WellSouth
Primary Health Network
Hauora Matua Ki Te Tonga

Primary Care Survey Report

November 2024

Prepared by the Primary Care Network Team, WellSouth

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Introduction

The WellSouth Primary Care Survey was established to strengthen our understanding of the challenges facing primary care providers in the Southern region. Recognising the need for a more comprehensive understanding of regional challenges and dynamics and a mechanism for direct feedback. It aims to ensure that WellSouth effectively aligns advocacy, resources, and support with the specific needs of our network. This November 2024 survey is the second edition of our revised quarterly format, expanding upon previous monthly surveys that had focused primarily on workforce needs during COVID-19.

The survey was distributed through the WellSouth Update, Clinical Directors Update, and Primary Care Network email lists, resulting in 143 responses. This represents an increase from the 119 responses received in April 2024. Respondents represented the diversity of our primary care workforce, including General Practitioners, Nurses, Administrators, Practice Managers, and Pharmacists. While total responses increased, the number of distinct practices was only 24, representing 30% of all WellSouth practices. However, this is likely an underestimation, as 71% of respondents did not disclose their practice name. Respondents were not required to provide their practice name to ensure anonymity, making it unclear exactly how many practices were represented.

The survey continued the logic-based branching structure introduced previously, with questions tailored specifically to participants' roles to ensure relevant and targeted insights. Quantitative responses were analysed according to urban and rural classification and role type, enabling comparisons and highlighting any regional disparities or gaps. Qualitative responses underwent thematic analysis using the Primary Care Pressures Matrix, which identifies key interconnected pressures relating to workforce, funding, and capacity.

This report provides a detailed summary of key findings from the November 2024 survey, highlighting ongoing and emerging pressures within our primary care network. The insights presented will help shape WellSouth's ongoing advocacy, strategic planning, and targeted initiatives, ensuring our efforts remain closely aligned with the evolving needs and voices of primary care providers across the region.

Demographics: Region, Role Type & Urban-Rural Analysis

WellSouth's network consists of 79 general practices, 34 of which (43%) are rural, collectively serving 337,000 enrolled patients as of January 1, 2025. These practices are supported by 336 General Practitioners, 31 Nurse Practitioners, 422 Nurses, and a range of non-clinical kaimahi, including administrators and practice managers. To ensure a representative analysis, the survey captured basic demographic data, including region, role type, and urban-rural classification.

Regional Analysis

Survey responses closely mirrored the geographic distribution of practices. Dunedin had the largest share of responses (39%), aligning with its 36% share of total practices. Clutha saw a notable rise in engagement, increasing from 6 responses in April to 23 in November, while Gore, though still low, more than doubled its responses from 2 to 5. In contrast, Queenstown's participation dropped by half, from 8 to 4, indicating a potential area for improved outreach.

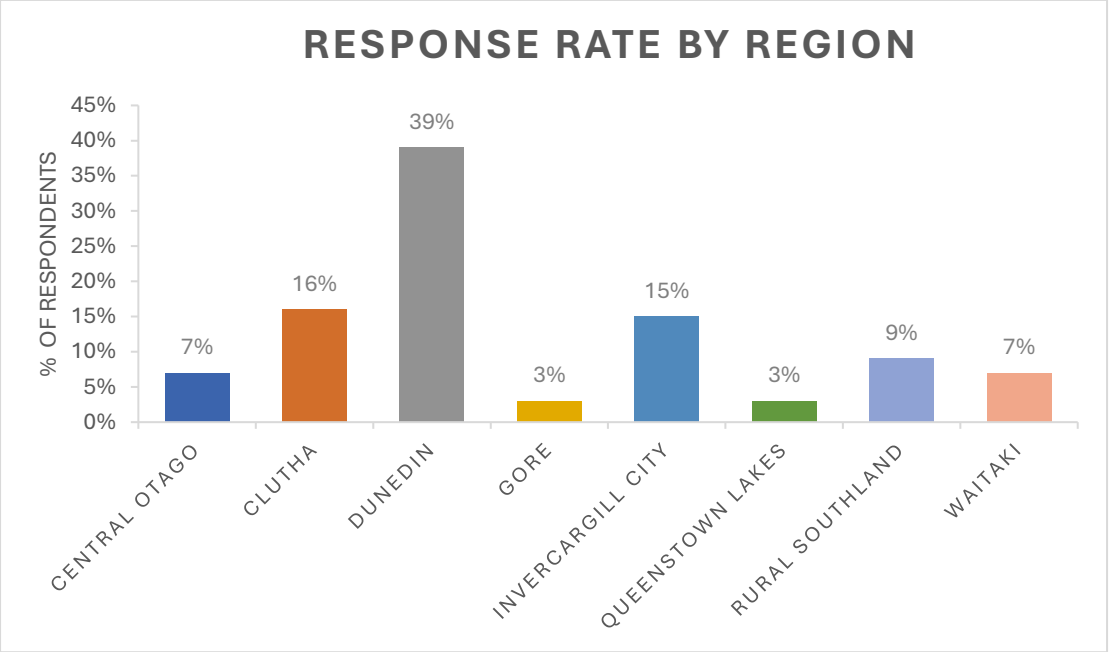

Figure 1: ***Total survey response rate by region, Q1 - "In what region is your practice based?"*** *(respondents n=143).*

Role Type Breakdown

The survey captured responses across a broad range of roles, as shown in Table 1. Non-Clinical Kaimahi (Administrators, HCAs, and Practice Managers) formed the largest respondent group, though the most significant increases were among General Practitioners (up from 22 to 31) and Nursing Kaimahi (20 to 35). However, no General Practitioners responded from Gore or Clutha, and no nursing responses were recorded from Waitaki, creating gaps in representation from these areas.

Role Type	Central Otago	Clutha	Dunedin	Gore	Invercargill	Queenstown Lakes	Rural Southland	Waitaki	Total
General Practitioner	2		15		8	2	2	2	31
Nurse Practitioner					1				1
Nursing Kaimahi	3	12	10	1	5	1	3		35
Non-Clinical Kaimahi	5	11	30	4	8	1	8	8	75
Pharmacist			1						1
Total	10	23	56	5	22	4	13	10	143

Table 1: ***Total survey response rate by job type*** *(respondents n=143).*

Compared to the previous survey cycle, General Practitioners and Nursing Kaimahi participation increased, while Nurse Practitioner and Pharmacist engagement declined.

Role Type	April 24 (n=119)	November 24 (n=143)	Change in Engagement
General Practitioner	22	31	↑ Higher Engagement
Nurse Practitioner	5	1	↓ Less Engagement
Nursing Kaimahi	20	35	↑ Higher Engagement
Non-Clinical Kaimahi	69	75	↑ Higher Engagement
Pharmacist	3	1	↓ Less Engagement

Table 2: ***Responses by role type for November 24 compared to the April 24 survey.***

Despite an overall increase in responses, participation from certain regions and roles remains uneven, particularly the lack of GP responses in Gore and Clutha and the absence of nursing input from Waitaki. Future survey efforts will focus on ensuring these underrepresented groups are engaged.

Rural vs Urban Representation

For the purpose of this survey, the definition of Rural or Urban was based on the Geographic Classification for Health, as this is consistent with whether they receive rural funding or not. Rural responses increased from 37% in April to 45% in November, now closely matching the overall

network distribution of 43% rural practices. This suggests growing engagement from our rural-based practices.

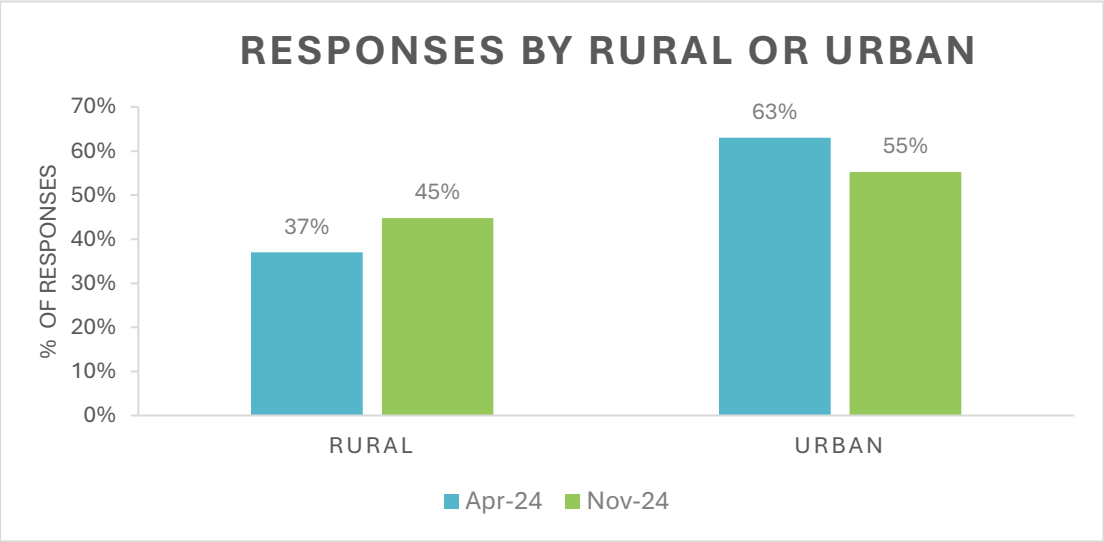

Figure 2: ***Results from Q2 - "Is your practice classified as rural or urban for funding purposes?"*** *(respondents n=143).*

Where relevant, rural and urban responses will be compared throughout the analysis to highlight regional differences in experiences and challenges.

Primary Care Pressures Matrix: The Three Core Themes

The Primary Care Pressures Matrix was introduced in the April 2024 survey as a framework for understanding the interconnected challenges facing primary care. Represented as a triangle, it highlights the three core pressures: **workforce**, **capacity**, and **funding**, which continuously reinforce and influence each other.

For example, a shortage of GPs limits a practice's ability to enrol new patients, reducing revenue under the capitation model. This, in turn, restricts capacity to expand services or hire additional staff, further exacerbating workforce pressures and impacting patient care.

As the November survey identified the same dominant challenges, the matrix remains highly relevant and has been retained for the thematic analysis of the survey.

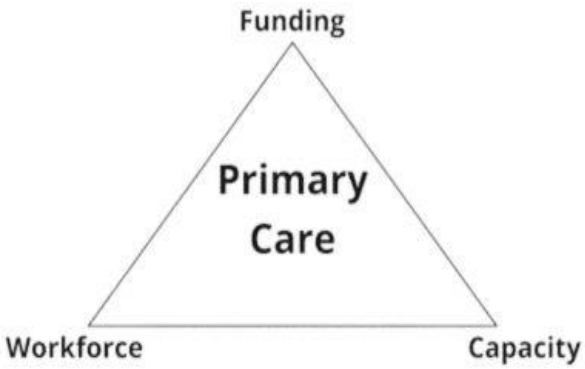

Figure 3: The Three Core Pressures of 'The Primary Care Triangle'.

This matrix was developed to encompass the broader themes which emerged from the survey, offering a more comprehensive understanding of the wider pressures facing primary care. The following sections explore each of the three core themes in greater detail.

1. Workforce

This survey included dedicated questions on workforce challenges, alongside open-ended responses that provided deeper insights into staffing shortages, retention issues, and workforce pressures.

1.1 Workforce Shortages & Staff Turnover

These specific questions around workforce shortages were asked only to those who selected management-type roles and those who selected 'Other'.

Workforce shortages remain one of the most pressing concerns in primary care, with little change between April and November 2024. While the overall number of respondents reporting shortages remained stable, the regional distribution shifted slightly, as seen in Table 3.

Location	April 24 (n = 45)	November 24 (n = 55)	Change in Workforce Shortages
Central Otago	1	1	— No Change
Clutha	1	4	↑ Increase in Workforce Shortages
Dunedin	10	5	↓ Decrease in Workforce Shortages
Gore	1	4	↑ Increase in Workforce Shortages

Invercargill	4	3	↓ Minor Decrease in Workforce Shortages
Queenstown Lakes	1	1	— No Change
Rural Southland	3	3	— No Change
Waitaki	4	3	↓ Minor Decrease in Workforce Shortages
Total	25	24	

Table 3: Workforce Shortages Trends, April Compared to Nov 24 - *Q4: "Does your practice currently have any workforce shortages?"*

While the total number of respondents reporting shortages remained steady, shortages in Clutha and Gore increased. This likely reflects the ongoing workforce pressures in rural areas, where recruitment remains challenging.

Table 4 shows that 'General Practitioners' remain the most frequently reported shortage, especially in rural areas where shortages are nearly triple those in urban settings. This likely reflects the greater difficulty recruiting GPs in rural areas, where fewer people are willing to live and work, and it is also difficult sustainability for rural practices to offer higher salaries to attract staff. However, as only 16 respondents answered this question, these findings should be interpreted cautiously.

Role Type	Urban	Rural	Total
Administration	0	1	1
Enrolled Nurse	0	1	1
General Practitioner	4	11	15
Health Care Assistant	0	0	0
Nurse Manager	2	0	2
Nurse Practitioner	2	2	4
Pharmacist	0	0	0
Practice/Operations/General Manager	0	0	0
Registered Nurse	2	0	2
RN Prescriber	1	0	1
Other: HIP/HC/CSW	1	1	2
Total	12	16	28

Table 4: Workforce Shortages for Role Type by Urban and Rural Demographics – *Q5: "What roles are you currently experiencing shortages in? Please select all that apply."* *(respondents n=16).*

Further analysis in Table 5 highlights that 'General Practitioners' are the most significantly short-staffed role, with 16.1 FTE needed across the region, particularly in rural areas.

Role Type	Shortage by FTE
General Practitioner	16.1
Nurse Manager	1.6
Nurse Practitioner	1.5
HIP	0.5
Registered Nurse	1
Total	20.7

Table 5: Workforce Shortages by FTE for Each Role Type – *Q6: "Based on a 40-hour work week, please indicate the FTE you are short for each of the roles you have specified above."* *(respondents n=16).*

Figure 4, shows that staff turnover levels remained stable between April and November, indicating challenges in staff retention continue to be static.

