Public Health Advisory Committee

Minutes of Meeting

Meeting: 4 June 2026, 10:00am to 12:00pm

Location/platform: Online

Attendees

PHAC Members:	Dr Caroline McElnay (Chair), Peter Crampton (Deputy Chair), Paula Lorgelly, Matire Harwood and Kaaren Mathias
Secretariat:	Clair Mills, Althea Acuin
Guests:	NA
Apologies:	NA

Opening of meeting

- Opening karakia by Kaaren Mathias.
- No new conflicts of interest to register.
- Members approved previous 16 April meeting minutes.
- Updates from Secretariat since last meeting:
    - As per the letters received from the Minister, no PHAC re-appointments will be considered this year; the 2026/27 work programme proposals are still being considered. Noted that the Secretariat has been informed three shorter reports will be proposed, and PHAC need to have a plan of approach by July.
    - The OIA received related to the PH spend report has been declined on the basis that the Minister will be proactively releasing both reports. No timeline given as to when the reports will be published.

Actions:

- Secretariat to draft a letter for Caroline asking the Minister's office to notify PHAC prior to release of PH spend reports.

Session One - Primary Care Report

PHAC discussed overall feedback from members, external reviewer and editor.

- Primary care definition is situated within WHO's definition but in the report, focus is on primary care 'first point of access' rather than determinants.
- Recommendations changed into more active tense and responsible actors noted for each.
- Scepticism from external reviewer around how changes will be delivered.
- Need to be clearer about the difference between PCHNs and localities.
    - Members agreed PCHNs are essentially similar to localities (as geographic population basis)
    - Need to include IMPBs in co-designing primary care plans and ownership matters (both in recommendations 5, 6 and 7, body of report).
- Discussion on how to define PHCNs, iwi rohe boundaries etc. To retain recommendation of geography-based PHCNs but consider how iwi models fit within or alongside existing structures.
- Uncertainty regarding baseline level of expenditure for prevention initiatives.
- No major feedback/changes from editor except quotes need to be indented and made clearer.
- Goal of report is to support and enable with principle and values, not be prescriptive.

PHAC discussed each section of the report.

- *Executive summary*: make definition of primary care clearer with a diagram situated in WHO's definition.
    - Emphasise that report's primary care definition is broader than GP services.
    - Possibly use alternative wording for the word 'local' e.g., mana whenua.
    - Definition of primary care could be moved up to the beginning of this section.
- *Case for change*: re-wording to make language stronger.
    - First paragraph - remove 'while' so start with 'The values…'
    - Last sentence could be made stronger.
- *Primary care in 2036*: emphasise the values through formatting
    - Use of terms 'fairness' and 'equity' discussed.

- *Action 1*: emphasise that PHAC is reaffirming the current strategy and not proposing a new one.
- *Action 2*: more reference to IMPBs (bullet points 1 & 2)
- *Action 3*: discussion on responsible actors. Move first bullet point as the last bullet point so it flows onto action 4.
- *Action 4*: It was noted that bullet point 3 reflects the current proposal and implementation approach.
    - It was agreed that bullet point 3 should begin with wording such as: *"To ensure regional and local equity in funding…".* This should be explicitly linked back to bullet point 2.
    - Bullet point 6 requires clearer differentiation from bullet point 3, or alternatively they could be combined. Peter and Clair to wordsmith this section offline.
    - The capitation funding formula applies specifically to GP funding. This represents only one component of GP income, alongside other funding streams.
- *Action 5*: NZ-owned, not-for-profit primary care is the best model. Policies are required to prevent both overseas and domestic private equity from dominating the primary care system.
    - Need to explicitly mention the issues with private equity
    - Discussion on who is responsible for implementing moratoriums and how it is implemented.
    - Implement government incentives for not-for-profit entities to also encourage GP practice ownership.
    - Bullet point 3 is the responsibility of the government not Health NZ.
- *Action 6*: Include IMPBs and lived experience participation.
- *Action 7*: Health NZ is responsible for understanding workforce needs.
    - Need to include both Health NZ and MOH as responsible actors in bullet point 3.
    - Include MOH as responsible actor in bullet points 2, 3, 4 and 7.
- *Action 8*: To recommend Minister of Health to work with Cabinet to lobby for this action.
- *Action 9*: No issues raised.

- *Action 10*: Consider including diverse primary care ownership models in last bullet point.
    - Need to mention having access to good quality data in the first place to do evaluations.

Actions:

PHAC Secretariat to:

- Make changes as per the discussion above.
- Number the recommendations instead of bullet points.

Caroline to send Clair an idea for formatting the sequencing actions table summary.

Timeframes and next steps

PHAC Secretariat to:

- Incorporate feedback and discussed changes and send to PHAC members by 10 June.
- Send the electronic and physical copy to the Minister on 16 June.
- Send report for formatting once publication is approved by the Minister.

PHAC members to:

- Review whole report and send feedback by morning of **15 June**.

Closing

Closing karakia by Kaaren Mathias.

Next meetings: **18th June 2026, 9am-4pm, face to face in Wellington (Caroline and Matire online)**

23 June 2026, 4-4.30pm, online meeting with Minister