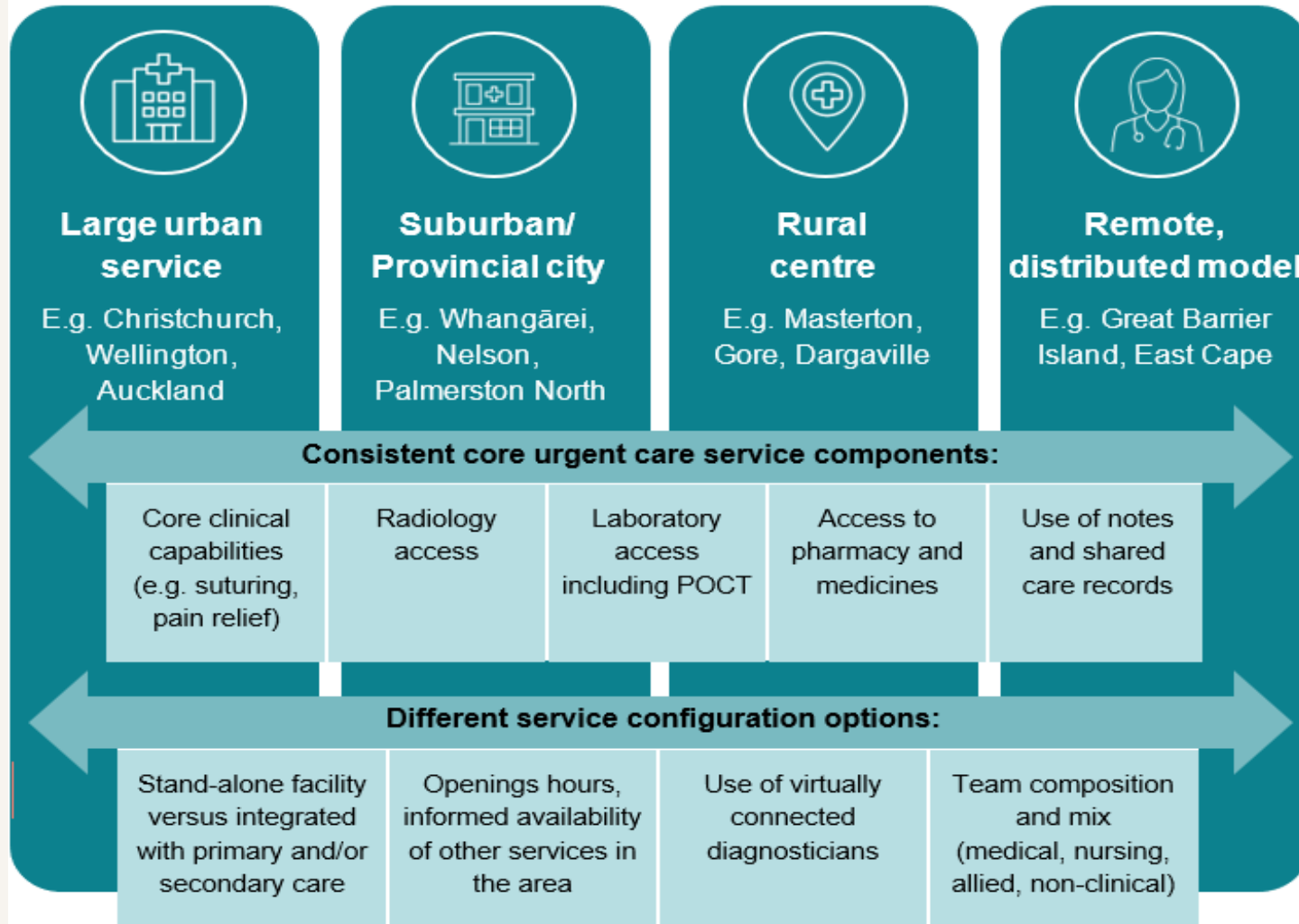


## To this

- More consistent urgent care access
- More consistent fees, subsidies and co-payments
- Easier navigation for whānau
- Improved integration with broader healthcare services
- Improved data, reporting and analytics and intelligence
- Multidisciplinary teams, Digital + in-person hybrid models