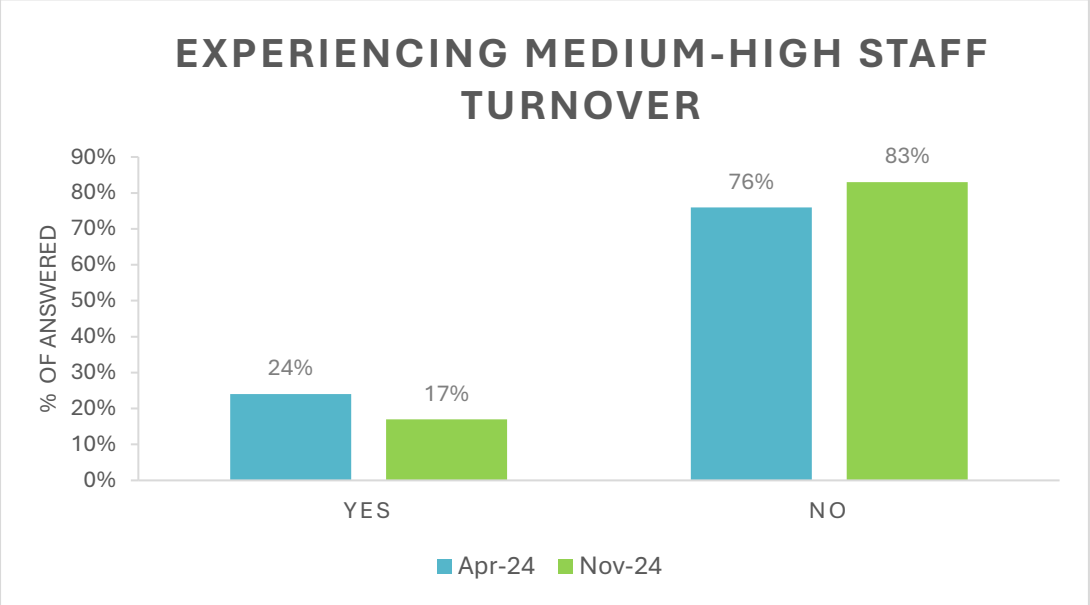

Figure 4: *Results from Q8 - "Is your practice currently experiencing a medium to high level of employee turnover?"* *(respondents n=47).*

Workforce sub-themes identified in this survey are largely consistent with those reported in April 2024. However, burnout, initially identified as a sub-theme in April, has now been expanded into a dedicated section (see sub-section 1.3 below) due to growing concerns. Additionally, the sub-theme previously titled "Instability of the Health System" has been reframed as "System Issues" to better reflect ongoing challenges.

General Workforce Sub-Themes	Examples of Feedback
Wage Costs	*"Lack of doctors – directly related to lack of funding – 9 doctors almost worked for us this year, but we were unable to pay them market rates."* *"Using virtual locums daily… cost is very high."*

Workforce Shortages	*"Lack of GPs, rural location, junior doctors heading overseas."* *"HIP is not available to us, we have continuously asked for one but have been told there is no money."* *"An apparent poor perception of primary care medical students. Lack of support from the medical school to…consider general practice as a career option. Trainee interns are only offered two week placements with general practices in their 6th year. That is frankly pathetic and will do absolutely nothing to encourage them to think about primary care."*
Practice Location	*"Shortage of GPs, our location – we have had GPs who like working here but it is inconvenient they live in Invercargill. They have preferred to take jobs in Invercargill."* *"No availability of practitioners willing to travel to 'Rural Southland' – it is so much easier for them to work virtually."* *"Difficulty recruiting to Oamaru."*
Workforce Retention	*"Have had two GPs resign not happy with direction practice heading."* *"Lack of overall funding making it difficult to retain GPs (I've reduced hours and started other work, as it is not financially viable for me to remain in conventional general practice under current system)."*
Workforce Recruitment	*"If we lose a Dr or nurse then very hard to recruit replacements. This puts us on a knife edge, so we are vulnerable."* *"A lot of effort goes into recruiting to find the right attitude/fit for the team and new staff need time to get understand our processes, get used to us and integrate."*
System Issues	*"So much more now is passed over to general practice from secondary care, where it should be handled by the hospital (follow-ups, injections, result communication…). This means more admin time for GPs which we do not get additional funding, and more pressure (GP burnout). It could also lead to patient safety being compromised."* *"We need to be paid for longer appointments, paid to do our paperwork and every time the hospital adds another burden to us, they need to upskill us first."* *"General practice is being asked to take on the urgent needs of their patients. We are not provided with enough funding to be able to employ more staff. Wait times for patients are extended due to this and clinicians' workload is heavier."*

1.2 Mood, Morale, and Job Satisfaction

Tracking the mood and morale of our primary care workforce has been a priority for WellSouth, as we recognise the pressures facing general practice. This was first introduced in the monthly COVID-19 check-in surveys and has remained a key focus in understanding how workforce challenges impact wellbeing over time.

As shown in Figure 5, mood and morale have remained largely stable since April 2024, with a slight shift towards being more positive, with only 11% rating 'Poor' or 'Very Poor' compared with 15% on April 24. However, many comments highlight that while teams remain committed, sustaining morale continues to be a challenge amid workforce shortages, rising demand, and increasing administrative burden.

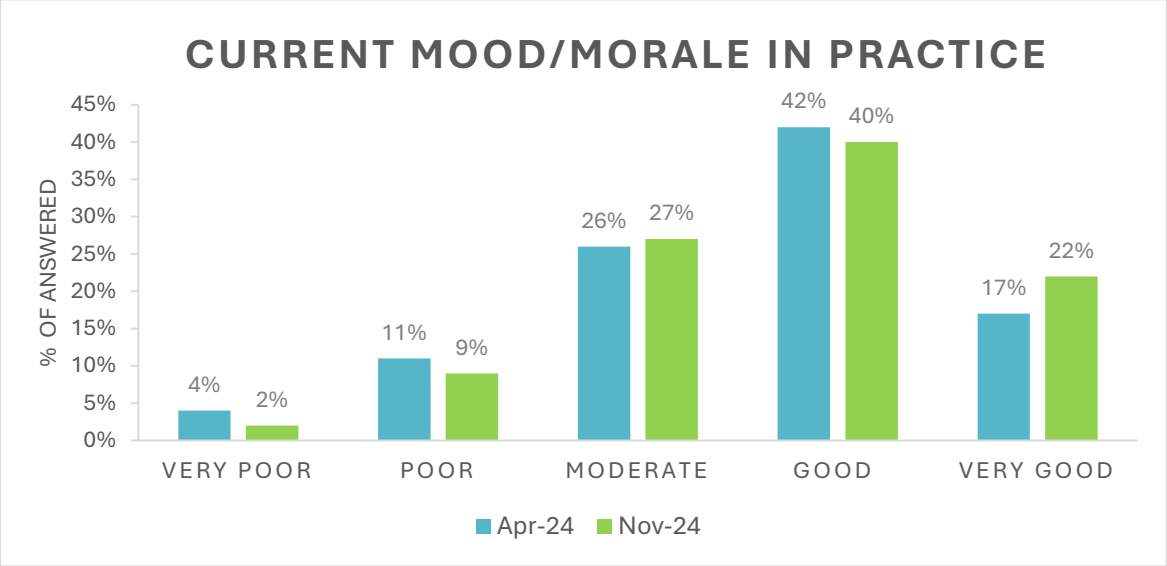

Figure 5: ***Results from Q35 – "How would you rate your current overall mood/morale within your practice?"*** *(respondents n=108).*

Similarly, job satisfaction has remained positive overall, with 70% rating themselves as either 'Satisfied' or 'Very Satisfied'. Despite these positive ratings, qualitative feedback indicates staff are feeling increasingly stretched, though their commitment to patient care remains strong.

The definitions used for job satisfaction categories were:

- Very Dissatisfied - I am unhappy with most aspects of my job.
- Dissatisfied - I am unhappy with several aspects of my job.
- Neutral - I am neither satisfied nor dissatisfied with my job.
- Satisfied - I am happy with most aspects of my job.
- Very Satisfied - I am extremely happy with my job and enjoy my work.

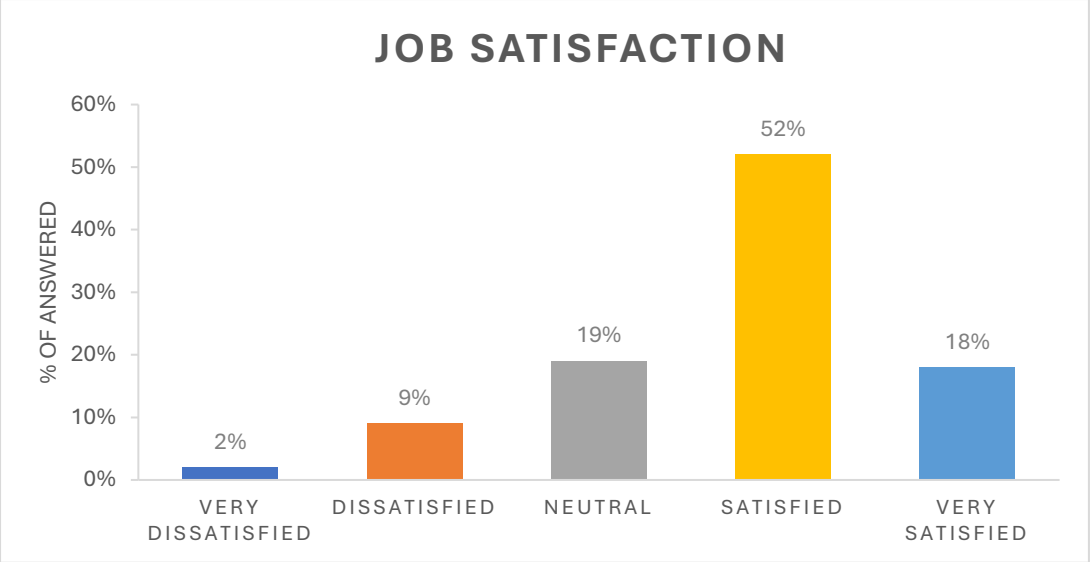

Figure 6: ***Results from Q38 – "What level of satisfaction do you get from your job currently?"*** *(respondents n=108).*

There were several sub-themes present in the responses regarding job satisfaction:

Job Satisfaction Sub-Themes	Examples of Feedback
Uncertainty/Change	*"There have been some very recent changes that may impact this either way. I find there has been a lot of uncertainty within the practice this year, and changes to roles that have affected my job satisfaction."*
System Issues	*"The constraints of the 15-minute appointment are my biggest issue."* *"The state of the health system."*
Non-Contact Admin Time	*"I want to reduce my workload. There is too much non-face-to-face unfunded work."* *"Far too much paperwork and not enough time allocated for patient appointments."*

Although overall mood, morale, and job satisfaction appear relatively stable, the themes and tone of the comments indicate that staff wellbeing and satisfaction are delicately balanced. Given the delicate balance currently observed, it is essential to regularly monitor mood, morale, and job satisfaction, specifically in relation to workforce, funding, and capacity pressures. Ongoing tracking will enable early identification of issues and inform timely, targeted interventions.

1.3 Wellbeing: Burnout and Support

Given the April survey's findings, a separate question was included to measure burnout more specifically. The definitions used for each burnout level were:

- No Burnout - I enjoy my work.

- Mild - I occasionally feel tired or stressed but it is manageable.
- Moderate - I often feel emotionally or physically drained.
- High - I feel consistently exhausted and struggle to stay motivated.
- Severe - I feel completely burnt out and unable to function effectively at work.

Figure 7 shows that nearly half of respondents (49%) report 'Moderate' to 'Severe' burnout.

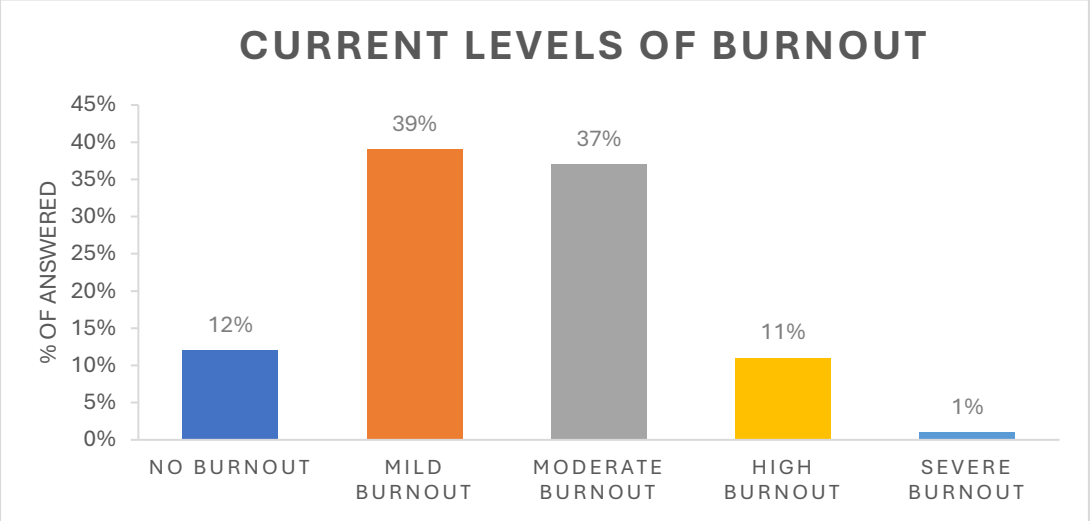

Figure 7: ***Results from Q36 – "How would you rate your current level of burnout at work?"*** *(respondents n=108).*

While these results are concerning, they align with the considerable feedback received about workload pressures, clearly underscoring the importance of tracking the scale of burnout in our network to ensure early intervention.

Some examples of the qualitative answers regarding burnout were:

Burnout Sub-Themes	Examples of Feedback
Patient Demand	*"Staff are tired and ready for a break, Patient engagement is not always seamless, patients are more demanding and at times very rude and can be abusive and aggressive. This has a huge impact on staff mental health."*
Workload and Fatigue	*"The past year (or three) have been particularly challenging. The whole health workforce likely needs a holiday to the Gold Coast!"*
External System Pressures	*"Burnout for many people needs a solution higher than just the practice support."* *"The practice can't fix the problems with the rest of the health system that cause the stress and moral injury. But the team is very supportive of each other - the main reason we are able to continue functioning."*
Practice-Level Support	*"I am the support for everyone else but have to find my support outside the practice."* *"We have supportive GP owners. Also, have access to EAP if needed."*

Organisational Leadership	*"Head office are doing nothing to help just telling us we need to number crunch more… More worried about the amount of money we are bringing in as opposed to patient care."*

Respondents were also asked whether they felt their practice provided sufficient support to manage or prevent burnout, with 63% indicating yes, there was enough support; 18% were unsure; and 19% felt there was not enough support.

Despite this being the first time asking specific questions about burnout, it was asked due to it being a key theme identified in the previous survey. These findings align with broader national primary care workforce trends, highlighting the importance of incorporating burnout management and support strategies into WellSouth's broader workforce planning.

1.4 Leaving or Retiring from General Practice

Figure 8 shows essentially no change between April and November 2024 regarding those considering leaving or retiring. However, the higher response rate in November may provide a more accurate picture. Figure 9 presents the November responses broken down by role type.

