



Auckland PHO

Clinicians Resource



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Welcome to the Practice and Auckland PHO

Auckland PHO is delighted to welcome you to the Auckland PHO network. Please visit our website www.aucklandpho.co.nz to learn about our organisation's values and mission. The password to the restricted section is aucklandpho

The Clinicians Resource is designed to help you integrate smoothly into your practice and ensure you are well prepared for your role. It can be used as a guide to the General Practice in which you are working and is in addition to any workplace induction processes provided by your employer.

This resource also outlines the history of healthcare within Aotearoa New Zealand, and an overview of Auckland PHO and the services provided.

Orientation is important as it provides you with information to assist you to adjust to your new role by promoting confidence and an easier transition. It also aims to improve staff retention and promotes communication between you and your employer.

The Auckland PHO orientation support for general practice is offered in three parts:

- The Clinicians Resource and;
- For nurses - the [Primary Healthcare Nurse Onboarding Resource](#) and;
- An in-person onboarding opportunity (available on request – email alison@aucklandpho.co.nz)

Barbara Stevens,
CEO
Auckland PHO



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History of Healthcare in Aotearoa New Zealand

Overview

The New Zealand healthcare system has undergone significant changes over the past decades. The first Labour government introduced the Social Security Act 1938. This Act attempted to provide government funded healthcare for all. A free health system, with hospital and other health services universally available to all New Zealanders, was never fully realised due to ongoing disputes between the medical profession and the Government. Health services evolved as a dual system of public and private primary health care subsidised through the General Medical Service (GMS) benefits established in 1941. This remained largely unchanged until the late 1970s. Reforms in the 1980s introduced market and health insurance elements, creating a mixed public-private system for delivering healthcare.

In the 1970s nursing training moved from hospitals to Polytechnics. The government introduced the practice nurse scheme in 1969, funding rural general practices to employ practice nurses. The scheme was extended to urban practices from 1970. Funding was cut in the 1980s and 1990s¹. In 2001, the nurse practitioner role was introduced by the Ministry of Health and the Nursing Council of New Zealand. It allowed expert registered nurses with a master's degree to practice autonomously.²

The first Primary Health Organisations were established in July 2002 in response to The Primary Health Care Strategy (2001). This involved a shift from fee-for-service funding and an episodic care model to capitation funding for enrolled patients and population health approaches (funding based on the number of patients enrolled in a practice, not how many times a patient is seen). Health New Zealand | Te Whatu Ora contracts Primary Health Organisations (PHOs) to provide primary health services within a defined geographical area.

In 2021, the government announced plans to centralise what was seen as a fragmented healthcare system and create a new Public Health Authority to centralise public health work. The Pae Ora (Healthy Futures) Act (2022) was created to provide a framework for these changes.

Pae Ora (Healthy Futures) 2022 Act

The Pae Ora Act aimed to embed Te Tiriti o Waitangi and health equity into the health care system. The Act was informed by the [Wai 2575 Health Kaupapa Waitangi Tribunal Inquiry](#) and the [2020 Health and Disability System Review](#). The purpose of the Act was to provide public funding and provision of services to:

- Protect, promote, and improve the health of all New Zealanders
- Achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori;
- Build towards pae ora (healthy futures) for all New Zealanders.

¹ [Challenges to GPs, late 20th century – Te Ara Encyclopaedia of New Zealand](#)

² [Nurse Practitioners: A Healthy Future For New Zealand » The Hub](#)



An overview of the key health organisations in Aotearoa

Manatū Hauora - Ministry of Health

- The Ministry of Health (MOH) has overall responsibility for the health and disability system. The Minister's functions, duties, responsibilities, and powers are provided for in the New Zealand Public Health and Disability Act 2000 and 2022 Pae Ora legislation.
- The Pae Ora (Healthy Futures) Amendment Bill was introduced into Parliament in July 2025. This bill proposes significant changes to the original Act.

Health New Zealand | Te Whatu Ora

- Health New Zealand | Te Whatu Ora (TWO) is responsible for providing or funding the provision of health and disability/ services across the motu (country).
- Te Whatu Ora is obligated to improve, promote, and protect the health of communities; promote the integration of primary and secondary services; reduce disparities and improve health outcomes between various populations - Māori in particular; promote the inclusion in society for those with disabilities.
- As of 1 July 2022, the 20 District Health Boards combined to become two entities – Te Whatu Ora and Te Aka Whai Ora (Māori Health Authority).
- Te Aka Whai Ora was disestablished as a separate entity in June 2024 with its functions transferred to Ministry of Health and Health New Zealand.

