West Coast Health
Community Wellbeing Services

Orientation to the West Coast Health Organisation

Basics

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Community Wellbeing Services

West Coast Health Basics

-What are PHOs?

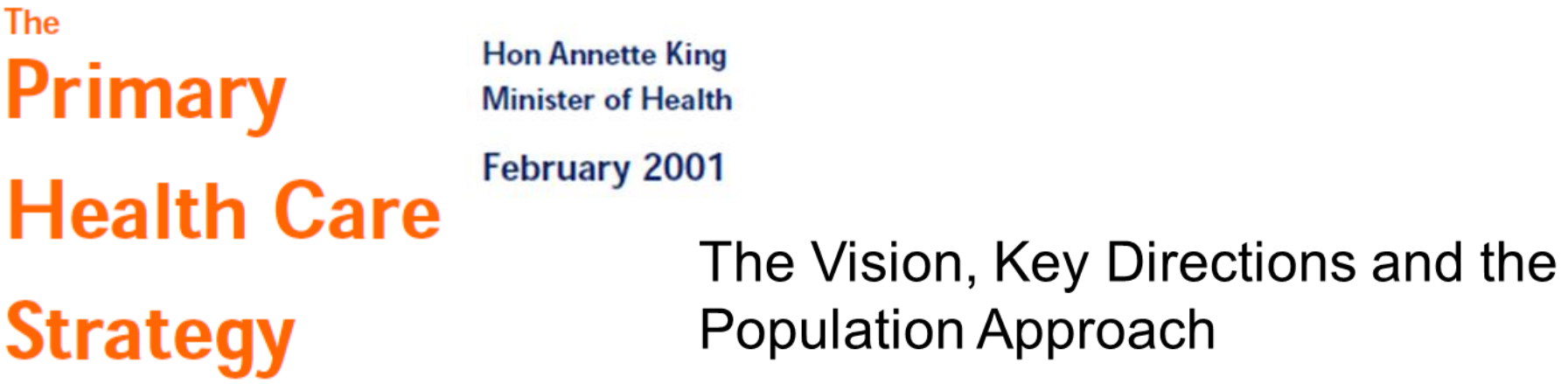
- Primary Care Tactical Action Plan

-What is this PHO?

Contracts & funding
-Core PHO funding

What Rural looks like on the West Coast

West Coast Health's History



People will be part of local primary health care services that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care.

Primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups.

Primary Care Tactical Action Plan

Vision: All New Zealanders have timely access to the car they need from primary care providers to keep themselves health and to strengthen the overall responsiveness and sustainability of the health systems

Primary and Community Care focusing on:
- Improving access
- Expanding services in the community
- Ensuring continuity of care
- Better coordination to support national health targets

Update in funding for General Practice (1st July): Still pending
- Age
- Sex
- Morbidity
- Rurality
- Deprivation

Primary Care Tactical Action Plan

Strengthening funding settings

Improving performance

- New Primary Care Health Target: 80% of New Zealanders have GP access within one week
- Supported by a new national dataset and outcomes framework
- Performance based-funding linked to achieving results: 6-week immunisation rates

Funding that meets need

- Updating the way we fund general practice for the first time in 20 years
- Funding formula will include age, sex, morbidity, rurality and deprivation
- Regular reviews to keep funding fair and fit for purpose

Enhancing delivery models

Increased patient access

- New online GP 24/7 service for when people can't see their GP team
- Consistent sustainable urgent and after-hours care nationwide = 98% of Nzers can reach urgent care within one hour's drive of home
- More acute and planned care in community settings

Growing and retaining the workforce

Doctor pathway:

- Up to 50 domestic medical graduate in primary care training pathway
- 100 overseas-trained doctors supported into practice via primary care training pathway
- More support for GP training
- More medical students

Nurse pathway:

- 400+ employer incentives to employ Graduate RNs annually in primary care.
- Support for 120 nurses to advance education, including prescribing
- Expanded funding support for Nurse Practitioner training (180 funded places annually)

Improving access to medicines

- 12 month prescription lengths for some medicines
- 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

Outcomes: By end of 2028

Increased patient access to primary and community services

- 150 more GPs and 300 more NPs trained
- Shorter wait times for appointments with your GP
- More families can enrol with a local practice (fewer closed books)
- Early treatment to stop small issues becoming big ones – slower growth in ED numbers
- Confidence that urgent care is available nearby, wherever you live
- 24/7 online GP service available to all, when you can't see your GP team
- 12-month scripts: fewer trips to the GP just to renew a prescription – more affordable and convenient

Continuity of care with trusted providers

- Shared health record: your health information goes with you – safer care with reduced need to repeat your story (and less admin duplication for health services)

Comprehensive services in the community

- Broader range of tests to detect disease early across NZ
- Patients can get more specialist care in primary care settings - without going to hospital