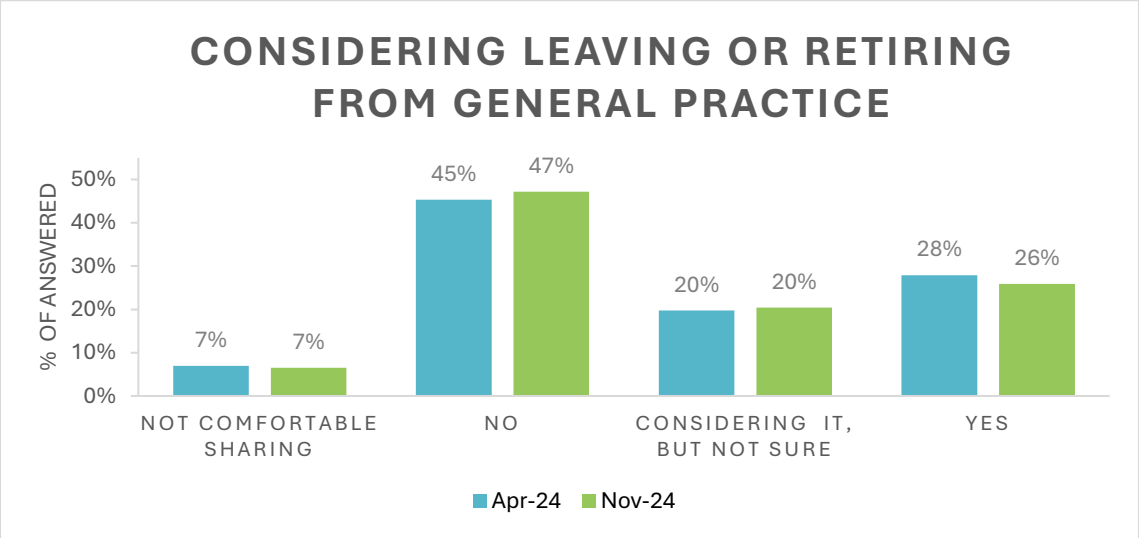

Figure 8: ***Results from Q40 – "Are you contemplating leaving or retiring from general practice in the next 3-5 years?"*** *(respondents n=108).*

Respondents who indicated they were considering leaving or retiring were asked to provide further context, with the responses thematically analysed and the sub-themes identified below:

Leaving/Retirement Sub-Themes	Examples of Feedback
Workload and Stress	*"Stressful and fairly thankless job… considering other things."* *"Burn out, unsustainable clinical workloads, and running the practice then working in a not fit for purpose AH roster. Not fair to my family who I can't*

	engage with. This is typical of most of my peers currently. But the system relies on us else it would implode." *"Burnout, emerging changes that diminish strong, meaningful patient-doctor relationships -- excessive demand --> patients making appointments with any doctor, increasing bureaucracy, shifting culture towards a consumer model of medical practice, emerging AI, lack of work-life balance, income discrepancy between GPs and specialists despite our system highly dependent on good GPs, the list goes on."*
Retirement Age	*"Healthcare has changed a lot recently, and over the past 35 yrs. Getting too old for this...!!"* *"Only age, not the job which I really enjoy."*
Remuneration	*"RN working as community prescribers, do not have pay equity with colleagues at Te Whatu Ora, workload increasing each year."* *"Financially better off working in a hospital setting."* *"The unpaid paperwork."* *"No money or resources being put into healthcare; cannot provide the care I want with the lack of resources."*
System Issues	*"The unpaid paperwork load, unrealistic patient demands what we can do in 15 minutes and the moral injury of being unable to help people mostly because of poor access to secondary care."* *"Far too much expected from GP's - hospital pawning more and more on us without any training or time set aside to allow for the large burden. Patients also rude and grumpy."* *"Overload No money or resource being put into healthcare Cannot provide the care I want to with lack of resources."* *"Emerging changes that dimmish strong, meaningful patient-doctor relationships; excessive demand; patients making appointments with any doctor; shifting culture towards a consumer model of medical practice; emerging AI, lack of work-life balance, income discrepancy between GPs and specialists despite our system highly dependent on good GPs, the list goes on."*
Change	*"My role changed to predominantly admin which differs from the role I was employed to do. My passion is working with people and community work."* *"I have been in my role for over 11 years and I am just looking for a change."*

Although many of these themes identified to leave or retire often involve historical system issues and factors beyond WellSouth's direct control, clear advocacy in specific areas can positively influence retention and satisfaction. Key areas for continued advocacy include:

- Nurse pay parity.
- Greater support and resources for primary care due to the workload pushed back from secondary.
- Initiatives that can ease the administrative burdens from non-contact time.
- Reviewing appointment structure and ways to address patient expectations.

Given the consistent identification of these issues, ongoing targeted advocacy and monitoring will be essential to support and sustain the primary care workforce effectively.

1.5 Nursing Workforce

Practice/Operations/General Managers and Nursing Managers were surveyed on their willingness to employ new graduate nurses. Overall, 68% indicated they would (29% rural; 39% urban), as shown in Figure 9.

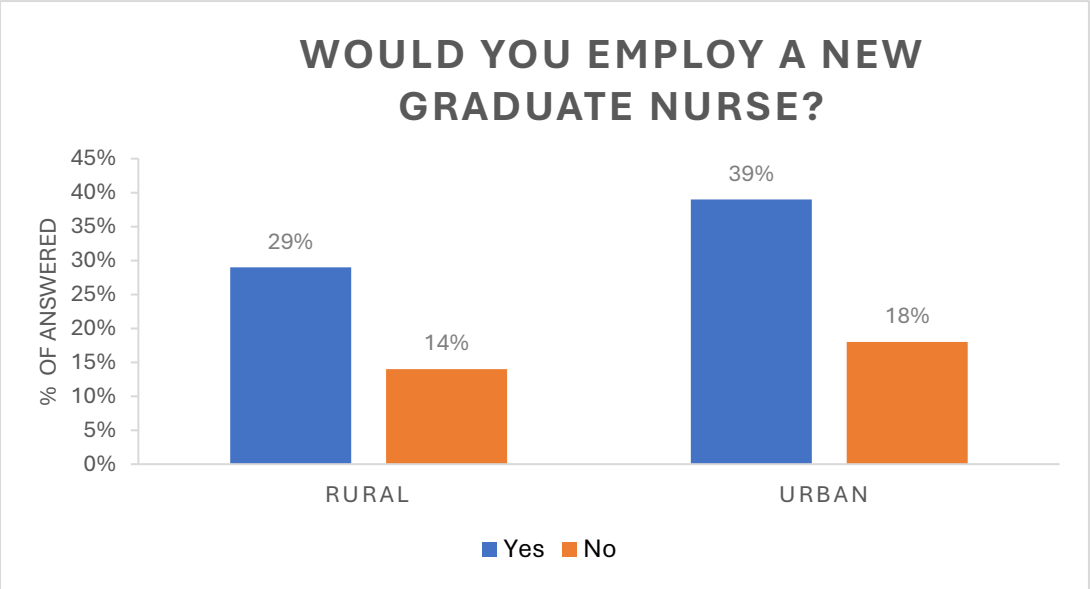

Figure 9: ***Results from Q10 - "Would you consider employing a Graduate Nurse?"*** *(respondents n=51).*

Qualitative feedback identified key sub-themes regarding the support and resources needed to effectively onboard graduate nurses:

Nursing New Grad Sub-Themes	Examples of Feedback
Additional Funding	*"The practice has had NETP RNs every year for the past 4- 5 years, all securing jobs with the practice. In order to have a NETP in 2025, I believe would require additional funding as GP practices are struggling due to*

	lack of health $$ to meet the demands/wages/costs of running a practice." *"For the first 6 months' salary to be funded to cover the time spent helping train them."*
Additional Education Support	*"Would like WellSouth to run a Primary Health post-grad orientation, as the main one available to grad nurses is currently hospital-based."* *"Nursing education, teaching modules, peer support, allocated nursing time to be able to induct a new grad into the practice effectively."*

Respondents also provided positive feedback about the Nursing Entry to Practice (NETP) programme and WellSouth's support in this area:

Nursing Programme Sub-Themes	Examples of Feedback
Positivity about the NETP Program	*"I have just employed a new grad and she starts in December, it is great to have the NETP programme to support them on their journey."* *"We employed a new grad in 2020, and she is AMAZING!"*
Support from WellSouth	*"I have received support from Kate Norris at WellSouth regarding employing a new grad nurse in our practice."*

Figure 10 shows key barriers practices face when recruiting nurses, with salary expectations being the most frequently reported issue among both rural and urban respondents. Nursing shortages were also significant, particularly among urban practices.

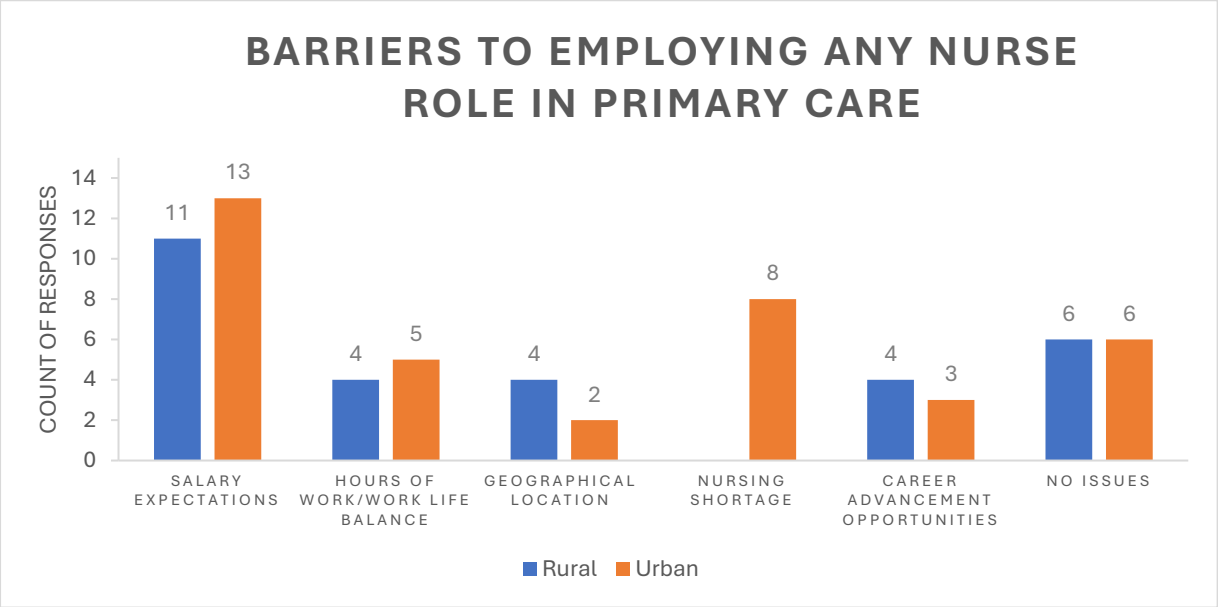

Figure 10: ***Results from Q13 - "For any nurse role, please select any barriers or difficulties you are experiencing, if any, when recruiting or attracting nurses."*** *(respondents n=44).*

The two main barriers of salary expectations and nursing shortages could be related to issues in the pay parity space, another workforce sub-theme that is still relevant. Nurses employed by Health New Zealand continue to receive higher salaries, making primary care comparatively less attractive. Continued advocacy for pay parity remains a priority for WellSouth in order to maintain a sustainable and strong primary care nursing workforce.

1.6 Workforce Challenges and Future Considerations

Overall, the workforce sub-themes identified in November 2024 remained largely consistent with those reported in April. Key ongoing challenges included recruitment, wage costs and pay parity, and the increasing burden of non-contact administrative work. Responses regarding intentions to leave or retire also remained stable, though there was a notable emphasis on system-related issues in this survey.

Mood and morale within practices have remained relatively stable, supported by positive ratings of job satisfaction. Despite ongoing frustrations with wider health system pressures, strong intra-practice support continues to positively influence staff morale and satisfaction.

Burnout emerged as a critical area of focus, with nearly half of the respondents reporting moderate to severe burnout. While practices reported good levels of internal support, burnout remains a significant concern requiring ongoing attention from WellSouth. Regular monitoring of burnout in future surveys will be important for identifying trends and ensuring timely, network-wide support.

2. Capacity and Demand in Primary Care

Understanding practice capacity to meet patient demand is crucial for identifying pressures within the sector. Respondents rated their overall ability to manage demand and deliver services, as well as their capacity in key areas such as acute care, chronic condition management, and proactive screening.

2.1 Overall Practice Capacity to Meet Demand

Figure 11 illustrates how practices rated their overall capacity to manage patient demand within their practice, providing a snapshot of their perceived ability to deliver services.

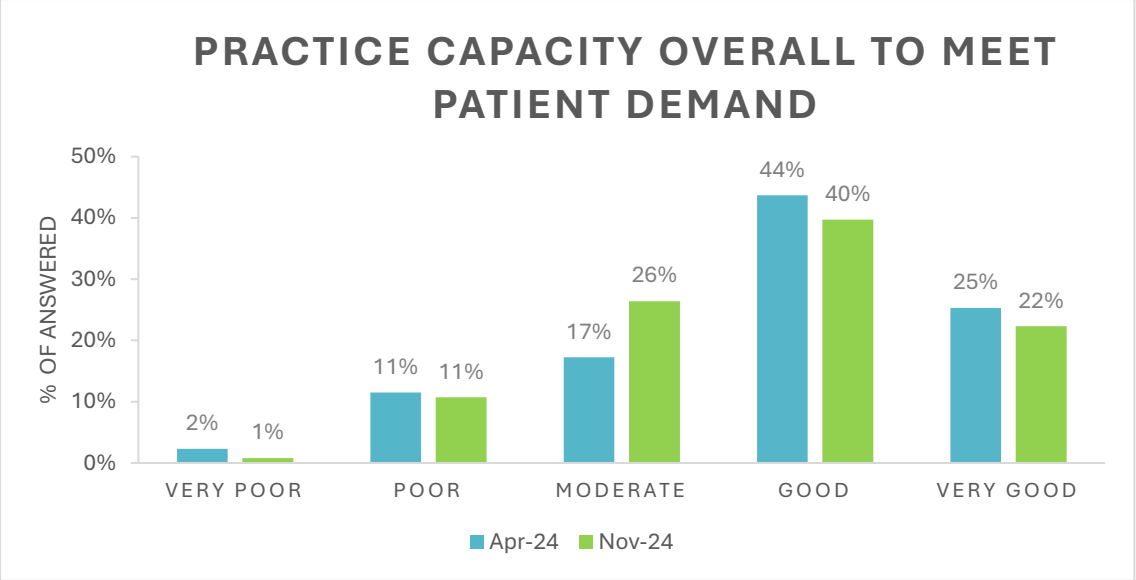

Figure 11: ***Results from Q14 - "How would you rate your practice's overall ability to meet demand and deliver its services?"*** *(respondents n=121).*

Compared to the previous survey (April 2024), the latest results indicate a slight decline in practices rating their ability to meet demand as 'Good' or 'Very Good', from 69% to 62%. In addition to this, those rating their capacity as 'Moderate' increased from 17% to 26%, suggesting more practices are starting to feel more of a strain in this area in comparison to April 24.

It is also important to note that many comments highlighted that, despite rating their capacity as 'Good' or 'Very Good', this often comes at a personal cost. Respondents described going above and beyond - working additional hours, supporting colleagues after hours, and striving to maintain high-quality care under increasing pressure. However, this extra effort is not sustainable in the long term. Some noted that they are managing for now, but any further strain, such as staff turnover or growing patient complexity, could quickly tip the balance, further impacting their ability to provide care.