# The Framework

Population characteristics and clinical capacity levels are under development



**A consistent, graduated model based on population need**

# How we're approaching implementation

# Evolving and strengthening the system, not replacing it

Building on **existing services and relationships**

Locally led, nationally supported approach

Designed **with regional teams**

## **Regional teams:**

- Lead service design and implementation
- Lead provider relationships, including PHOs
- Bring local knowledge and context

## **National team:**

- Provides programme support and coordination
- Ensures consistency where it adds value
- Develops tools, frameworks, and guidance

# Tailored procurement approaches

Across New Zealand different sourcing and procurement approaches have been considered based on a careful analysis of the provider market in that region and each locality

## 1. Open market

Approaches for locations where a competitively sourced outcome is the best solution considering the local market, requirements and risks.

## 2. Closed tenders

For selection between known providers in a particular location or for a particular need where the known providers are the only viable options, and competition may undermine integration with the local primary care and hospital eco-system.

## 3. Direct sourcing

From a known provider for delivery of an enhanced solution where they are the only available provider with the required capability and have a proven track record.

## 4. Contractual renewal processes

Including financing uplifts where services will continue with current providers, and new data and reporting requirements and reasonable service specification changes can be accommodated.

**In most instances, we expect to adopt direct sourcing and contractual renewal processes.**

# Implementation so far

# Services implemented – tranche 1

## Urban community services

- **Dunedin:** Urgent Doctors and Accident Centre now operating **24/7** (from December).
- **Lower Hutt:** After-Hours Medical Centre added **daytime urgent care** (from December).
- **South Auckland:** Local Doctors Ōtara expanded to **full 24/7 urgent and after-hours care** (from January).
- **East Auckland: East Care** extended hours from **11pm to 1am** (from March).
- **Whakatāne:** Service **moved into the community** and extended hours (from January).
- **Impact: 18,000+ consultations** delivered between Dec 2025–Mar 2026.

## Rural community prototypes – six locations

- Great Barrier Island
- Coromandel
- Te Kuiti
- Tūrangi
- Golden Bay
- Twizel

# Impact so far

Overall, these extended hours and new services have provided more than **18,000 consultations** between December 2025 and March 2026.

Dunedin – we estimated the service would provide about 96 consultations a day. In March, an average of **104 consultations** was provided each day.

Lower Hutt – last month's daily average of 107 consultations was close to projected demand. Last month there were **44 more consultations per day than over the same period last year.**

Ōtara – 24/7 care commenced in January. In its first month of operating, it **averaged 35 extra consults a night**, which is higher than initially expected.

Whakatāne – an average of **141 consultations** a week in February. This is significantly greater than the average of 51 consultations per week in February 2025.