Coordinated care

- Giving patients seamless transitions between services and providers
- Improved immunisation rates
- Joined up services support the delivery of health targets

What we've achieved so far

- 12% increase to capitation
- Online 24/7 GP care launched with over 42,000 consults so far
- Primary Care Health Target and National Data Set Development
- 31 international doctors started with districts (NZREX) - more to come

- Domestic GP pathway for up to 50 doctors – applications opened
- Graduate nurse funding, Nurse Practitioner training and Advanced Education scholarships – applications opened
- New regulations to support 12-month prescriptions introduced
- Urgent care and after-hours roll-out procurement – Dunedin, Lower Hutt, six rural protypes – more to come

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What is West Coast Health?

- A not-for-profit community trust
- We plan, co-ordinate, fund and provide primary health care for West Coasters*
- A conduit for most government funding to general practice on the West Coast
- Supports Education and training
- Supports quality and access to health care services
- Provider services (Counselling, Allied Health services)

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West Coast Health Strategic Plan?

Vision

Good health for the whole population of Te Tai Poutini | West Coast, with equitable outcomes for all.

West Coast Health
Community Wellbeing Services

Strategic Plan
2025/2026

Mission

To provide community-based health services that are accessible to all and enable West Coasters to achieve their best possible health outcomes.

1. **Keep people healthy and well**

   Empower individuals, whanau, and community to engage in the co-design of locally led options that support healthy outcomes within the rural primary health care service structure.

   Recognise health as a taonga within our rural district that will lead to good health outcomes for all.

2. **Enable individuals and whanau to care for themselves**

   Provide high quality information about improving, maintaining, and restoring health, and make sure this information is accessible throughout our rohe, especially to those who most need it.

   Provide coaching and support for individuals and whanau to better manage their health.

3. **To ensure effective and equitable access to high quality services based in the community.**

   Advocate for and support our primary health care providers so that everyone in the rohe has access to comprehensive primary care services as close as possible to their home.

   Prioritise access for our rural and high needs communities across the rohe.

4. **Work in partnership**

   Work with local partnership organisations, whose objects are similar to our Trust to maximise the effectiveness of delivery.

   Understand, address and advocate for sustainable rural health solutions with Te Whatu Ora.

   Work with Poutini Waiora to ensure that Māori have a choice of services that support Te Whare Tapa Whā.

5. **Data and technology**

   Continue to use data and technology to enhance our understanding of our rohe and thereby set high standards that enable our local primary care providers in their delivery and ensure equitable health outcomes.

6. **Workforce development.**

   Support our regional primary care workforce so that healthcare needs, especially in our rural areas, can be met and sustained throughout the rohe.

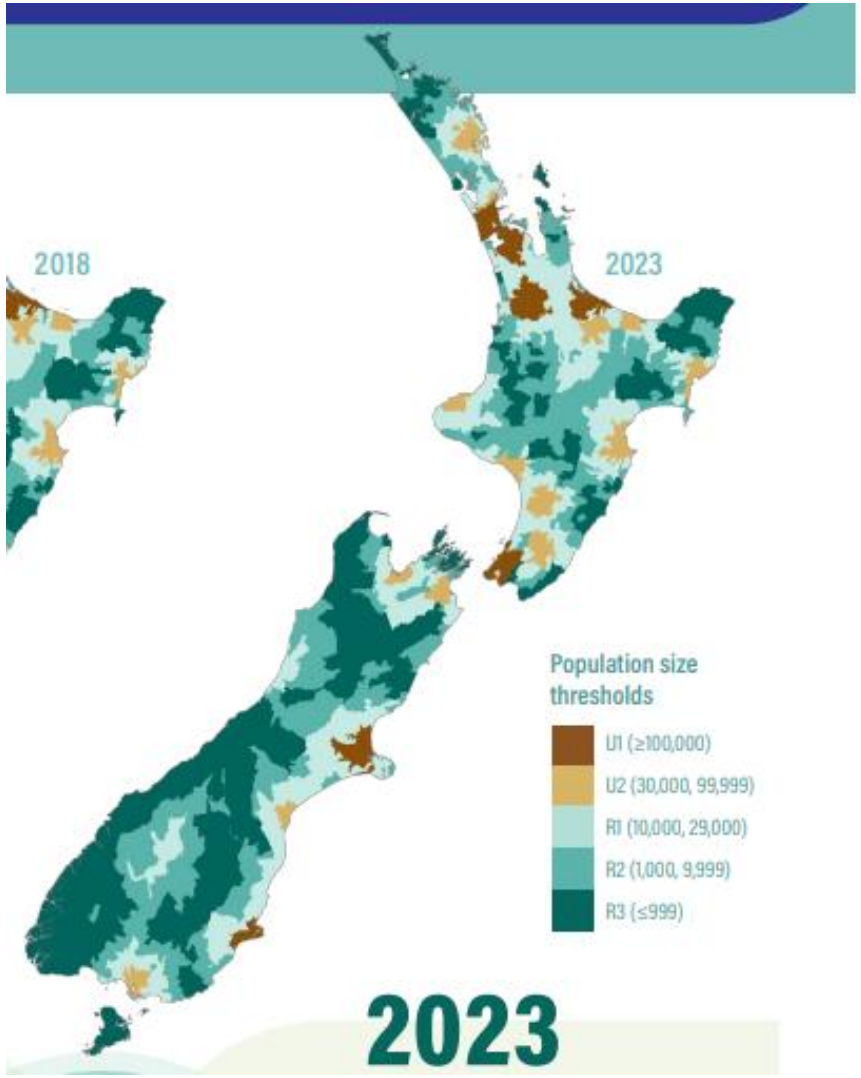
   Continue to develop patterns for providing primary care that makes best use of the workforce available so that equitable access is achieved across the rohe.