Primary Health Organisations

- Primary Health Organisations (PHOs) are funded by Te Whatu Ora to improve and maintain the health of the enrolled PHO population, (enrolled through general practice) as well as providing services in the community to restore people's health when they are unwell.
- The purpose of PHOs is to fund, and co-ordinate services, provide resources and expertise to practices and deliver some specialised primary healthcare services.
- Funding given to PHOs is based on their enrolled population, with a weighting applied by age, sex, and ethnicity.
- Developing and funding a range of care and support to meet local health needs and improve population health.
- Collecting and applying data and intelligence to support effective decision-making, quality improvement and targeting of resources.
- Building and maintaining strong relationships with iwi, social agencies and community providers to address unmet need and inequity.
- Providing tools, services and expertise to maximise the effectiveness of primary care providers, including general practice.



An overview of Auckland PHO

Auckland PHO serves a population of 26 General Practices, with over 91,000 enrolled patients throughout Auckland, Great Barrier Island and Waiheke Island. Auckland PHO co-ordinates and enables services largely within the geographical boundaries of the Te Whatu Ora Te Toka Tumai Auckland district. Auckland PHO supports a wide range of practices, such as rural practices (Waiheke, Great Barrier Island), aged residential care and very high need practices (Auckland City Mission and the Salvation Army Hauora clinic). Each practice has access to Auckland PHO programmes, clinical support, practice management support and business advice.

Auckland PHO continually reviews its form and function in the context of Pae Ora, by creating a platform for delivery that supports equitable and better health and wellbeing for patients, whānau and communities, while supporting our workforce to grow and deliver what is needed.

Auckland PHO organisational structure

The PHO organisational structure is as follows:

- Senior Management Team (CEO; Clinical Director; Manager- Planning & Performance; COO; Manager- Mental Health & Wellbeing)
- Practice Engagement Team (Director of Nursing, Clinical Nurse Advisor; Immunisation Co-ordinator; Clinical Advisor: IPC, Vaccinator and Cold Chain Competency Assessor; Primary Care Improvement Advisor & Self-Management Education Coordinator; Project Manager; Planning & Performance Officer; Foundation Standards Support and Assessment)
- Operations Team (Practice Management Advisor; Accounts Assistant; Senior Data Engineer; Data Analyst)



Key contacts

Auckland PHO has a dedicated team to support you in your day-to-day work.

Role	Person	Main responsibilities	Phone Contact	Email
Clinical Director	Dr Charlotte Harris	Oversight of clinical services and projects	021430 610	charlotte@aucklandpho.co.nz
Director of Nursing	Siobhan Matich	Clinical oversight & quality initiatives	021 242 6117	siobhan@aucklandpho.co.nz
Clinical Nurse Advisor	Alison Brown	Clinical and Nursing Support	021 223 7393	alison@aucklandpho.co.nz
Immunisation and Child Health Coordinator	Shanaz Khan	Vaccine delivery and support	021 246 6510	shanaz@aucklandpho.co.nz
Cold Chain, Infection Prevention Control (IPC), and Vaccinator Certification	Aaron Piano	Cold Chain, IPC, and Vaccinator certification support	021 221 5798	aaron@aucklandpho.co.nz
Manager of Mental Health and Wellbeing	Tanya Clark	HIP and Health Coach support	021 311 287	tanya@aucklandpho.co.nz
Primary Care Improvement Advisor & Self-Management Education Coordinator	Alexa Cunningham	Support with health targets Coordinates the Diabetes Self-Management Education programme.	021 281 1564	alexa@aucklandpho.co.nz
Planning & Performance Officer	Komal Rana	Programme planning & coordination, project support, stakeholder engagement	09 379 4022	komal@aucklandpho.co.nz
Practice Management Support	Shannon Kerehona-Kaiaruna	Non-clinical support; Practice Management; Foundation Standards accreditation	021 973 134	shannon@aucklandpho.co.nz
Project Manager	Emma Pickles	PHO initiatives and projects	021 599 029	emma@aucklandpho.co.nz
Accounts Support	Suzanne Le Lievre	Claims and accounts support	021 660 841	suzanne@aucklandpho.co.nz



Funding for the practice

General Practice Revenue Streams

There are numerous funding streams and programmes available to general practice for their enrolled population. The amount of funding available is based on the demographics (age and gender) of the enrolled population.