2.2 Capacity Across Key Service Areas

Respondents also rated their capacity in specific areas. This section explores how these responses compare to previous survey results and highlights any key changes and trends:

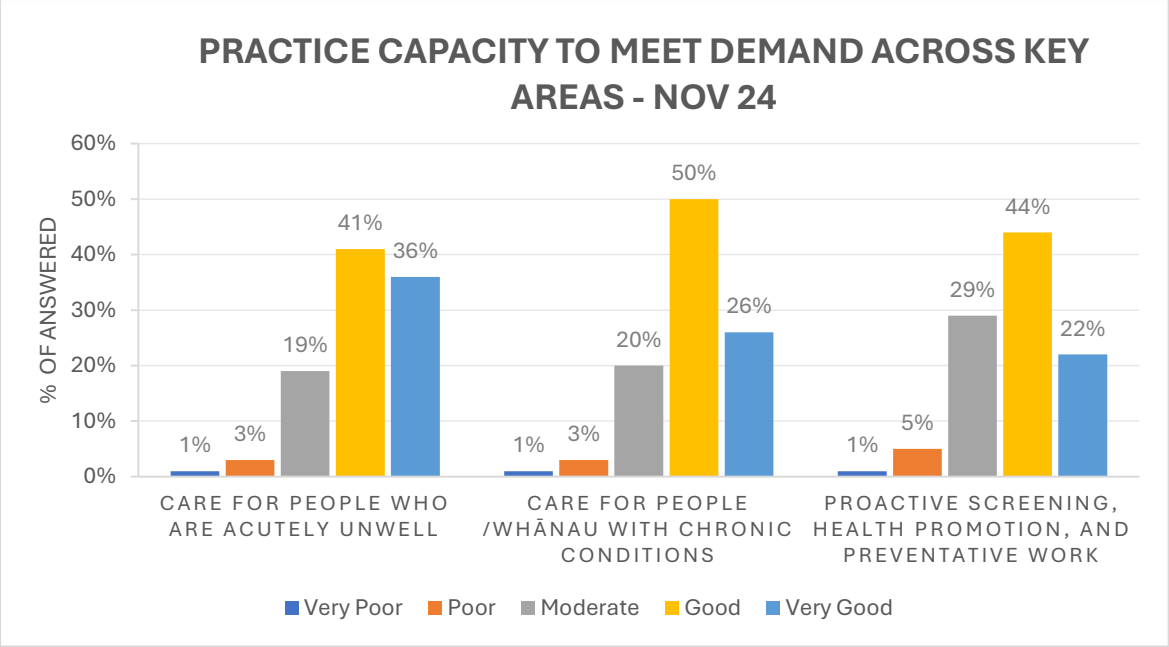

Figure 12: ***Results from Q16 - "How would you rate your practice's capacity to meet demand in these areas?"*** *(respondents n=121).*

The weighted average below in Table 6 was calculated on a 5-point scale, where 1 = Very Poor and 5 = Very Good, meaning that scores closer to 5 indicate stronger capacity in each service area.

Demand in These Key Areas	April 24 Weighted Average (n=87)	November 24 Weighted Average (n=121)	Key Change
Care for acutely unwell patients	4.25	4.10	↓ Slight Decrease
Care for patients with chronic conditions	4.07	3.99	↓ Slight Decrease
Proactive screening, health promotion, and preventative work	3.72	3.80	↑ Slight Improvement

Table 6: Capacity Trends Across Key Service Areas - ***Q16: "How would you rate your practice's capacity to meet demand in these areas?"***

When looking at the weighted averages, it seems the ratings remained relatively consistent between April and November. What is not apparent in the weighted averages is that there was a noticeable improvement in the proactive and preventative care ratings.

The proportion of respondents rating their capacity as 'Good' increased from 39% to 44%, with 'Very Good' responses staying steady. 'Moderate' responses also rose slightly from 28% to 29%. Although the weighted average increased slightly from 3.72 to 3.80, this reflects a gradual strengthening of proactive care efforts. The data does not reveal what has caused this positive change in proactive care, but it is encouraging to see improvement in this area.

2.3 Key Themes Impacting Capacity

To better understand the pressures impacting primary care, we analysed the open-ended responses from the November 2024 survey. Many themes remain consistent with April 2024, but shifts in emphasis have led to slight changes in theme names, particularly reflecting the growing impact of acute demand on proactive care and workload. While this section focuses on capacity, workforce shortages and funding constraints also play a major role.

Capacity Sub-Themes	Description	Examples of Feedback
Workforce Constraints	Many practices report struggling with long-standing GP and nursing shortages, with a lack of on-site doctors, and an increasing reliance on locums. Staff shortages limit appointment availability, impacting service delivery, and in some cases, making it difficult for practices to stay financially sustainable. Some report that a single resignation could significantly tip the balance, further reducing access to care. Despite these challenges, staff are going above and beyond, working extra hours to keep up with patient demand, which again is not sustainable.	*"The worry is...this is a very fragile space...we can go from being okay to being very bad... it would only take 1 or 2 resignations..."* *"There are not enough GPs to cover adequately the number of patients enrolled."* *"Staffing shortages impact time available to work on proactive screening - particularly nursing staff."*
High Workload and Burnout	Many staff, especially owners and senior staff, are working long hours, staying late, and taking on extra duties to keep up with demand. They do this because they care about their patients and want them to have good access to quality care. However, relying on staff goodwill is neither fair nor sustainable, with some already at risk of burnout. Pushing staff to work harder is not a long-term solution.	*"GPs working extreme hours, especially the owners to keep up. 1 owner currently leaving due to burnout, others on the verge. At risk of collapse."* *"Our practice strives to meet the demand of its...patients. The staff go the extra mile, staying back late when required to support evening staff...or weekend staff."*
Patient Complexity, Patient Demand, and Appointment Availability	Rising patient numbers and increasing complexity are straining appointment availability, particularly for routine, non-urgent consultations. Many respondents report high demand but an insufficient workforce to meet it, leading some practices to close their books or restrict enrolments. Greater patient complexity	*"High demand for appointments, often no appointments. Nurses working with full clinical books each day."* *"More complex patients with multiple concerns taking a lot*

	also extends consultation times, compounding delays and further limiting access.	*of time. Increased workload pressures."* *"We have reduced our enrolled patients to a level that we can meet their expectations and provide quality care."*
Acute vs Proactive Care Balance	The high volume of acute presentations is limiting time for preventive care, and at times long-term condition management too. Many report that urgent and same-day care takes priority, leaving limited time for recalls and proactive health initiatives. Post-pandemic, acute presentations have increased, compounding these challenges.	*"Our current model is leaning towards an acute model…we need to realign to…everyday aspects of GP care."* *"This has to take a back seat if we are busy fighting fires at the bottom of the cliff."* *"Proactive care…suffers when there are workforce shortages, urgent care will take priority."*
Funding Constraints and System Issues	Financial pressures are making it increasingly difficult to sustain services, particularly after-hours care, with many reporting a decline due to financial sustainability concerns. System-wide funding limitations also restrict the ability to hire key workforce roles like HIPs and HCs. While practices with these roles report positive outcomes, many others are unable to access them due to a lack of funding to implement them, further exacerbating workforce pressures and patient demand.	*"Our out-of-hours service is becoming less and less financially feasible."* *"Services are declining. On-call has already stopped. Weekend services threatened."* *"We do not have a HIP or HC…there is not enough money for us…to get one in the near future."* *"Due to lack of funding, we are struggling to provide low cost (fees) to our patients with no CSC."*
Telehealth as a Stopgap	Telehealth is being used as a tool to address patient demand due to ongoing workforce shortages, but feedback suggests that while it provides some relief, it is not an adequate replacement for in-person care. Additionally, some report that telehealth adds greater administrative	*"Significant reduction in GP hours this year has made us resort to telehealth providers for in-hours care. Telehealth has proved to be a very sub-par service, but it is…somewhat better than no service. It also pushes additional system*

	burdens or shifts pressures to the permanent staff.	*pressures on to our fulltime GPs."*
Patient Engagement	Engaging patients in preventive healthcare remains a challenge. Screening uptake depends on patient responsiveness, and barriers such as incorrect contact details and lack of engagement persist.	*"A lot of proactive screening depends on the patient's responsiveness to come in and respond."*

2.4 Changes Practices Have Made to Manage Capacity

Despite these challenges, some practices have implemented a variety of strategies to manage capacity and improve efficiency.

Changes to Improve Capacity	Description	Examples of Feedback
Triage and Workflow Improvements	Many practices have refined their triage systems to better manage same-day and acute demand. This includes nurse-led triage, GP-led triage, and general triage improvements, such as improving phone triage to reduce walk-ins, holding back urgent appointment slots, and implementing duty doctor roles.	*"Changed our triage system from nurse task triaging to nurse-led appointment triage. Patients now get offered an appointment with our nurse if the GP is unavailable."* *"Triage has been a huge game changer..."* *"A 'duty doctor' role, without scheduled patients."*
Expanding Nursing and Allied Health Roles	To alleviate GP workload and improve capacity, many practices are increasing the role of nurses, HCAs, and allied health professionals. A recurring theme in the feedback was the value of utilising Nurse Practitioners (NPs) more effectively, alongside other strategies such as employing Nurse Prescribers, expanding HCA clinical responsibilities, and integrating allied health roles like HIPs and Health Coaches into the team.	*"Utilising nursing teams for recall management, having availability of HIP, HC and Pharmacist."* *"HCAs support clinical staff and admin, easing the workload for others."*
Telehealth and Digital Tools	Some practices are using telehealth, patient portals, and other digital tools to manage demand more effectively. While telehealth is not always ideal, it provides an alternative to in-person consultations.	*"Telehealth allows us to provide a semblance of service, but it's not the high-quality traditional care we aspire to."*

		“Not first choice but have used telehealth locums.”
Managing Patient Numbers	Some practices have reduced enrolments or closed books to maintain manageable workloads and service quality. While this improves patient care for those already enrolled, it raises concerns about access.	*"Closing our books…feels morally challenging but is essential to providing a service to those we have enrolled."*
Recruitment of More Staff	Some practices have focused on hiring new staff, including additional GPs, nurses, and HCAs, to improve capacity. Others mention recruitment difficulties despite ongoing efforts.	*“We obtained more staffing which has made a massive difference.”*
Other Capacity Strategies	Some practices have implemented small but impactful changes to ease workload pressures. These include remote inbox management, coding roles, using text reminders to reduce DNAs, and utlising an opportunistic approach to appointments.	*"Texting reminders 1 hour before appointments reduces DNAs."* *“One stop shop approach. Allowing staff time for opportunistic appts and…spend more time with patients.”*

2.5 Capacity Conclusion

While many practices feel confident in meeting demand and speak highly of their teams, this often comes at a cost, with staff working hard to sustain these service levels. Capacity pressures remain a significant challenge, with workforce shortages, funding constraints, and rising patient demand impacting service delivery. Many practices have adapted through triage improvements, expanded nursing roles, and telehealth, but these measures offer only partial relief. Acute demand continues to take priority over proactive care, and financial barriers prevent wider implementation of effective solutions. A system-wide approach is needed, with targeted funding and workforce investment to ensure sustainable primary care without relying on overwork.

3. Funding

While there were no specific questions regarding funding, it was once again one of the three main themes present across the survey. Sub-themes identified were similar to April, except for capitation and flexible funding. From what we hear in the community, these sub-themes are still an area of concern even though they weren’t present in this analysis.

Funding Sub-Themes	Examples of Feedback
Pay Parity for Nurses	*"Advocating for primary health nurses to be funded the same as TWO colleagues an RN/EN is an RN/EN wherever he/she may choose to work."* *"Need Nurse Prescribers to be paid/recognised for their qualifications."*
Unfunded Administrative Burden	*"So much more now is passed over to general practice from secondary care, where it should be handled by the hospital (follow-ups, injections, result communication). This means more admin time for GPs which we do not get additional funding for, and more pressure (GP burnout)."*
Wage Related Operation Costs	*"Lack of overall funding making it difficult to retain GPs (I've reduced hours and started other work, as it is not financially viable for me to remain in conventional general practice under current system)."*
Underfunding of Clinical Services	*"Plus [more] govt funding to allow the practice to operate at its full potential, as current funding streams are not working."* *"The EPC programme is severely underfunded, with the practice running out of the allocated funding since it commenced on both occasions, several weeks before the next allocated funding was due e.g., running out of funded for the current period last week, with no top up until 1st Jan 25. Funding restrictions, along with increased costs, has meant patients wait until they are acutely unwell before presenting."* *"We appreciate the funding opportunities, but they still fall short of what is needed to compensate the lack of increase in government funding. Very grateful for DEXA scan funding. No funding for sleep study for obstructive sleep apnoea which has huge health implications. Also, no funding for initial Punch Biopsies before referring to skin GPSI, which creates equity issues."* *"Lack of funding for some services (gender affirming care, women's health, among others), increasing declines of referrals to secondary care, secondary care being overwhelmed and increasingly adding tasks and responsibilities to primary care."* *"Wellsouth, as an organisation, need to remember that General practice is only surviving due the goodwill of GPs personally propping up the system. We no longer have the option of "nice to have" services, we are just trying to stay open and look after our patients. A little acknowledgement from Wellsouth staff of this would be nice."*

Additionally from rural practices, comments were themed around after-hours/urgent care and the increased cost of administration time and staff wages. Examples of feedback are below:

Rural Funding Sub-Themes	Examples of Feedback
Afterhours & Urgent Care Delivery	*"Under funding! For our rural practice the EPC programme is severely underfunded, with the practice running out of the allocated funding since it commenced on both occasions, several weeks before the next allocated funding was due. Funding restrictions, along with increased costs, has meant patients wait until they are acutely unwell before presenting. Also, the new Ka Ora AH service for our area has been poorly thought through, regarding rural patients being able to fill scripts. As although they might be able to be reviewed by a GP/NP, Rx's are unable to be filled until the following Monday (unless they choose to travel to Dunedin). Many pt's are presenting to the practice requesting the need for their Rx to be filled, as they cannot afford to travel to town to have scripts fill being rural is very much a barrier for many."* *"General practice is being asked to take on urgent needs of their patients. We are not provided with enough funding to be able to employ more staff. Wait times for patients are extended due to this and clinicians' workload is heavier."* *"After-hours is a strain because a continuous workload of 4 hours is quite difficult, and the PHO have just changed the advert. If routine problems keep presenting this might be threatened. Also, as stated above, the shortage of nurses and doctors means we are all a resignation away from trouble. Also, rest home visits are a massive loss-making endeavour and if we stressed, these might be a service that gets dropped."*
Cost of Administration & Wages	*"Lack of funding for the high admin workload for GPs, Nurses and Practice Managers. Lack of GPs. We are using Virtual locums daily to try and provide a service, but the cost is very high doing this. We would prefer GPs in the Practice. Funding to allow staff training, especially on new WS programmes as they seem to change regularly."* *"Insufficient funding for the workload."*

While we saw a reduction in the commentary around funding in this edition of the survey, the noise in the community and media certainly suggests the scale of issues and the impact remains high in primary care. It continues to be a topic that WellSouth is advocating around and some of the specific areas in the comments above should be considered as key areas to address, particularly the funding for clinical programs and in the rural afterhours/urgent care space.