Collaboration	Professionalism	Innovation	Honour Te Tiriti o Waitangi

West Coast / Te Tai o Poutini

- Three regions: Buller, Grey and Westland
- Sparsely populated: 32’000 people
- 600km’s (370 miles long)
- Area of 23,246 km2
- Median age is 48.1 years (Nationally 38.1)
- Ethnicity
  - Pākeha: 89.7%
  - Māori: 13.2%
  - Pacific: 4.0%
  - Asian: 0.5%
- English main spoken language
- 9.5% of people have a bachelors degree or higher. High rates of early school leavers
- Median income: $32,700 ($41,500 Nationally)
- 2.5% unemployment rate
- No public transport
- Ngai Tahu rohe:
  - Ngati WaeWae
  - Ngati Maakawhio

Rural Snapshot 2026



Māori[**]**
22% Rural
15% Urban

Female[**]**
50% Rural
50% Urban

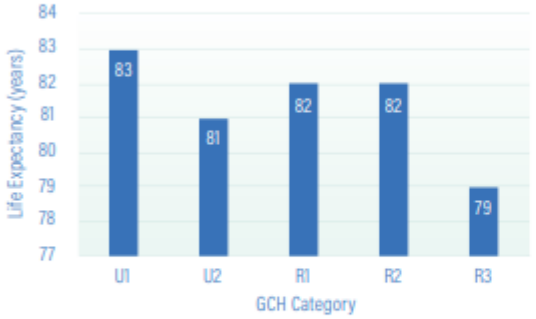
Over 65 years[**]**
20% Rural
14% Urban

NZDep Quintile 5[*] [**]**
25% Rural
20% Urban

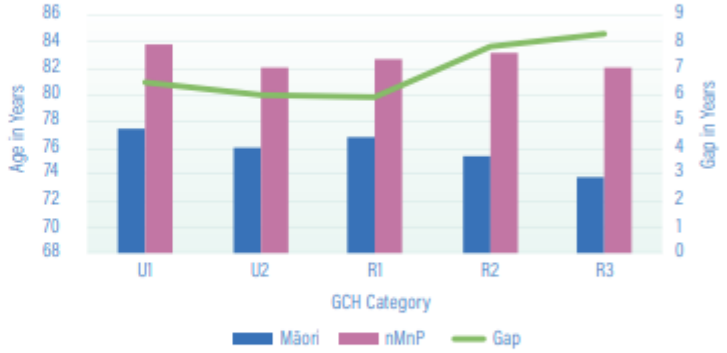
Life Expectancy

[4]

Life Expectancy Rural / Urban Classification [4]



Life Expectancy by Broad Rural / Urban Classification, by Ethnicity [4]