Capitation Payments (Paid to the practice via Auckland PHO).

The largest funding subsidy comes via capitation-based payments, which are paid according to the number of people enrolled in a practice. This is calculated monthly via the National Enrolment Service (NES) snapshot taken on the 1st of each month (capitation is based on the fixed dollar value per enrolled patient and not the number of times a patient sees a doctor or a nurse).

A national overview of the funding subsidies available to general practices can be found [here](#).

NES (The National Enrolment Service)

Enrolment is a fundamental component of our health care system. All PHOs and their practices must comply with specific enrolment requirements when enrolling patients. The [National Enrolment Service](#) is designed to provide a single source of truth for patient enrolments with their general practice. It does this by maintaining a relationship between the patient identifier (NHI number), the enrolling organisation (HPI Organisation ID) and the facility where health care is provided (HPI facility ID). Patient information is pulled from the practice's Patient Management System (PMS) into the National Enrolment Register (NES) and directly informs the amount of capitation funding to be paid to the practice each month.

What enrolment means

For the patient, [enrolment with a practice means](#):

- They have chosen to use your practice for their first-level primary health care.
- Their demographic information will be stored on a PHO enrolment register, which forms the basis of financial reimbursement for the PHO and the practice.
- The patient is provided with information about where personal information is sent and how it is used ([Health Information Privacy Statement](#));
- The patient can only be enrolled with one practice at any one time.

Very Low-Cost Access Practices (VLCA) and Non VLCA Practices

General Practices can choose to be a part of one of two funding schemes:

1. Very Low-Cost Access funded practices,
2. Non-Very Low-Cost Access Practices.

The [Very Low Cost Access \(VLCA\)](#) scheme supports general practices with an enrolled population of 50% or more high needs patients, where the practice agrees to maintain patient fees at a low level (for example \$20.00 per consultation for 18+ years in exchange for higher capitation funding). Practices are also



permitted to charge non-CSC Card Holder a co-payment of \$30.00. A high needs patient is defined by their ethnicity and the deprivation ranking in which the enrolled patient lives, thus high needs patients are either:

1. Māori and Pacific ethnicities
2. Non-Māori and non-Pacific ethnicities living in Quintile 5 (NZ Dep Index 9 and 10).

VLCA payments provide:

- Extra funding in return for practices agreeing to maintain fees within nationally agreed fee thresholds.
- Recognition of the extra effort involved in providing services to high need patients and keeping fees low for the people who can least afford primary health care.

Non VLCA Practices

Non-VLCA practices receive a relatively lower level of capitation in exchange for being able to charge higher fees to the patient. These fees are still subject to the [National Fees Framework](#) and are reviewed once a year.

Free Under 14 Year Old Funding

[All children under 14 years](#) in New Zealand who are enrolled in your practice are entitled to free consultations. The practice receives a higher level of capitation for this group of enrolled patients.

Community Service Card Holder Funding

Community Service Cards (CSC) are administered by Work and Income on behalf of Health NZ. CSC Holders and their dependents are entitled to fee subsidies in VLCA practices and in non-VLCA practices if the practice chooses to come into this scheme.

Flexible Funding

There are several programmes that Auckland PHO fund via flexible funding which are weighted by Māori and Pacific ethnicity and non-Māori non-Pacific ethnicities living in quintile 5. This funding is used to subsidise specific activities and programmes within the practice.

CarePlus (also called Careextra by Auckland PHO) Long Term Conditions Funding

[CarePlus](#) funding is provided to general practices to improve chronic care management, reduce inequalities, improve primary health care teamwork and reduce the cost of services for high-need patients.

Patient Fees (Co-payment) (Paid by the Patient)

Patient fees are subject to the National Fees Framework governed by the PHO Services Agreement. Fees increases are reviewed and set annually once the National Annual Statement of Fee Increases is published in May/June each year. If a practice chooses to raise their fees beyond the allowable percentage increase, they are required to undergo fees review process through the Te Whatu Ora Fees Review process. Auckland PHO supports practices who decide to undertake this process.