Inbox Management – Provider Inbox

The growing administrative burden, especially the volume of inbox management tasks, is a well-documented issue that is contributing to capacity pressures on primary care. This topic emerged

as a common theme in our previous survey back on April 24, particularly in responses to questions about retirement and leaving primary care. To better understand the impact of inbox management in our region, we included a section in the survey focused on this issue, with the hope that understanding these challenges better will help us determine how best to support practices in this area.

Of those surveyed, a significant proportion (63%) reported being responsible for managing an inbox, either their own or on behalf of someone else.

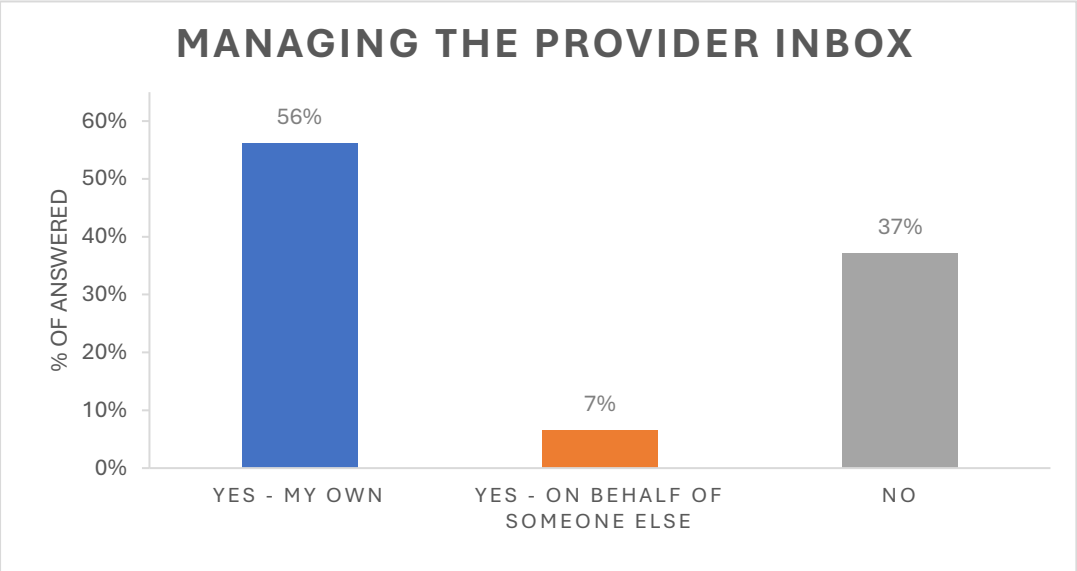

Figure 13: ***Results from Q18 – "Do you manage a Provider Inbox?"*** *(respondents n=121).*

Administrative Burden - Workload and Unpaid Time

The level of demand varied widely, with 39% finding managing the Provider Inbox to be very or extremely demanding, while the majority rated it as moderate or less. Those managing their own inbox, particularly self-employed/owners and independent contractors, were more likely to report higher levels of demand, whereas 88% of those managing an inbox on behalf of someone else rated it as moderate or less.

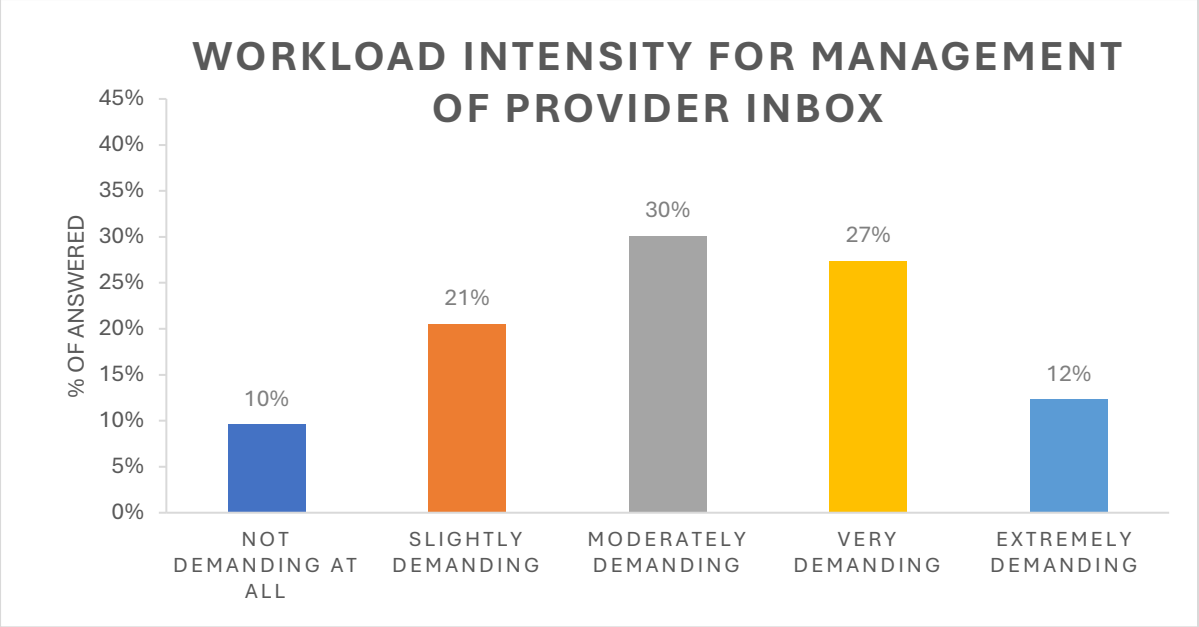

Figure 14: ***Results from Q21: "How demanding do you find the task of managing the provider inbox?"*** *(respondents n=73).*

Only two respondents managing an inbox on behalf of someone else reported doing so during unpaid time. Both were practice/operations managers and spent less than three hours per week on this task. This highlights the additional, often unseen workload these management roles take on to support their practice and the sustainability of their practice, though the true extent of this issue may be underreported.

The majority of GPs (73%), particularly GP owners (90%), found inbox management to be very or extremely demanding. None rated it less than moderately demanding, reinforcing the significant strain this task places on them. On average, respondents spent 4-6 hours per week managing their inbox, while those handling their own inbox were more likely to do so in unpaid time.

Of those managing their own inbox, 63% reported doing most of this work outside paid hours, averaging 2-3 hours of unpaid time per week. Again this reinforces the significant strain inbox management places on clinicians and highlights its contribution to their ever growing administrative burden.

Disclaimer: Reported inbox management hours including unpaid hours may be underestimated, as some respondents did not include tasks such as referrals to secondary care, portal emails, or task management.

Key Areas of Inbox Workload

To further understand the workload associated with inbox management, we asked respondents to identify the tasks that require the most time. The main themes identified were:

Inbox Management Sub-Themes	% of Respondents (n=34)	Description
Referrals to Secondary	35%	Managing referrals, particularly ERMS and declined referrals, required extensive administrative work. Respondents cited responding to additional information requests and re-submitting referrals as time-consuming. Delays in secondary care communication added further strain.
Lab Results	31%	Following up on abnormal lab results was frequently mentioned as a significant time burden. Ensuring results were actioned appropriately and reviewing normal findings promptly were all stated. Some also faced challenges handling results for absent colleagues.
Discharge Summaries	20%	Reviewing and reconciling discharge summaries from secondary care was a common burden, particularly when important details were missing or unclear. Clinicians often had to request additional information or verify treatment plans.
Clinical Correspondents	16%	Managing external communications, such as ACC claims, contacting specialists, and reviewing clinical letters, adds to the inbox workload. Liaising between providers and ensuring timely responses increased the administrative burden.
Recalls	14%	Patient recall management, including follow-ups for screenings, vaccinations, and chronic conditions, required significant coordination.
Patient Requests via Portal	10%	Responding to patient inquiries through the portal, specifically medication queries and other general medical inquiries increases inbox volume. Balancing these requests with other inbox priorities was a challenge.

Addressing the Burden of Inbox Management

Inbox management carries significant clinical responsibility, placing additional strain on our healthcare providers, GPs and Nurse Practitioners, who report the highest burden. These findings highlight the need for structured solutions, such as improved referral tracking with clearer requirements and streamlined secondary care communication pathways. As a PHO, we should lead the development of new frameworks to support practices in managing their inboxes more effectively.

These findings reinforce that inbox management is a major contributor to administrative overload in primary care. Without intervention, this additional strain could lead to burnout, reduced clinical capacity, and increased workforce attrition.

Use of Artificial Intelligence in Primary Care

AI Adoption and Usage Frequency

AI adoption in the Southern region remains in its early stages, with 35% of respondents having tried AI tools in their practices, while 65% have not. This contrasts with a national survey by the AI Working Group in July 2024, which found that 52% had tried AI tools, and 25% used them daily.

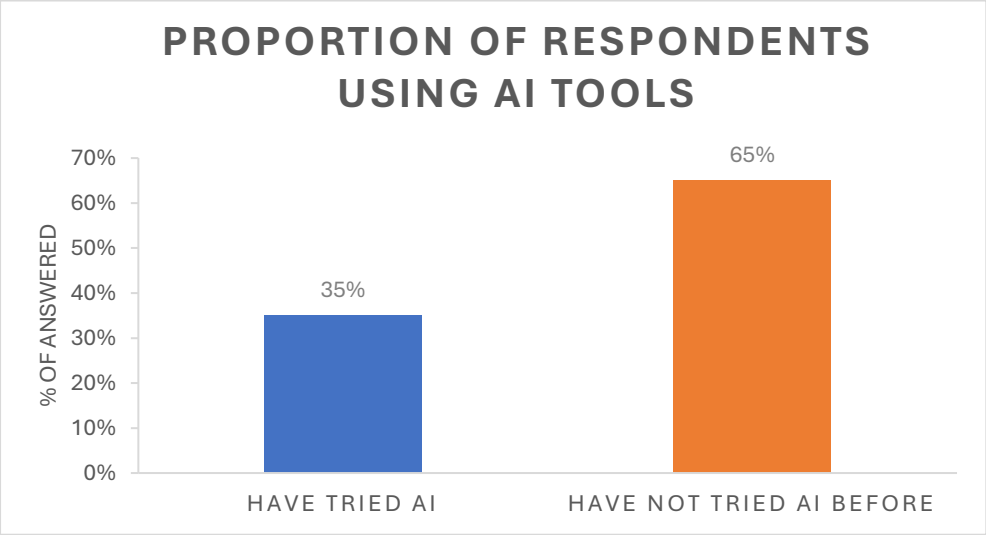

Figure 15: ***Results from Q25: "Have you or your practice ever tried any AI tools to support patient care or practice management"*** *(respondents n=113).*

Among AI users, 69% are from urban practices and 31% from rural settings. Dunedin has the highest adoption (62%), followed by Central Otago (18%). Urban practices may be more inclined to adopt AI due to greater resources and willingness to experiment, while rural practices may need more hands-on support to overcome barriers such as resource constraints and limited training opportunities.

Practice managers and operations managers make up the largest group of AI users (41%), followed by general practitioners, including GP owners (20%). Other roles, such as administrators, registered nurses, and health care assistants, had lower representation. This suggests that decision-makers play a key role in AI adoption within practices. As a PHO, we should focus on equipping management roles with the tools and resources needed to support safe and effective AI use. Current efforts primarily target AI scribes for clinicians, leaving a gap in non-clinical applications. Expanding support to business-level AI tools could bridge this gap, enhancing AI literacy across all roles in primary care.

Looking at Figure 16, these patterns suggest that those who do use AI, use it regularly. However, the 'Rarely' and 'Never' cohorts reveal an intriguing trend that these respondents may have initially tried AI but did not continue using it. This may suggest the tool didn't fit their needs, understanding these experiences could help improve AI usability and adoption in primary care.

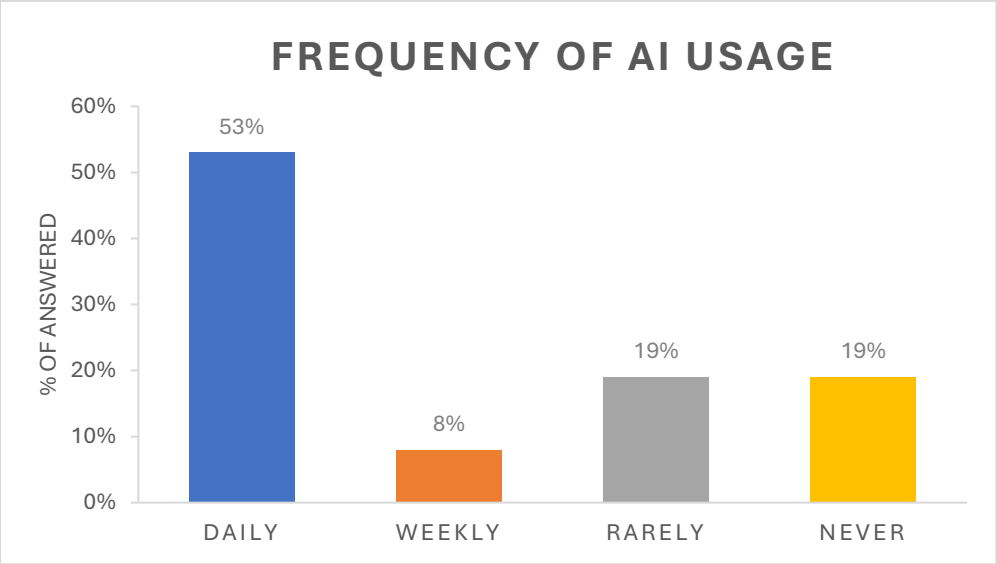

Figure 16: ***Results from Q26: "How often do you use AI tools in your practice?"*** *(respondents n=36).*

What Type of AI Tools Are Used and Why?

Respondents most commonly mentioned Heidi Health (80%), followed by Nabla Copilot (20%), ChatGPT (10%), and Dragon Medical One (3%). Additionally, 17% of respondents reported using more than one AI tool within their practice. These tools are primarily clinical AI scribes used for summary transcriptions, documentation, and workflow efficiency, which aligns with respondents' main reasons for adopting AI, with 63% seeking to reduce administrative burdens and 78% aiming to save time.

The strong preference for AI-based documentation tools, such as voice recognition and note-taking software, was evident, with 86% of AI users identifying them as one of the types of AI tools they are using. Additionally, 14% reported using administrative support tools, reinforcing the focus on reducing administrative burdens and saving time. In contrast, only 3% adopted diagnostic support tools, and none reported using chatbots or predictive analytics, highlighting a significant gap in AI adoption beyond administrative tasks.