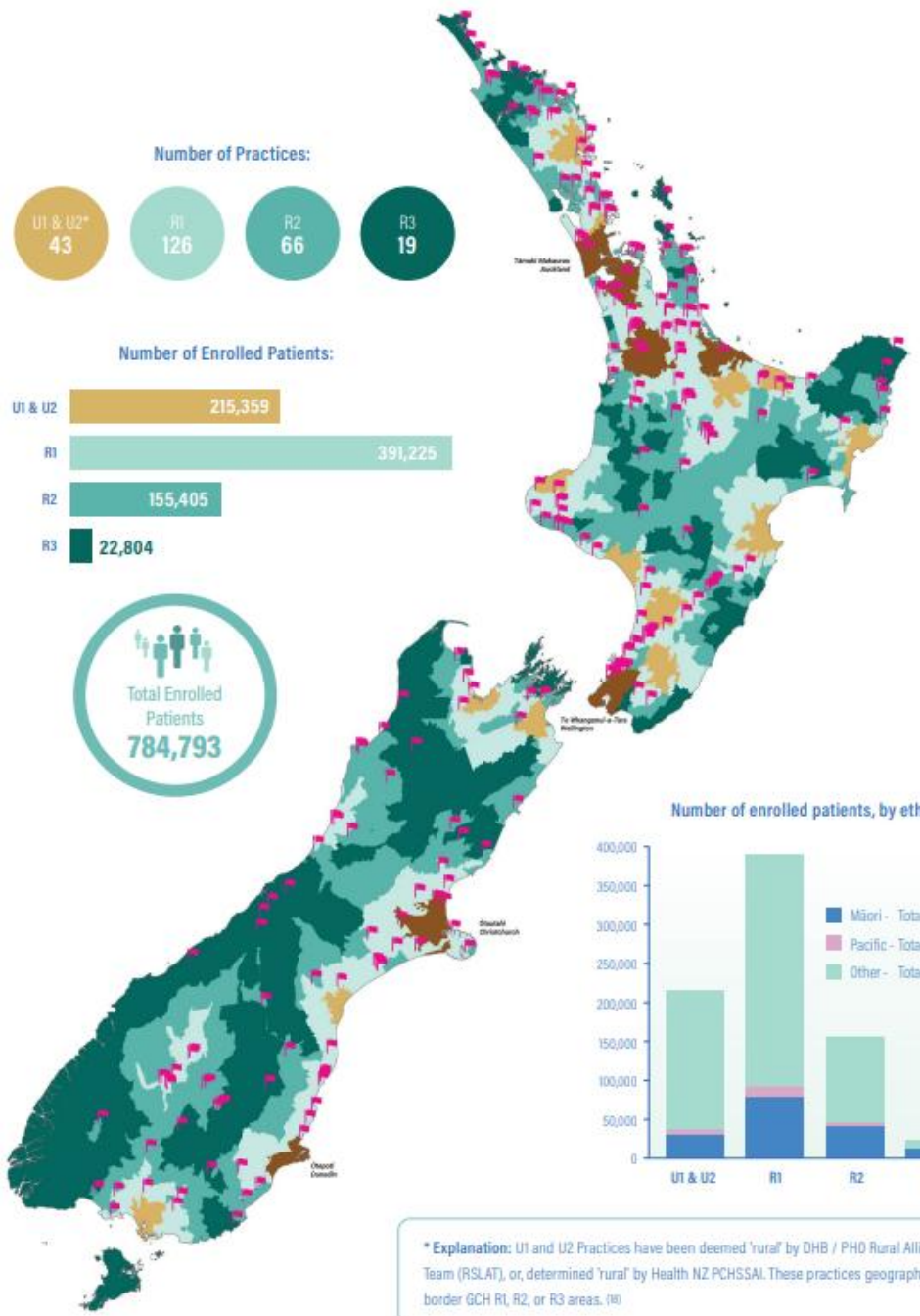


The gap in life expectancy of the total population, between U1 and R3 is 4 years, but analysing this by ethnicity reveals a much larger gap [4]

There is a **6.8 year** difference in life expectancy between non-Māori / non-Pacific and Māori living in rural areas [4]

There is almost a **10 year** gap in the life expectancy of non-Māori/non-Pacific living in U1, compared to Māori living in R3 [4]

Rural Snapshot 2026



* **Explanation:** U1 and U2 Practices have been deemed 'rural' by DHB / PHO Rural Alliance Team (RSLAT), or, determined 'rural' by Health NZ PCHSSAI. These practices geographically border GCH R1, R2, or R3 areas. [16]

Lung cancer has the highest mortality for both males and females living in rural NZ [15]

Bowel cancer has a higher rate of mortality for both males and females living in rural NZ [15]

Melanoma cancer in males, both in urban and rural regions, has twice the mortality rate of females [15]

Smoking rates are **1.6 times higher** in rural areas than they are in large cities [13]

Māori who are under 30 years old, living in remote areas (R3) are **twice as likely to die from a preventable cause** as Māori living in a large city (U1) [19]

Non-Māori aged 30 to 44 years in more rural areas (R2 and R3) are **1.8 times as likely to die from a preventable cause** compared to Non-Māori in large cities. [19]

Before & after WC Health

Before	After
Fee per service (face-to-face visit)	Payment per enrolled person (per head or per capita funding)
GMS only claimable if face-to-face visit	Payment whether patient attends or not (incentive to keep people well?)
GMS only claimable if visit was with Dr	Payment whether GP or nurse provides service (promote multi-disciplinary teams? promotes cost effective use of resources)
Funding mainly for treatment of ill-health	Some funds to proactively keep people well – health promotion, services to improve access
Secondary care swallowed most new govt. health funding	Primary care got extra funding to prevent people becoming unwell