ACC Funded Services

Everyone in NZ, including visitors to the country, get the treatment and care they need to recover from their injuries. It does not matter if the accident happens at home, work, school, on the road or on the sports field. All general practices can claim ACC funding for injury related injuries. It is not part of the PHO Services Agreement. <https://www.acc.co.nz/>

Maternity Funded Services

Maternity Services provided by a GP are free to those eligible for funding whether they are enrolled or not. Maternity services are claimed on a single service fee-for-service basis. GPs and NPs have a responsibility to assist the pregnant person to find a Lead Maternity Provider (LMPs or community midwife). These services are funded under a Maternity Services Agreement (Section 88).

GMS Claims (Paid by Te Whatu Ora)

General Medical Subsidies (GMS) are paid to general practices for casual patients. GMS claims aim to help reduce patient fees for children and subsidy card holders. Claims can be made if a patient:

- is a child or young person aged 17 years or under; or
- a Community Services Card holder, or
- a High Use Health Card holder

Immunisation Claims (Paid by Te Whatu Ora)

[Immunisation payments](#) are available to a practice that administers funded vaccines to eligible patients e.g., COVID-19; Influenza; Shingrix; Boostrix.

Many vaccines are free:

- For tamariki or children under 18, all immunisations on the National Immunisation Schedule are free, regardless of citizenship status.
- There are some vaccines that are free for specific cohorts, for example influenza for people with long term conditions or over the age of 65 years.
- Whooping cough (Boostrix) and influenza vaccines are free for pregnant people.

Patients need to pay for vaccines that are not on the schedule, for instance travel vaccines and Boostrix for people who are not pregnant or over 18 years.

Primary Options for Acute Care (POAC)

[POAC](#) is a regional claiming platform that subsidises services provided in general practice to avoid a same day, unplanned hospital evaluation/admission, or to facilitate early discharge. POAC provides healthcare professionals with access to funded investigations, care and treatment for their patients.

Other funding sources for general practice

Some practices may choose to offer other services to generate further income. These may include:

- Non-funded vaccinations/Travel Vaccines



- Immigration Medicals (if an approved provider)
- Limited-Service Volunteer (LSV) Medicals
- Minor surgery procedures
- Pre-employment and exit medicals
- Drug testing for employers

Fees for the above services are normally based on the clinical and administrative costs involved and the equipment and facilities used.

Disability Allowance

The [Disability Allowance](#) is a weekly payment administered by Work and Income for people who have regular, ongoing costs because of a disability. The Disability Allowance can help pay for a doctor's fees and prescription costs.

Fee-For-Service Deductions

Financial deductions (range from \$35 for under 6 years and \$15 for card holders and 6 – 14 years) occur against the patient's home practice when an enrolled patient (with a CSC, HUHC or under 14 years) visits another GP or Urgent Care clinic. These deductions are capped at three visits per month.

Auckland PHO Funded Programmes

Auckland PHO's programmes have been refined over many years to provide the best care for our enrolled patients, aligning with national clinical guidelines and targeting a specific community or patient need. Specific eligibility criteria ensure funding is directed at those with the highest need but also gives clinicians some flexibility. The practice is funded on a fee-for-service basis and must submit a claim for each service.

[Programmes](#) are outlined in detail on Auckland PHO website (**password: aucklandpho**).

Additional PHO Services

Service	Value
Police Background Checks	Provided by Auckland PHO of behalf of the practice administration team
CPR Course – offered twice per year for all the practice team	Up to \$400.00 for each practice participant each year or as required
Professional Development Subsidies	\$500 for 1 FTE GP/NP (pro-rata) \$250 for 1FTE practice nurse and practice admin (pro-rata)



