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Capitation review on track despite delay: Te Whatu Ora



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Sapere's review for Te Whatu Ora includes de-identified data from more than 2.3 million people, almost 50 per cent of the population [Image: PeopleImages on iStock]

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Consultants Sapere’s review of capitation and primary care funding for Te Whatu Ora is now likely to be completed next month.

The work was originally expected to be finished by June 30.

But in an emailed response to *New Zealand Doctor Rata Aotearoa*, Te Whatu Ora director living well Martin Hefford says the data collected by Sapere took longer than expected.

“We wanted to get as representative a sample as possible to inform the review,” Mr Hefford says.

“This short delay has enabled us to bring together a dataset that includes de-identified data from over 2.3 million people from practice management systems of general practices across 18 PHOs, which is almost 50 per cent of the population of Aotearoa.”

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The review is supported by an external advisory group that includes experts from general practice, urgent care, rural health, Māori and Pacific Health, PHOs, practice management and academia, he says.

“The review is now expected to be complete in late August 2024,” Mr Hefford says. “The outcome of this review will inform both Health New Zealand’s operational commissioning and Ministry of Health policy options. Using this work, Health NZ and the ministry will explore what adjustments to capitation may be required.”

Ministry of Health's ongoing work

In a joint statement in October last year, the ministry's chief medical officer Joe Bourne and Te Whatu Ora interim director primary, community and rural national commissioning Emma Prestidge say the work by Sapere is in addition to the ministry's own 18-month project looking at primary care.

In an emailed response to questions from *New Zealand Doctor* on Friday, Ms Prestidge says Sapere's work with Te Whatu Ora will include advice on future operating and funding models for primary and community healthcare.

The 18-month timeframe for completing the ministry's work programme was reset with the change of government, she says, and it is now expected to be completed in mid-2025.

"Health New Zealand's primary care development programme is focused on ways to strengthen the sector to the extent possible within the current settings. This work covers areas like funding, ensuring continuity of care and developing the primary healthcare workforce."

The ministry wants to ensure people can access quality, comprehensive primary and community healthcare, when, how and where they need it, Ms Prestidge says. It also wants them to be informed and have what they need to manage and optimise their own health.

“These outcomes outline what New Zealanders, as users of the health system, can expect from primary and community healthcare in 10 years’ time, and aligns with and complements the direction given through the Government Policy Statement (GPS) on Health 2024-27.”

'Redistributing the pie'

Health minister Shane Reti talked about some of the work being done to look at future options for capitation funding at a press conference for the National Bowel Screening Programme in Auckland last week.

“I've instructed the Ministry of Health and Health NZ to bring up a working group to look at structurally what changes to capitation might be required...”

The 2022 Sapere report is a good starting point, the specialist GP says.

“I have asked my team to start bringing up some discussion documents, reaching out to the sector about what that structural change to capitation [will look like], which is fundamentally about redistributing the pie,” Dr Reti says.

Ensuring funding goes to help the people most in need is vital, he says.

“Because, on one level, as it is at the moment, you can be the healthiest person in New Zealand with an age and a gender and the most ill person with an age and a gender, and the practice will receive the exact same capitation for each,” Dr Reti says.

“But clearly, the most ill person is going to need the most resources. So, I am interested in how that redistribution might look.”

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