Aide-Mémoire

Meeting with Primary and Community Health Aotearoa

Date due to MO:	28 November 2025	**Date of Meeting:**	4 December 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025074319
To:	Hon Simeon Brown, Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

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About the Meeting

Purpose of Meeting

Primary and Community Health Aotearoa has asked to meet with you to discuss the role of primary care, current challenges and opportunities and working together.

Details of Meeting

Time & Date: 11:20am – 11:40am, 4 December 2025
Venue: Auckland Policy Office, 167b Victoria Street West, Auckland Central, Auckland 1010

Attendees

- Teresa Wall (Chair of Primary and Community Health Aotearoa)
- Andrew Gaudin (Board member of Primary and Community Health Aotearoa and current CEO of the Pharmacy Guild)
- Graeme Jarvis (Medicines NZ)

Organisation

Primary and Community Health Aotearoa (PCHA) is a sector membership group that was established in 2018 to represent a unified voice for primary and community health providers in New Zealand. Its membership includes a wide range of primary and community-based health professionals, including pharmacy, midwifery, allied health, general practice, and provider networks across the country. PCHA's aim is to influence the direction of the health system so that the primary and community health sector is the central function and focus of the health system.

Ministry representatives

The Ministry of Health is not planning to send representatives but can send officials virtually upon request.

Summary:

This aide-memoire provides you with background information on PCHA, as well as information on key topics of interest to PCHA. Attendee profiles are provided at **Appendix One**, and PCHA's members are listed at **Appendix Two**.

Background and context

1. PCHA would like to meet with you to discuss:

    a. **The role of primary and community health**: how these services ease pressure on hospitals and support people to stay well in their communities.

    b. **Current challenges and opportunities** with funding, workforce, and service sustainability.

    c. **How PCHA can be a useful partner** and advisor to the Government.

2. Minister Costello met with PCHA in September 2025 (H2025071901 refers). The former Minister of Health previously met with PCHA in November 2024 (H2024055095 refers)

Key positions held by Primary and Community Health Aotearoa

3. PCHA advocates for increased attention and funding for community services. It says an avoidable hospital visit can cost over $650 per patient, compared with a fraction of that for prevention or primary care.

4. PCHA has previously advocated for six shifts in government policy:

    a. **Reinvest underspent funds into the frontline**, including prevention, early intervention, and continuity of care.

    b. **Develop a 10–20 year investment plan.** Health, housing, transport, and community services must be planned together to meet the needs of the changing population demographics.

    c. **Give primary and community health providers certainty** through stable, multi-year commissioning, with the first priority for new investment directed to primary and community care.

    d. **Measure what matters**. Success should be measured not only by hospital wait times, but by prevention of illness, independence in older age, reduced avoidable admissions, and quality of life. Success should also be measured by how well people are supported to navigate the health system, with improved health literacy as a key equity outcome.

    e. **Support diverse providers**. Māori, Pacific, rural, and community-based providers are trusted and effective in reaching high-need populations. General practice teams including nurses, pharmacists, kaiāwhina, social workers, and health coaches, must be enabled to work at the top of their scope alongside GPs and NPs.

    f. **Hold all parties accountable** to a bipartisan agreement that protects these foundations.

Relationship to Government priorities

5. You may wish to signal your shared goal to shift more services into the community, to ease pressure on hospitals.

6. While New Zealand has a comparatively low rate of ED utilisation compared to other countries, and most ED presentations could not have been dealt with appropriately in

primary care, there may be opportunities to better manage certain conditions more effectively before they become serious.

Suggested discussion questions

7. You may wish to ask:

   a. *Where do you see opportunities to shift more services into community settings?*

   b. *How we can improve integration across primary and community care, and between primary and secondary care?*

Funding, workforce, and service sustainability

8. PCHA has asked to discuss current challenges and opportunities in relation to funding, workforce, and service sustainability.

9. Over coming decades, demographic change will significantly increase demand on the health system. New Zealand's ageing population will require more complex, coordinated, and continuous care — much of it delivered in the community.

10. PCHA says if we continue with reactive and ad hoc funding approaches, we risk underinvesting in the parts of the system that can most effectively manage this growing burden. Fragmented models, short-term contracting, and funding misalignment will undermine both workforce sustainability and patient outcomes.

11. PCHA calls for a long-term national strategy for primary and community care — one that supports a sustainable workforce, enables integrated models of care, and ensures that digital innovation enhances rather than disrupts local systems.

Relationship to Government priorities

12. You may wish to signal the work you are doing to address these challenges. This includes:

   a. **Shifting funding to primary and community care** – for example, through the largest funding boost to general practice in a decade.

   b. **Increasing the workforce** – for example, through establishing a new medical school at the University of Waikato, taking actions to increases the GP and primary care nursing workforce, and funding comprehensive primary and community care teams (CPCTs) to make better use of allied health professionals.

   c. **Expanding roles** – for example, under recent changes, nurse practitioners can now prescribe a wider range of medicines, community midwives will now be funded to deliver antenatal immunisations to pregnant women, and pharmacists who own or invest in a pharmacy will be able to become prescribers from February next year.

   d. **Freeing up capacity** – for example, through extending the maximum prescription length from three months to 12 months, so that people with long-term or chronic conditions may be able to continue accessing their medicines for longer periods of time between appointments, freeing up capacity and saving patients money.

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[redacted]

Sam King
Acting Group Manager, Strategy
Strategy and Policy

Appendix One: Biographies of attendees

Teresa Wall – Chair, Primary and Community Health Aotearoa
Teresa Wall has dedicated her career to ensuring equitable health outcomes for Māori, driving policy reforms, and strengthening the Māori health sector. With over 30 years of experience, she has shaped public health strategies, supported kaupapa Māori health services, and influenced national policy.

She has worked as a renal nurse. She served as Deputy Director General, Māori Health, and later as Deputy Director General of Policy and Strategy, at the Ministry of Health.

Andrew Gaudin – Board Member, Primary and Community Health Aotearoa and Chief Executive, Pharmacy Guild
Andrew has been Chief Executive at the Pharmacy Guild of New Zealand since 2016, and a Board Member of PCHA since 2018. He has previously served as Strategic Advisor to the Director-General of Health.

Andrew is professionally qualified as a Chartered Accountant and has a Bachelor of Science (Hons) degree in Operations Research and a Bachelor of Business Studies degree in Accountancy.

Dr Graeme Jarvis – Chief Executive Officer, Medicines NZ
Dr Graeme Jarvis is the Chief Executive Officer of Medicines New Zealand Inc. The association and its members advocate for equitable medicines access, particularly for those with high unmet needs such and are collaboratively engaged with a range of stakeholders to achieve this goal.

He has over 35 years' experience, including several senior management positions across health and biotechnology sectors, as well as in other high tech sectors and the government.

Appendix Two: PCHA member organisations

The PCHA current member organisations are:

- New Zealand College of Midwives
- Allied Health Aotearoa
- Alzheimers New Zealand
- General Practice Owners Association of Aotearoa New Zealand
- Pharmacy Guild of New Zealand
- Medicines New Zealand
- Whānau Āwhina Plunket
- Carers New Zealand
- Waitaha Primary Health Trust
- Hato Hone St John New Zealand
- New Zealand Association of Optometrists
- Sexual Wellbeing Aotearoa
- College of Nurses Aotearoa New Zealand.