Service	Value
RNZCGP Quality Standards support (Foundation Standards)	\$250 subsidy for achievement \$700 paid on behalf of the practice for the assessment
Patient transport funding	A nominated amount (based on patient population) annually for patient transportation to/from the clinic or hospital at the practice's discretion (via Uber Health)
Miscellaneous health promotion support	Lava-lavas for cervical screening/HPV screening clinician-supported procedures Kete pack for newborn babies at the funded post-natal appointment
Twice weekly newsletters to keep practice teams informed	Targeted weekly communications summarising local and national information for timely and succinct advice. They are the <i>Friday Facts</i> and the <i>Monday Pānui</i> .
Peer Group Education	Regular and relevant education opportunities are provided. Nurses are paid a \$10 travel allowance if nurse peer group sessions are attended in person.
Nursing Support	For immunisation support – contact shanaz@aucklandpho.co.nz For cold chain support or vaccinator accreditation – contact aaron@aucklandpho.co.nz For clinical queries – contact siobhan@aucklandpho.co.nz or alison@aucklandpho.co.nz

Auckland PHO Resources and Communications

- Auckland PHO website
The website has a resource library, information about other practices, and services offered. (Password: aucklandpho) [Website and online library of resources](#).
- [Medinz](#) is a Te Whatu Ora primary care communications platform that publishes non-patient, clinically relevant information to primary healthcare providers. Communications are sent out as often as required. Messages are classified as critical, urgent, or routine. To set up an account, speak to your practice manager or contact komal@aucklandpho.co.nz. Medinz user guides are available [here](#).
- [Healthpoint](#) is New Zealand's national health services directory and holds profiles for most practices across Aotearoa. Practices usually have their own access to Healthpoint to update information as necessary.
- Auckland Regional Health Pathways offers clinicians locally agreed information to make the right decisions together with patients, at the point of care. To request access, register with Health Pathways via this link [HealthPathways](#).



Data Information platform

Mōhio

Auckland PHO uses the Mōhio platform for claiming, reporting, data collection and performance, optimising clinical care, identifying those overdue for screening and improving health targets. There are three components to the Mōhio platform:

Mohio Express: This is a dashboard to view the status of various indicators for individual patients as well as their eligibility for funded Auckland PHO programmes. The indicators work like a traffic light system:

Red- Screening is overdue or has not been completed

Orange- An updated screening will need to be completed soon

Green – Screening is complete and up to date.

Mōhio forms - This tool lets practices claim for funded Auckland PHO programmes, use risk calculators or referral to onward programmes. The forms automatically populate with patients' information.

Mōhio reports is a live reporting system, which includes reports such as System Level Measures/Health Targets, Immunisation rates, Diabetes Annual Review, HPV-CX data and patient lists for specific clinical conditions.

Karo reporting

Karo reports are designed as an easy tool for health providers to manage primary health data and fulfil reporting obligations. Practices receive two spreadsheets monthly that include the following information and analysis:

- CVDRA (progress to target and who is remaining).
- Smoking brief advice (progress to target and who is remaining).
- A summary of practice demographics is also sent to the practice manager.

Foundation and Cornerstone Accreditation

The Royal New Zealand College of General Practitioners (RNZCGP) administers two core quality standard programmes:

1. Foundation Standards;
2. Cornerstone.

Both programmes aim to improve quality and assure processes against defined standards. Foundation Standards are the minimal legal, professional, and regulatory requirements for general practice and it is a mandatory requirement for practices to have achieved Foundation Standards. Practices can choose to complete the Cornerstone Programme once they have achieved Foundation Standards.

Both programmes accredit the practice for a three-year period. Auckland PHO supports and assesses practices to achieve accreditation. One-on-one support, online templates and resources are available on the [Auckland PHO website](#).

Auckland PHO also subsidises practices for the cost of Foundation Standards and Cornerstone on achievement.



Appendix One:

Common abbreviations in primary healthcare

Abbreviation	Meaning
AIR	Aotearoa Immunisation Register
CCA	Cold Chain Accreditation
CSC	Community Services Card
CVDRA	Cardiovascular Disease Risk Assessment
DAR	Diabetic Annual Review
FF	Flexible funding
FFS	Fee for Service
GMS	General Medical Services
GP	General Practitioner
HC	Health Coach
HCA	Health Care Assistant
HIP	Health Improvement Practitioner
IMAC	Immune Advisory Centre
NCSP	National Cervical Screening Programme
NES	National Enrolment System
NP	Nurse Practitioner
PHO	Primary Health Organisation
PM	Practice Manager
PMS	Practice Management System
PSO	Practitioner Supply Order
RN	Registered Nurse
TWO	Te Whatu Ora
VLCA	Very Low-Cost Access