An Evaluation of Extended Primary Care in Southern
Early Outcomes

WellSouth Primary Health Network
Hauora Matua Ki Te Tonga

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Background
Extended Primary Care (EPC), introduced in August 2024 across Te Waipounamu (excluding Canterbury), provides funding to general practices to deliver additional acute care, a move toward parity with Canterbury's Acute Demand Management Service. Almost half of the 330,000 people enrolled in Southern live rurally, making the delivery of acute care challenging but necessary.

EPC aims & need for evaluation
The initial one-year EPC contract provides a natural opportunity to understand the early impact of EPC. In addition, feedback from practices highlighted some concerns about the programme. Therefore, WellSouth's Senior Leadership Team (SLT) requested this evaluation to support the ongoing refinement of EPC and to understand the impact of EPC on patients, general practices, and the wider health system.

Methods

Survey
All WellSouth practices invited to participate in 15 question survey (response rate 38%)

Interviews
A range of 20 practices across Southern, and selected WellSouth staff interviewed

Document Review
Review feedback from practices throughout EPC implementation

Statistics
EPC claims, ED and hospitalisation data used to describe utilisation patterns and outcomes of EPC

Cost analyses
Break even analysis using EPC and secondary care data, and Treasury CBAx tool

Findings

- 96% practices engaged (≥ 1 claim), 49% used ≥ 80% of funding allocation
- The main claim type used was 'acute initial' in both urban (94%) and rural (73%) practices
- Rural stabilisation claims made up 23% of claims for rural patients
- Acute follow-up claims made up 5% of claims across the district
- All claims were Southern enrolled patients, with 96% practice's own patients
- Rural practices claims were 30% higher ($320 vs $202)
- 15-minute claims were most common, very few claims > 60 minutes
- Rural practices deliver more EPC out of hours (13% vs 3%)

Practices recognise need for acute care funding and value EPC, particularly the broad range of eligible conditions, fee-for-time approach and rural stabilisation pathway

Experience differs by acute care model:

Traditional
Bonus when needed
"We found it fantastic... having a little pot of something that makes it a little bit easier"

Hybrid
Nice to have
"It's just another bit of money we've got to think about in our heads"

Urgent care
Core part of business model
"I'm hesitant to invest for the long term, if it's just short-term money"

Reduced out-of-pocket costs for patients is the greatest early impact

Potential to be cost-saving by shifting care from secondary care to practices, just 24% of EPC patients require secondary care within 3 days

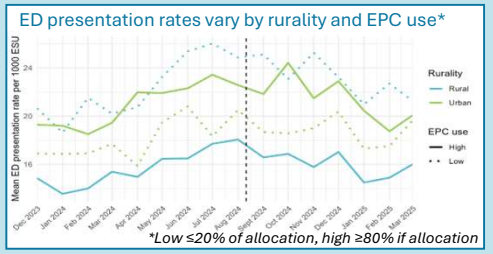
Anecdotally, some practices have raised threshold to refer to ED;
Small measurable decrease in ED visits among high-using rural practices

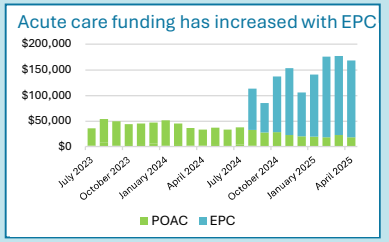
Many practices do more investigations without passing costs on to patients

Additional benefits include care closer to home, continuity of care, recognising practices for care they always provided

All practices using EPC increased WellSouth funding for acute care (median ↑195%)

However, funding often runs out between quarterly instalments





Considerations

- Advocate for **funding parity** in delivery of acute care across Te Waipounamu
- Refine the funding allocation model to better **reflect the local context**
- Strengthen **communication**, **knowledge sharing** and **support** for practices
- Consider approaches to **build capability** for acute care delivery

He mana tō te whānau
Whānau Centred

Tōkeke
Equitable

Manawa whakaute
Respectful

Pono
Transparent