Most respondents rated AI tools positively, with nearly two-thirds finding them 'very good' or 'good,' reinforcing their value. The "not applicable" responses likely reflect trial use, or AI being used by others in the practice but not directly by the respondent.

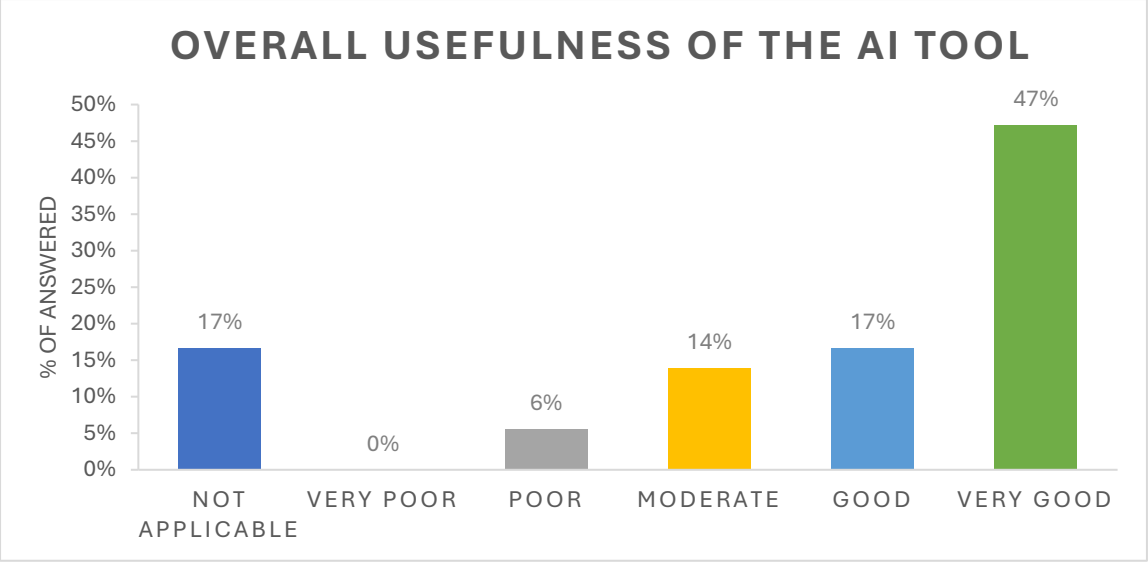

Figure 17: ***Results from Q31: "How would you rate the overall usefulness of this AI tool?"*** *(respondents n=36).*

Trust and Challenges

Trust in AI tools varied, with 69% expressing some level of confidence, while 21% reported little or no trust. Those using AI for documentation appeared more assured about privacy and security, whereas those considering broader applications, such as decision support tools, were more hesitant. Concerns around data privacy, security, and transparency likely contribute to this divide. The mixed trust levels suggest that while AI adoption is growing, gaps in understanding and confidence remain.

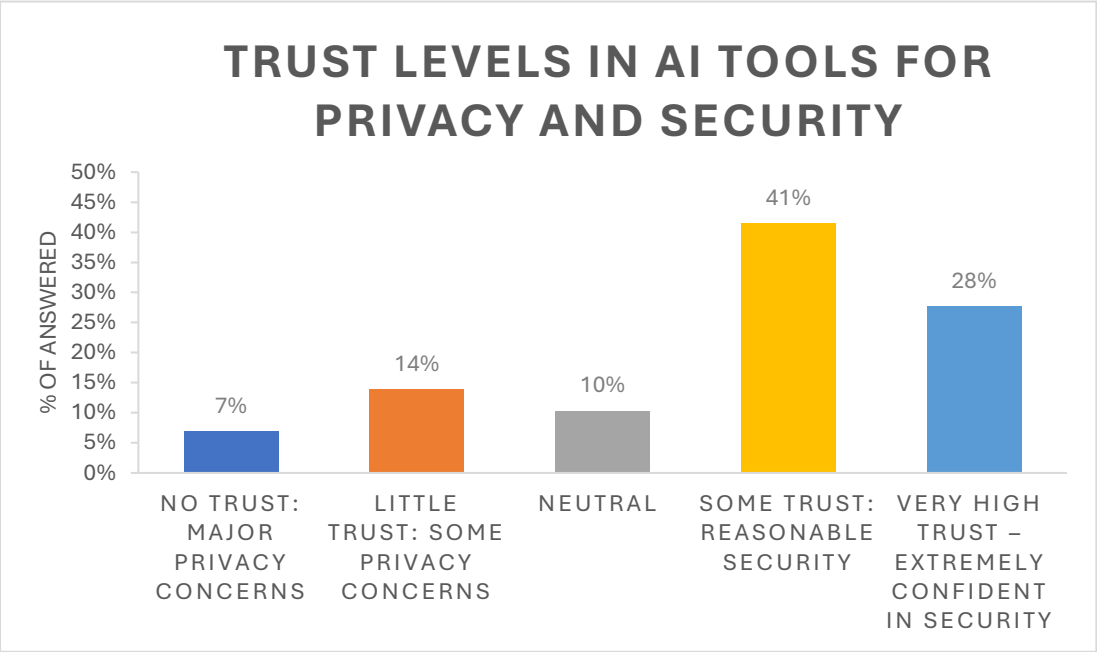

Figure 18: ***Results from Q32: "For the specific AI tool(s) you are using, how would you rate how much trust you have in the tool to protect patient data and ensure privacy?"*** *(respondents n=29).*

Privacy and data security were the most frequently cited concerns (48%), followed by trust and acceptance (45%) and a lack of AI knowledge (36%). Accuracy (23%) and implementation challenges (10%) were also noted. While 16% reported no concerns, others cited cost and liability.

One respondent raised concerns about AI documentation disrupting their ability to recall past consults, stating:

> *"I tried Nabla but realised after a few weeks…I couldn't recall the consults very well…I need to type the notes to have the memory of the consult stick with me. Reading back, I just couldn't use those notes to jog my memory."*

This suggests that manual notetaking may reinforce memory in a way AI documentation cannot. AI documentation tools may not suit all clinicians, particularly those who prefer manual notetaking for cognitive processing and recall. This could also offset time savings, as clinicians may need extra time reviewing notes before future consults. Ensuring AI tools support, rather than disrupt, existing workflows will be key to effective adoption. Addressing these concerns through clearer guidelines, enhanced security measures, and targeted education could help build trust and encourage responsible AI use.

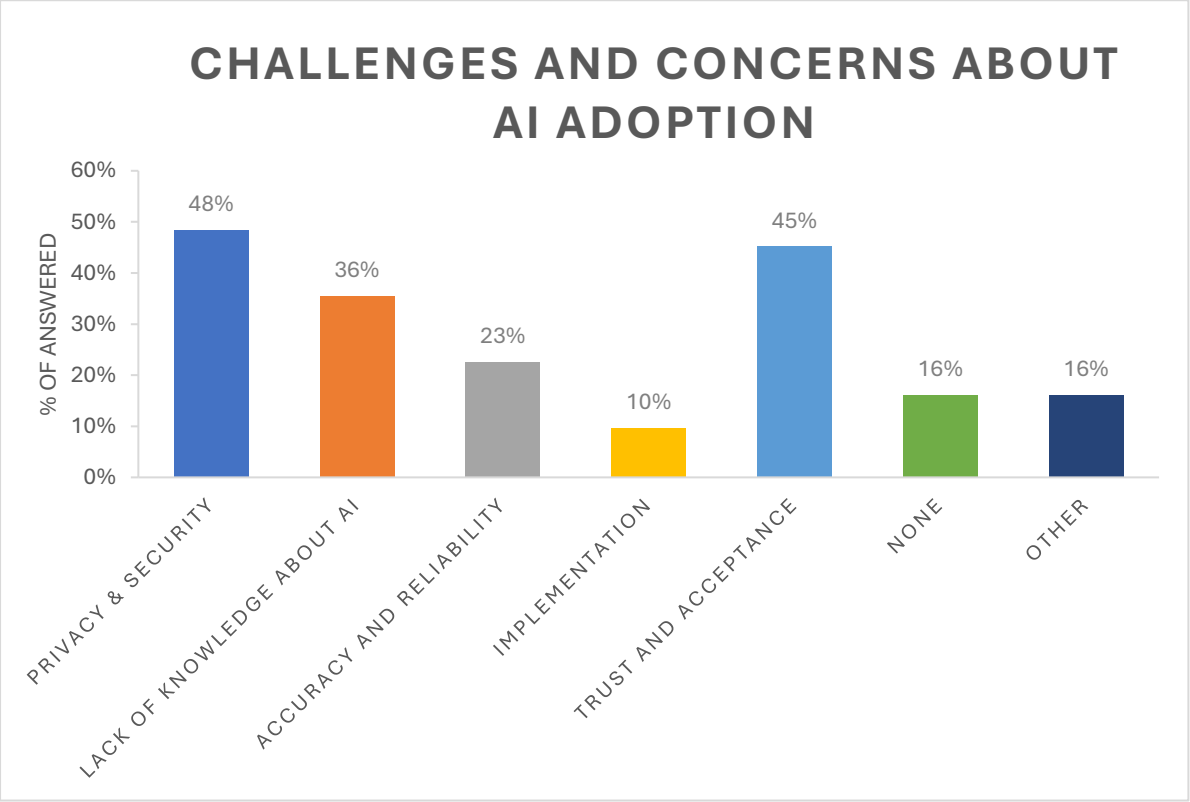

Figure 19: ***Results from Q33: "What challenges or concerns, if any, do you have with regard to AI? Please select all that apply."*** *(respondents n=31).*

To ensure safe AI use, many practices have taken proactive steps. The most common measures include staff training and education (55%), clear practice policies on AI usage (59%), and engaging patients in discussions about AI use (72%). Other safeguards such as privacy impact assessments

(21%) and regular audits of AI tools (14%) were less frequently implemented. While these steps show increasing awareness of AI-related risks, the lower uptake of privacy impact assessments and audits suggests many practices are still in the trial phase, highlighting a need for further guidance and oversight. Promoting WellSouth's best practice guidance can further reinforce confidence in AI tools while addressing security and ethical concerns, ensuring safe and effective implementation across primary care.

Time Saved Using AI Tools

Respondents reported a wide range of time savings, from 0 to 59 hours per week, with an average of 13.84 hours and a median of 4 hours. This variability indicates that while some practices experience significant benefits, others see only modest improvements. The median value likely provides a more accurate reflection of typical time savings, indicating that most practices save only a few hours per week.

Differences in reported time savings likely stem from how AI tools are used and integrated. Given the diversity of AI tools and their varying purposes, generalisations about adoption patterns should be made cautiously. Among respondents reporting higher time savings, many used Heidi Health, a clinical scribe tool. While notable, this finding is based on a small cohort and should be viewed as indicative rather than definitive.

AI Conclusion

AI adoption in primary care continues to prioritise administrative efficiency over clinical applications, with documentation tools leading the way. While AI scribes such as Heidi show promise, the small sample size limits definitive conclusions. The focus on documentation reflects an effort to alleviate the administrative workload, but practices should ensure these tools integrate effectively into their workflows without disrupting cognitive recall.

To support AI adoption, practices should take a measured approach, ensuring AI tools complement existing processes rather than replace essential tasks. WellSouth can play a role in bridging knowledge gaps by providing targeted training and best-practice guidelines to promote safe and effective AI use across all roles in primary care.

WellSouth Support and Services

WellSouth's Advocacy and Support

WellSouth provides a range of support services to primary care providers and advocates on behalf of general practice across regional and national forums. While survey responses reflect a broad

appreciation for this support, they also highlight opportunities to enhance clarity and connection with practices.

As shown in Figure 20, satisfaction levels remain relatively stable, with over half (51%) of respondents indicating they were either 'Satisfied' or 'Very Satisfied' with the support provided. While this represents a slight decrease from April (54%), it should be noted that overall satisfaction remains high. The small increase in dissatisfaction (from 5% to 8%) may point to a need for greater visibility of WellSouth's advocacy efforts and clearer communication about the organisation's priorities and support roles.

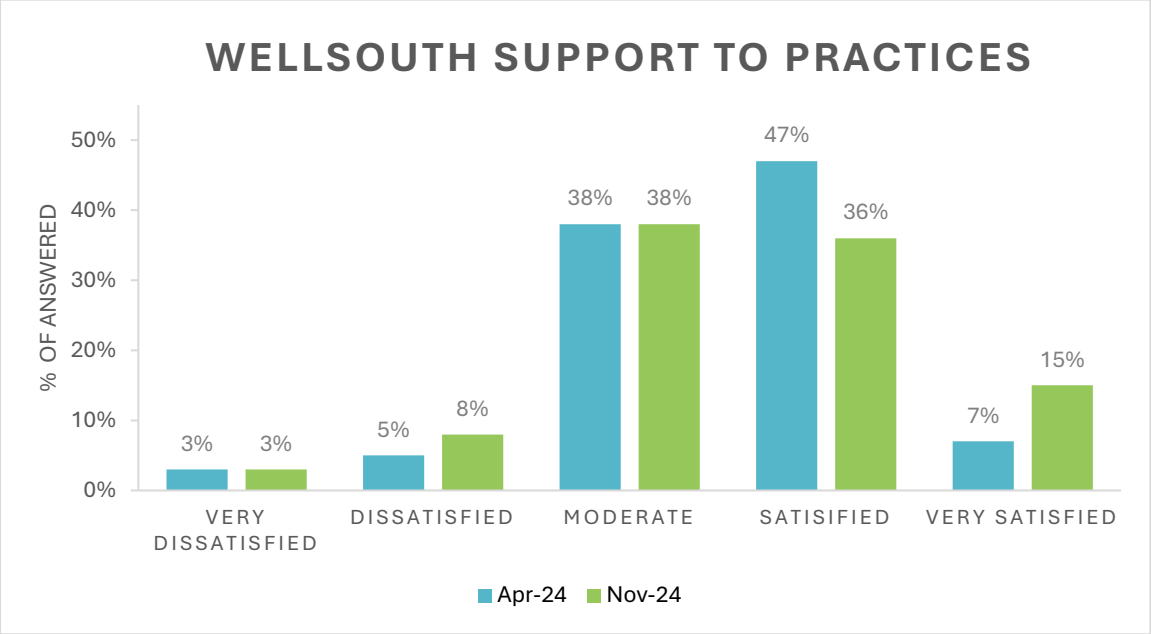

Figure 20: ***Results from Q39 – "How satisfied are you with the overall support provided by WellSouth for your practice"*** *(April 24 respondents n = 87, compared to Nov 24 respondents n=108).*

Respondents were also asked to provide feedback on WellSouth's advocacy efforts and support services, including areas where further improvements could be made. Overall feedback was varied, with some providers valuing WellSouth's consistent communication, accessibility, and Relationship Managers, while others expressed concerns about funding transparency and the visibility of advocacy efforts.

