

Aide-Mémoire

Meeting with General Practice New Zealand on 13 November 2025

Date due to MO: 10 November 2025 **Meeting:** 13 November 2025

Security level: IN CONFIDENCE **Reference:** H2025074414

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

Name	Position	Telephone
Sam King	Acting Group Manager, Strategy and Policy	s 9(2)(a)
Joe Bourne	Chief Medical Officer, Strategy and Policy	

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About the Meeting

Purpose of Meeting	General Practice New Zealand (GPNZ) has requested to meet with you.		
Details of Meeting	Date:	13 November 2025	
	Time:	4.10 – 4.30pm	
	Venue:	EW 6.6	
Attendees	Dr Bryan Betty, Chair of GPNZ Maura Thompson, Chief Executive of GPNZ		
Organisation	GPNZ is a national membership organisation providing leadership and advocacy for primary care.		
Ministry representatives	Dr Joe Bourne, Chief Medical Officer, Ministry of Health		
Summary	This Aide Mémoire provides background information and advice on the topics for discussion. Biographies for GPNZ attendees are in Appendix one .		
	GPNZ has signalled that it wishes to discuss:		
	• Care Plus and flexible funding for PHOs, • Alliancing.		

Background

1. General Practice New Zealand (GPNZ) is a membership organisation that represents the primary care sector. Its membership includes 25 of the 31 Primary Health Organisations (PHOs) which cover around 4.4 million people. GPNZ supports PHOs to provide services to New Zealanders.

Care Plus and Flexible Funding

2. In its paper to you, GPNZ identifies that Care Plus and the flexible funding pool more broadly are often combined to fund community programmes across providers in communities. This approach to the funding helps provide the scale that individual practice would not be able to achieve. GPNZ notes that the majority of the impact of re-purposing Care Plus for reweighting capitation would be on services provided by PHOs. They identify that access to programmes, including sexual health, family planning, youth health, school nursing, podiatry, palliative care and suicide prevention support, could be at risk if it is withdrawn.

Capitation reweighting and use of Care Plus

3. You have announced that the Government will update the approach to capitation funding for general practice and that you are considering re-purposing Care Plus (\$98 million per year) and Patient Access Subsidy (\$1.2 million per year) to help fund reweighting. The formula has not been updated since capitation was introduced in 2002, and the new formula will improve the distribution of funding to better reflect the cost of delivering general practice care to New Zealanders.
4. In developing the reweighting proposal, Health New Zealand (Health NZ) established a Technical Advisory Group comprising sector representatives, including general practice, urgent care, nursing, rural health, Māori health, Pacific health, PHO leadership and management, practice management, and academia. The Technical Advisory Group generally supported the inclusion of both Care Plus and the Patient Access Subsidy in the funding pool for capitation reweighting.
5. The new formula better reflects the impact of age, particularly for very young and very elderly patients, and adds the factors of socio-economic deprivation, multimorbidity, and rural/remote locations, which have an evidence-based effect on patterns of service use and health outcomes. It will increase the amount of funding that is paid directly to general practice.

6. s 9(2)(j)

7. s 9(2)(g)(i)

Alliancing

8. The concept of alliancing originated in alliance contracting approaches used in the construction sector, which aimed to improve the delivery of projects requiring input from multiple partners. Alliancing was actively used in primary and secondary healthcare in New Zealand until 2021 and similar types of multi-agency approaches to improving integrated care are also used internationally, for example in Europe, Australia, Canada, and the UK.
9. GPNZ supports increased collaboration between a range of stakeholders to build an integrated response to health needs, including the role of PHOs in this work. GPNZ may ask you how the work to develop future alliancing arrangements is taking shape or wish to discuss particular aspects of future alliances.
10. Previous health alliances in New Zealand were developed to incentivise health organisations at district level to work collectively to deliver improvements in healthcare. Alliancing brought together District Health Boards, PHOs, and providers to agree common objectives and work together on a local delivery plan [H2025069698 refers].
11. Health NZ has recently provided you with advice on the plans and timeframes for work on future primary health alliances/networks [HNZ00100172 refers].
12. Health NZ is working towards a nationally aligned alliance/network framework that is implemented regionally and at a district level, and regional commissioning teams have been discussing a potential framework with PHOs. The national framework aims to ensure alignment with overarching health system goals while enabling flexibility to address the priorities of local communities.

13. s 9(2)(f)(iv)

14. s 9(2)(g)(i)



Sam King
Acting Group Manager Strategy
Strategy and Policy

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Appendix 1: GPNZ attendees and biographies



Dr Bryan Betty

Chair of GPNZ

Bryan has been Chair of GPNZ since March 2023. He is a specialist GP and sits on the Board of Trustees of Porirua Union Health in Cannons Creek. He has extensive experience in primary care and has held sector roles including Pharmac deputy medical director, RNZCGP medical director and member of the Ministry of Health Technical Advisory Group advising on the COVID response. He was appointed chair of the Primary Care Advisory Group in November 2025.

In 2022 Bryan was appointed as an Officer of the New Zealand Order of Merit for services to health.



Maura Thompson

Chief Executive of GPNZ

Maura has spent her entire career working in health, with a particular focus on primary care and workforce. She has extensive experience working in health policy, strategy, and communications in both New Zealand and the UK, which includes working for the Ministry of Health and the UK Department of Health.