

General Information:

To enable primary and community care providers to provide healthcare for those who may have otherwise attended secondary care services. This programme is focused on acute care only, delivered by General Practice.

Programme Objectives:

- Supporting general practice to manage acutely unwell patients.
- To reduce equity of access to priority populations.
- To support evidence of the benefit of the Extended Primary Care (EPC) services and enable further development of the EPC framework.

Eligibility criteria:

General Practice services will be able to claim for providing a package of care:

- To patients with an acute condition, who without EPC funding support would otherwise be referred acutely to hospital or secondary services.
- Includes patients who are residents of ARCs.
- For rural practices providing prolonged clinical care and observation for patients waiting on a hospital transfer (rural stabilisation).
- For any person eligible for New Zealand healthcare funding, regardless of WC Health enrolment status or Practice Enrolment Status, for the packages of care as above.

****Please note that offering the programme to patients not enrolled at your practice is at your own discretion. There is no claw-back available and no additional allocation for practices with higher numbers of visitors to their area.****

Additional criteria requirements:

- Clinically well enough to be discharged home (except for rural stabilisation).
- Are likely to need no more than 5 days of community-based care (providers can apply to the PHO for an extension if deemed appropriate).

Exclusion Criteria:

The following cases should not be claimed through the EPC programme:

- Non-New Zealand residents, including international students.
- Cellulitis
- Unstable patients (except for rural stabilisation)
- Services already contracted for (e.g., maternity services, PRIME)
- Where the patient requires non-urgent investigations

Extended Primary Care

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Last updated: Oct 2025



- Services claimable through ACC, with the only exceptions for the following services which can be claimed through the EPC framework:
 - Observation after a minor head injury.
 - DVT post-injury
 - Community based assessment for an older person after a fall.

Programme Processes:

1. Presentation to General Practice or Urgent Care acutely unwell.
2. One of the following:
 - a. Clinical decision to manage presenting condition in General Practice, if deemed to prevent secondary care referral and predicted to need no longer than 5 days community-based care
- OR
- b. Clinical decision to stabilise patient while awaiting transfer to hospital.
3. Package of care provided to acutely unwell patient.
4. Claim for time provided for care or stabilisation through Halcyon e-portal.

Payment:

Patient co-payment

General Practice may charge an initial consult fee as normal. A practice can still charge a casual rate for an initial consult for those not enrolled with the practice.
The package of care is to be provided at no cost to the patient.

Claiming and Subsidy Rates

Claiming is based on time-based funding for the package of care provided.

Time/Workforce	GP / NP	Nurse	Administration / Observation
Up to 14 mins	\$82	\$40	\$10
15-29 mins	Add \$164	Add \$80	Add \$20
30-44 mins	Add \$246	Add \$120	Add \$30
45-59 mins	Add \$328	Add \$160	Add \$40
60-74 mins	Add \$410	Add \$200	Add \$50
75-89 mins	Add \$492	Add \$240	Add \$60
90 mins and over	Add \$574	Add \$280*	Add \$70*

Questions or Feedback?

Please contact the West Coast Health
Clinical Quality Team

Top Floor,
163 Mackay Street
Greymouth, 7805
Phone: +64 3 768 6182

QualityTeam@westcoasthealth.nz

***Rural stabilisation only, further amounts in 15 min increments are chargeable up to 3 hours for nurse and administration/observation time**

The wider comprehensive primary care team providing services can be funded in the most appropriate category unless that activity is funded through another agreement (such as Comprehensive Primary Care Teams (CPCT) or Te Tumu Waiora).

There is no additional funding for after-hours services, although the initial appointment can be charged at usual rates.

Consumables

Consumables costs are covered as part of the funding provided.

Two exceptions can be claimed for separately as follows:

- Catheter bags at \$90
- IVF's at \$20

Condition Category Fields and Interventions

Condition	Intervention
Abscess	Anticoagulant
Abdominal pain	Blood test
Angina	Bowel Care
Allergy	Catherisation
Asthma	Consult – GP/NP
Cancer	Consult – Nurse
Cardiac	Consumables
Chest Pain	CT
Congestive heart failure	ECG
COPD	Equipment
COVID	IV therapy
Deep Vein Thrombosis	Medical Review
Dehydration	Medication by IM or SC
Diabetes	Nebuliser
Dizziness/Vertigo	Observation
ENT	Other
Frailty	Phone call
Fever unknown	Support Services
Foreign body	Ultrasound
Gastroenteritis	Wound Care
Gynaecological	

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Infection (other)	
Kidney/Urinary infection	
Musculoskeletal	
Neurological	
Other	
Pleurisy/Pleural effusion	
Pneumonia	
Pneumothorax	
Psychological/social/acopia	
Pyelonephritis	
Renal Colic	
Respiratory (not COPD, asthma, Pneumonia)	
Syncope/collapse/LOC	
Tonsillitis	
Urological	
Viral illness	

Frequently Asked Questions

What is Rural Stabilisation?

Rural practices providing prolonged clinical care and observation for patients waiting on a hospital transfer to secondary care services.

What is Acute Care?

Acute care in terms of this programme is treatment that is provided at the General Practice that prevents hospital admission or need for transfer to secondary services.

What do I do in the case of a follow-up?

Follow-ups can be claimed up to 5 days after an initial consultation. If you are outside of this time frame, please feel free to apply for an extension from West Coast Health.

Can I claim a follow-up on the same day for a patient?

You can claim a follow-up on the same day as the initial claim.

What is meant by medical review?

A medical review is a clinical conversation between health care providers that help in the treatment of a person who has presented acutely un-well to the practice.

What is the difference between GP / NP Consultation and Observation Time?

GP/NP or Nurse consultation is active patient care versus observation that is regular monitoring of patient status.

When can a follow-up claim be made?

A follow-up claim can be made anytime from completion of the initial package of care. Unlimited follow-ups can be claimed for; however a follow-up cannot be claimed for longer than 10 days from the initial claim, without WC Health approval.

How does the Clinical Notes Section Work?

The patient's daily records and consultation notes are listed. The clinician can choose from the list and 'Attach' or 'Append' these notes.

Are ARC residents eligible for this funding?

Yes, packages of care that are provided by the general practitioner or nurse practitioner that meet the criteria for an acute care claim are funded.

Can I claim Cellulitis presentations under this programme?

No, as of 1st October 2025, cellulitis is no longer a condition that can be claimed through this programme. Cellulitis follow-up appointments, treated with PO antibiotics, can be claimed via the Cellulitis programme (see programme info on the West Coast Health clinician website)