Responses	Examples of Feedback
What is Working Well	*"WellSouth support has been really helpful and consistent."* *"I love the informative weekly emails, and our Practice Relationship Manager is only a phone call away if I have any questions or concerns."*
Concerns & Areas for Improvement	*"Stop interfering in General practice such as asking how we communicate with patients, advocate for General practice regarding, funding, workload, services we are carrying out that were previously carried out by hospitals etc."*

	"I am not sure how well the PHO advocates for General Practice and totally convinced that the PHO does not understand the business of General Practice. The PHO constantly introduces new programmes with little evidence of benefit and uses names for programmes that are politically correct in Māori but almost unpronounceable and mean nothing to those applying the programme or those receiving it. Furthermore, the PHO seems to build its own empire of employees, and I am not sure what they all do, what the benefit to primary care and patients is." *"The team are readily available to answer questions, even if the answer is not necessarily what we are wanting. There is a degree of frustration at times at "apparent" wastage of funding - examples being multiple Wellsouth Cars making a trip to visit out of town practices. Sometimes these visits are an hour at most - taking 2 hours either way and does not seem to be an appropriate use of resources for someone looking in."*

In addition to these comments, respondents identified several specific areas where WellSouth could enhance its support for general practice. The feedback highlights the need for improved transparency in funding, greater clarity around WellSouth's internal functions, and more targeted support in areas such as mental health, and professional development.

WellSouth Support Sub-Themes	Examples of Feedback
Access and Transparency of Clinical Funding	*"Make it easier for us to get the funding needed to provide the care we want to provide - which is excellent. The time needed to put in place some of the programmes is a lot."* *"I think the funding mechanisms/applications are overly onerous and not well suited to the work we do."* *"Lack of funding passed on. When it comes, there are many hoops to jump through. Not able to budget for the year as never know what funding options there will be from WS, how much, or when it is coming. We are a Rural Practice due to the nature of the work we do and the services we provide. Rural funding would help us continue to provide a service to our community."*
Mental Health Funding	*"Support for those with mental health issues that have limited resources to assist them when they need it most."* *"Mental health funding in general practice would go a long way."*
Better Understanding of General Practice	*"Please come on site and work with us to get a feel what's it's like in primary practice."*

Transparency of WellSouth's Team Structure and Functions	*"Our Practice Relationship Manager is very helpful. Usually get good results from IT. Support outside of that is patchy at best. Communication could be a lot better, especially with who does what at WellSouth. There seems to be a concerning level of staff turnover. To some of our staff, it seems like a big organisation with a huge number of staff, an endless bucket of money and little faith in making a difference for those on the coal face."*
Primary and Secondary Care Interface	*"Create support and funding for GPs providing gender affirming care and facilitate collaboration/structure for this between primary and secondary care."*
Training and Professional Development Support	*"Hospital doctors have CME budgets which covers travel & accommodation for education events, as well as their training costs. What access can primary care clinicians have to similar funds?"* *"Would be good to see some more support for new practice managers, some online 'help' videos, a buddy system where someone can be mentored by a senior practice manager in a different clinic where people can contact them for help."*

As in the April survey, the November results highlight consistent themes regarding how providers would like to see WellSouth refine its support and advocacy efforts. These findings inform the recommendations in this report, particularly regarding improving transparency around funding, advocacy efforts, and team functions while enhancing provider engagement and practical support.

Pacific Education Support

This survey explored respondents' experiences with professional development related to Pacific health equity, assessing their current knowledge and preferred methods of cultural training.

Figure 21 highlights significant variation in knowledge levels across different topics. Respondents expressed the most confidence in their understanding of Pacific peoples and cultural diversity, with 37% rating their knowledge as 'Moderate', 19% as 'Good', and 2% as 'Very Good'. Engagement with Pacific communities and organisations also had relatively strong knowledge levels, with 35% reporting 'Moderate' knowledge and 14% rating their understanding as 'Good'.

Conversely, Pacific models of health and clinical skills had the highest proportion of respondents (49%) reporting 'No Knowledge', followed by Pacific languages and key phrases, where 46% indicated 'Limited Knowledge'. Similarly, the current and historical context of Pacific health in New Zealand had 47% of respondents reporting 'Limited Knowledge'.

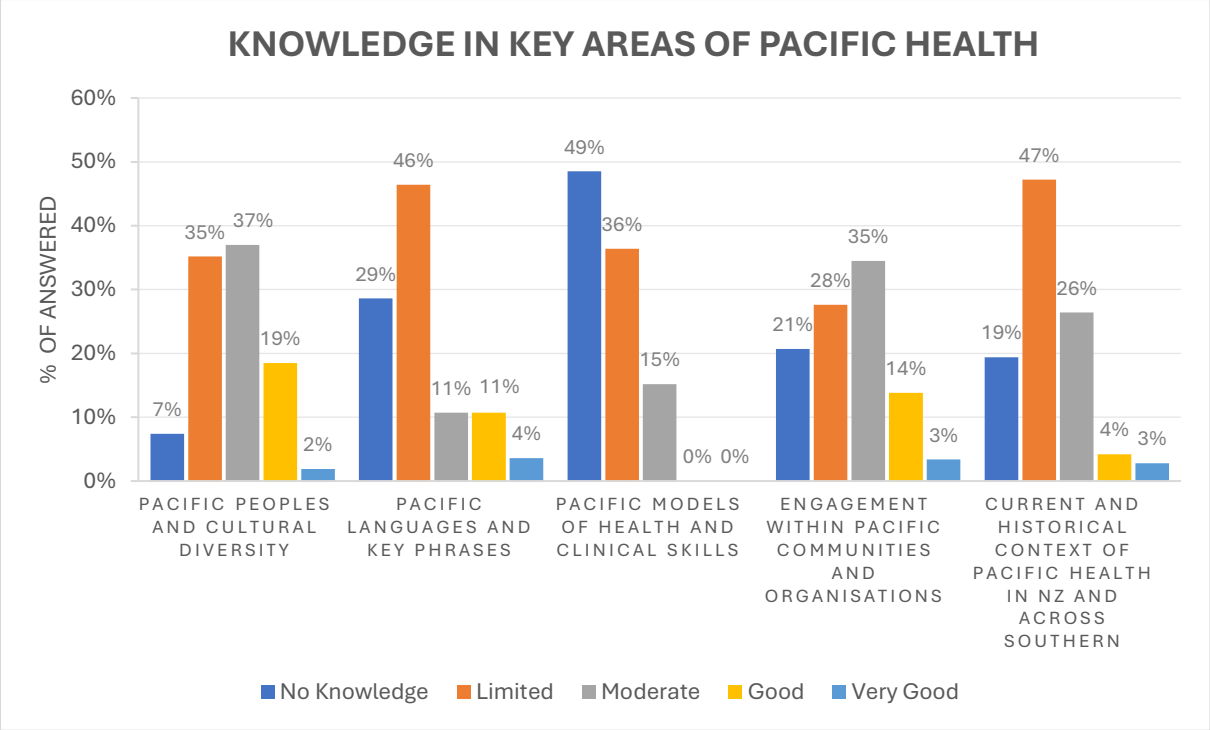

Figure 21: ***Results from Q44 - "How much do you know the following topics? Please rate your knowledge for each topic."*** *(respondents n=101).*

Respondents identified several priority areas for further education in Pacific health. These included Pasifika women's health, culturally responsive care, and Pacific models of care and engagement. There was also interest in understanding cultural beliefs and how they influence healthcare decisions, as well as guidance on best practices for Pacific immunisation outreach and strategies to enhance engagement with Pacific communities in general practice.

The survey shows a strong preference for in-person training and case study examples, indicating that providers value interactive and practical learning, while take-home workbooks ranked lowest.

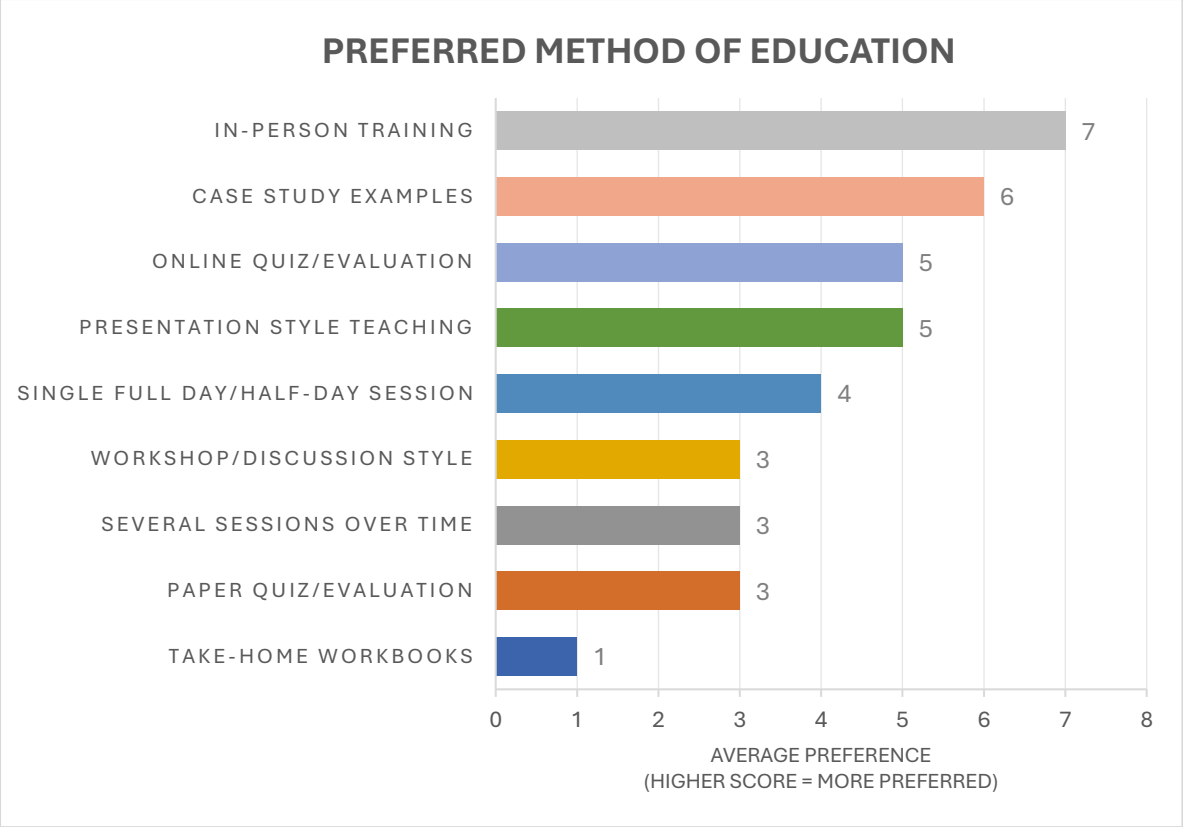

Figure 22: ***Results from Q46 - "Regarding your preferences for the delivery of training, please rank the following training options from most preferred (1) to least preferred (10)."*** *(respondents n=89, Results have been flipped so higher numbers now indicate greater preference, making the results visually easier to interpret).*

The findings from this section have been shared with relevant WellSouth teams to inform the development of targeted Pacific health equity training, ensuring it aligns with the needs and preferences of primary care providers.

WellSouth Population Health Pharmacists

As part of the WellSouth clinical pharmacy team, there are two Population Health Pharmacists, one is focused on Māori health and the other on Pasifika health. The survey assessed provider awareness of these pharmacists, their services, and referral processes.

Figure 23 shows that 54% of respondents were unaware of the support available through WellSouth's Population Health Pharmacists. While 41% were aware of the service, they had not used it, and only 5% had both awareness and experience using the service.

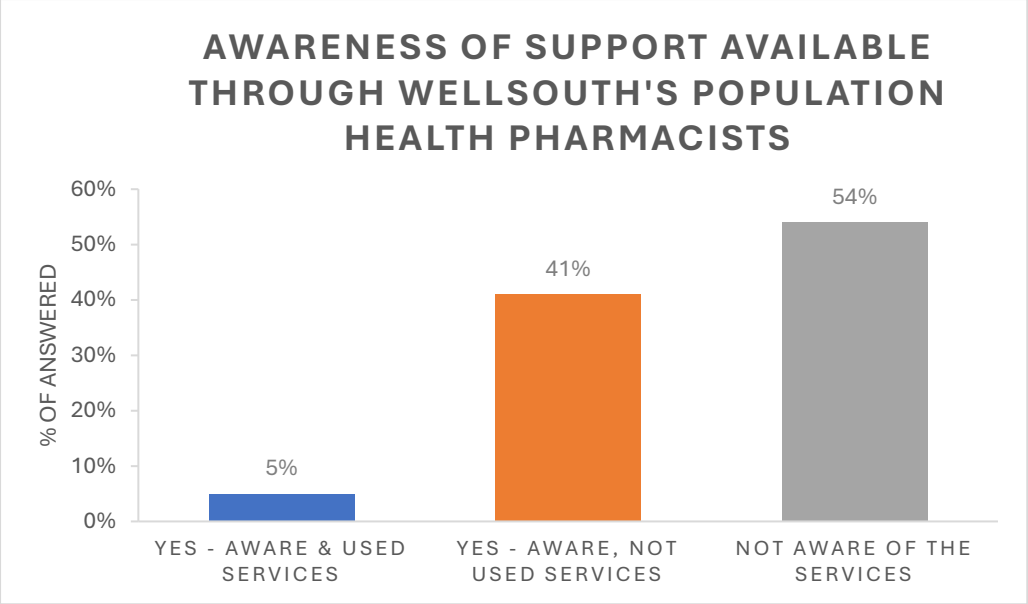

Figure 23: ***Results from Q47: "Are you aware of the medication education and support available to your Māori and Pasifika patients through WellSouth's Population Pharmacists, Sandy So and Brendon McIntosh?"*** *(respondents n=100).*

Figure 24 highlights that 70% of respondents did not know how to refer patients to the Population Health Pharmacists, indicating a significant gap in awareness and accessibility.