# Urban service case studies

# Adam Byrne, General Manager, DUDAC



**DUNEDIN URGENT DOCTORS & ACCIDENT CENTRE**

URGENT & AFTER HOURS CARE

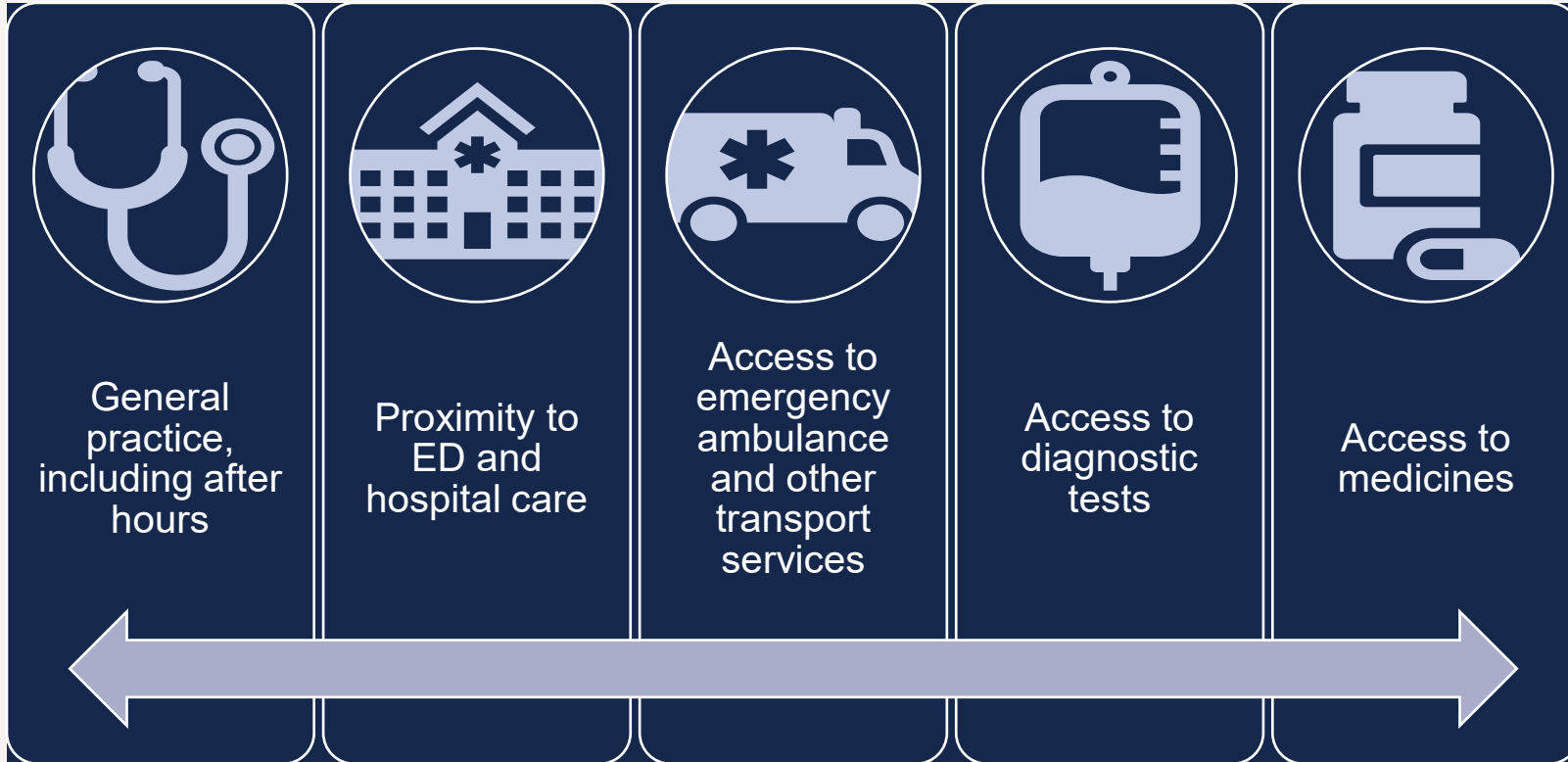
# Mark O'Conner, General Manager, Lower Hutt After hours Medical Centre



**LOWER HUTT**  
**AFTER HOURS MEDICAL CENTRE**

# Rural Remote Prototypes - overview

# Rural and remote core service components



# RUC prototype project

## Purpose

- Tested and refine the rural and remote urgent care model ahead of scaling implementation to a further approximately 70 rural and remote communities

## Why it matters

- 1 in 5 New Zealanders live in rural communities
- Remote services are under pressure from workforce shortages and limited access
- Variable UC services nationally

## What was delivered

- All sites now have point-of-care testing (POCT) and POCUS
- 16 clinicians POCUS trained
- Prototyped paramedic + primary care integration
- Prototypes on-call pharmacy services

## Early impact

- Faster diagnosis and treatment through enhanced equipment and training
- Fewer unnecessary hospital transfers, more care delivered locally
- Improved staff morale and service sustainability

# Golden Bay – RUC case study



# Next steps for implementation

# Coming soon/in progress

- **Northern region:** Whangārei and Dargaville.

- **Te Manawa Taki:** Tauranga and Rotorua.

- **Central:** Palmerston North, Wellington and Whanganui.

- **Te Waipunamu:** Ashburton, Invercargill, Rolleston, Te Anau, Timaru and Wanaka

- + maintenance

- transitioning prototype providers to new contracts

- 26/27 contract renewals

- Winter trial of POCT Troponin in 24 urban urgent care clinics
- ED redirection is expanding as part of winter preparedness
- Procurement process for POCUS training and a peer support programme (rural and remote)
- Analysis of historic urgent care data, while work continues on a digital solution to support consistent nationwide urgent care reporting
- Ongoing work with ACC to strengthen the system of urgent care

**Q&A Panel**



# Thank you and wrap up