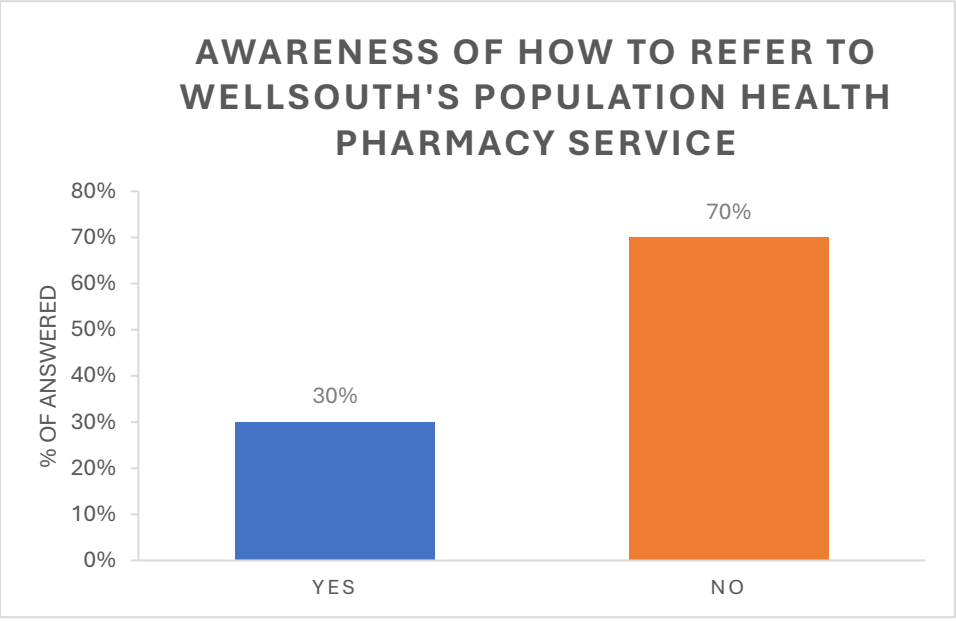

Figure 24: ***Results from Q48: "Do you know how to refer to WellSouth's Population Pharmacists Sandy So and Brendon McIntosh for support with your Māori and Pasifika patients?*** *(respondents n=100).*

These findings suggest limited understanding within primary care about the role and support available through this service. While the Population Health Pharmacists actively engage with community providers, there is an opportunity to improve outreach and communication with general practices.

In response, this data has been shared with the Population Health Pharmacy team, with a recommendation to develop a targeted communication plan to ensure practices are aware of the service, its benefits, and the referral process.

WellSouth's Communication to Providers

We included a section in the survey about how we communicate with general practice to get direct feedback from providers on how we can improve our communication. This helped highlight what is working well and where refinements could be made to better our communications.

Most respondents reported receiving both of WellSouth's weekly newsletters, with the WellSouth Update being the most widely read at 89% and the Clinical Directors Update at 79%. There was a small cohort who did not read either newsletter (4%). This indicates high awareness and distribution of these communications.

Over a third (35%) of respondents reported 'Always' reading the newsletters, while another 34% 'Often' read them. However, 27% read them only 'Sometimes' or 'Rarely', suggesting there is room to improve engagement.

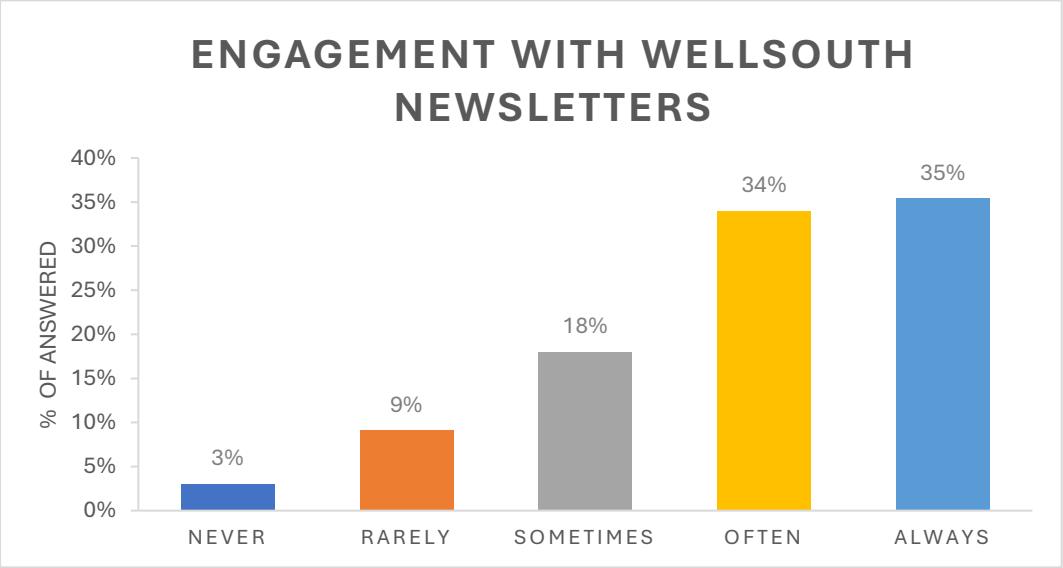

Figure 25: ***Results from Q50 – "How often do you read the newsletters you selected?"*** *(responses n=99).*

While newsletter engagement is generally high, the survey also explored what aspects of communication practices would like more support with. The most requested area was overcoming language barriers in communication (49%), highlighting the need for clearer and more accessible patient messaging. Other key areas of interest included exploring communication channels like newsletters, social media, and patient portals (37%) and creating marketing materials for patient updates, such as fee increases (32%).

Figure 26: ***Results from Q53 - "We are looking at how we might support your communication needs. Which of the following communication topics would you be interested in learning more about? Please select all that apply:"*** *(respondents n=65).*

In terms of usefulness, 51% of respondents rated the newsletters as 'Fairly Useful' or 'Very Useful.' However, 49% fell within the 'Moderate' to 'Not Useful' range, indicating there is room to improve and refine the newsletter's format and content.

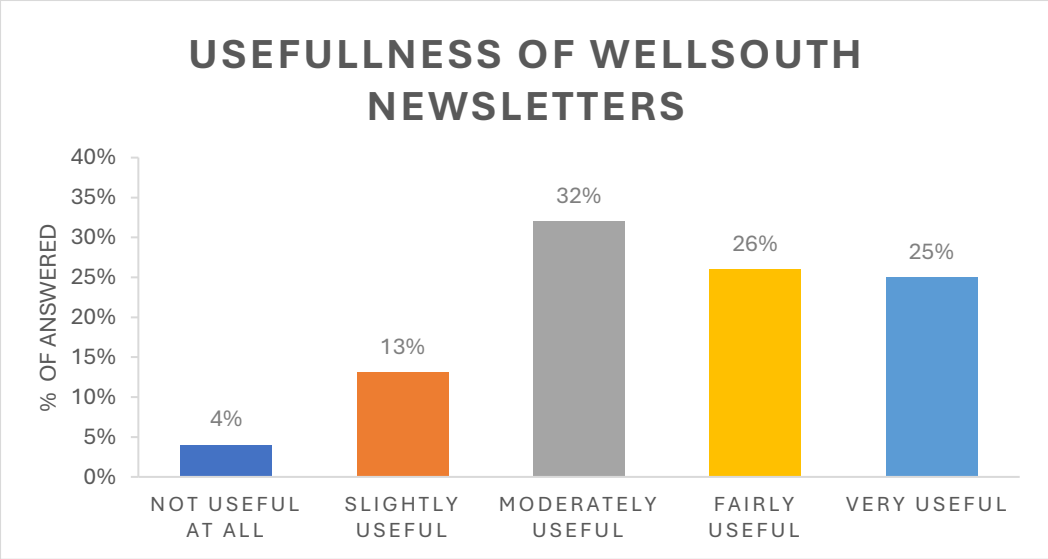

Figure 27: ***Results from Q51 – "How useful do you find these newsletters?"*** *(responses n=99).*

When asked how the newsletters could be improved, feedback highlighted that while providers value the content, factors such as newsletter length, timing, and competing workload demands make engagement challenging. Many respondents suggested more concise formatting, clearer takeaways, and role-specific content to enhance relevance and usability.

The table below summarises the key themes identified in the comments, outlining specific areas where improvements could be made to ensure communications remain effective and useful:

WellSouth Communication Sub-Themes	Description	Examples of Feedback
Newsletter Length and Readability	Many respondents found the newsletters too lengthy, making it difficult to quickly extract key information. While they acknowledged the importance of the content, the time required to read through everything was a challenge.	*"The newsletters get longer and longer. It takes too much time reading through both, but it's important as I might miss something otherwise."*
Relevance and Timing of Information	Some respondents noted that information was not always shared at the most useful time, limiting its impact. Others felt that certain content was repeated unnecessarily, reducing engagement with the newsletters.	*"They are long and repeat things. Timing of information is sometimes off or not helpful! i.e. Inform us about language week beforehand, not during the week."*
Readership Time Constraints	A common challenge was also finding time to read the newsletters amidst their already very full workloads.	*"I simply do not have the time nor mental capacity to read yet another document at the end of the day after work."* *"More a time issue rather than any difficulty with newsletters."*
Other Recommendations	Respondents highlighted specific topics they would find more useful, such as targeted updates by role, clearer guidance on WellSouth's internal contacts, and reminders of currently funded programmes.	*"Target to different groups in practice, e.g., administrative vs clinical."* *"Seek regular feedback from GPs in the community, as you are doing with this survey."* *"A bit more on reminders of current funded programmes would be good."*

WellSouth's newsletters are a key communication tool, with a strong readership across practices. However, feedback suggests opportunities to refine content, adjust timing, and ensure updates are clearly relevant to different roles within practices.

Currently, the WellSouth Update is designed for practice managers and administrative staff, while the Clinical Directors Update is aimed at clinical leads and staff. The survey feedback suggests there may be an opportunity to better differentiate these newsletters and refine their content to ensure they remain relevant to their intended audiences. Additionally, respondents highlighted the need for more concise formatting, clearer takeaways, and improved timing of key updates.

Considering this feedback, there is an opportunity to enhance our communications by making newsletters more accessible and impactful, ensuring they remain a valuable and essential resource for providers.

Conclusion & Recommendations

This report highlights significant interconnected pressures facing WellSouth's primary care network, notably persistent workforce shortages, capacity constraints, funding challenges, and high administrative burdens. GP shortages remain severe, especially in rural regions, exacerbating practice capacity issues, staff burnout, and the sustainability of care delivery.

The capacity to meet patient demand has slightly declined since April 2024, as acute care increasingly takes priority over proactive, preventive services. Practices have implemented strategies such as improved triage systems and expanded nursing roles, yet these measures provide only partial relief from the mounting demand and resource constraints.

Financial challenges, especially around nurse pay parity, funding for the financial sustainability of clinical programmes, and the burden of unfunded administrative tasks, continue to significantly impact practices.

The management of the Provider Inbox emerged as a significant source of stress, particularly among GPs, especially GP owners. AI adoption remains primarily focused on administrative efficiency rather than clinical judgment applications.

Overall, while morale and job satisfaction remain resilient, the current stability is fragile. It is also evident that staff and their commitment to patient care frequently mask underlying strain, driven by unsustainable workloads and increasing administrative burdens. Continued advocacy, targeted interventions, and proactive monitoring of key issues identified in this survey, particularly workforce pressures, burnout, funding gaps, and capacity constraints, will be crucial to ensuring that primary care providers can deliver high-quality patient care sustainably.

The following recommendations have been consolidated from the survey responses, thematic analysis, and direct feedback from our providers, with a strong focus on practical, actionable strategies that will deliver tangible support to our providers:

- **Workforce and Burnout**
    - Continue advocating for nurse pay parity and increased primary care funding to support recruitment, retention, and sustainability of the workforce.
    - Explore how WellSouth can support staff experiencing burnout and continue regional monitoring efforts.
    - Investigate ways to support practices in sourcing locums or managing locum costs.
- **Funding Transparency and Flexibility**
    - Enhance transparency of PHO funding streams by developing a clear video or webinar outlining funding sources and how it is distributed.
    - Establish a discretionary funding pool designed with direct provider input to ensure flexibility in meeting patient and practice needs.
- **Communications & Transparency**

    - Update the WellSouth website to provide a clear breakdown of team roles and functions.
    - Proactively share WellSouth's annual plans with providers to allow them time to incorporate initiatives into their planning.
    - Provide regular updates on WellSouth's advocacy efforts, ensuring transparency around key priorities, progress, and outcomes.
    - Develop and distribute an A3 poster summarising WellSouth-funded programmes and services, including eligibility criteria and clear referral pathways, to all practices.
- **Artificial Intelligence Support**
    - Increase promotion of the AI best practice through the Primary Care Guidance document and AI Foundations Training Modules available on WellSouth's LMS.
- **Inbox Management**
    - Create and distribute a delegation framework to help reduce inbox burden in a safe manner.
- **Population Health Pharmacist Services**
    - Improve awareness about the services offered by WellSouth's Population Health Pharmacists, clearly outlining their roles and referral processes to encourage utilisation for Māori and Pacific patients.
- **Pacific Health Training**
    - Develop culturally responsive Pacific health training aligned with practices' preferred delivery methods.
- **Provider Communications**
    - Refine WellSouth newsletters to be more concise, timely, and role-specific communication to improve engagement and readability.

These recommendations will support WellSouth to respond effectively to primary care's evolving needs, enhancing provider support and ensuring long-term sustainability. As the survey evolves, it will remain an essential tool informing WellSouth's strategic priorities, ensuring resources and initiatives align closely with the real-world needs and voices of primary care providers throughout the region.

Note: *Due to rounding, percentages presented in this report's tables and graphs may not add up to exactly 100%.*

Appendix

Appendix 1: Nov 2024 – April 2025 Question Set

Introduction & Demographic Section:

Q1. What region is your practice in?

- Central Otago
- Clutha
- Dunedin
- Gore
- Invercargill City
- Rural Southland
- Queenstown Lakes
- Waitaki

Q2. Is your practice classified as rural or urban for funding purposes?

- Rural
- Urban

Q3. Which of the following best describes your job title? If none apply, please specify in the 'Other' box.

- Administrator
- Enrolled Nurse
- General Practitioner
- GP Practice Owner
- Health Care Assistant
- Nurse Manager
- Nurse Practitioner
- Pharmacist
- Practice Manager/Operations Manager/General Manager
- Registered Nurse
- Registered Nurse Prescriber
- Other (please specify): _____

Workforce Section: *Only answered by Management roles and "Other".*

Q4. Does your practice currently have workforce shortages?

- Yes
- No

Q5. What roles are you currently experiencing shortages in?

- Administrator
- Enrolled Nurse
- General Practitioner

- Health Care Assistant
- Nurse Manager
- Nurse Practitioner
- Pharmacist
- Practice Manager/Operations Manager/General Manager
- Registered Nurse
- Registered Nurse Prescriber
- Other (please specify): _____

Q6. Based on a 40 hour work week, please indicate the FTE you are short for each of the roles you have specified above.

- Comment box

Q7. What do you believe is the reason behind the role shortages?

- Comment box

Q8. Is your practice currently experiencing a medium to high level of employee turnover?

- Yes
- No

Q9. What workforce challenges or pressures is your practice currently experiencing? Please explain their impact on your practice.

- Comment box

Nursing Workforce Section: *Only answered by Management roles, including Nursing Managers, and "Other".*

Q10. Would you consider employing a Graduate Nurse?

- Yes
- No

Q11. What support and resources would you need to effectively onboard a new grad into your practice?

- Comment box

Q12. What specific concerns or barriers prevents you from considering employing a new grad?

- Comment box

Q13. For any nurse role, please select any barriers or difficulties you are experiencing, if any, when recruiting or attracting nurses.

- Salary Expectations
- Hours of work/work life balance
- Geographical location
- Nursing shortage

- Career advancement opportunities
- Not applicable
- No issues

Capacity and Demand:

Q14. How would you rate your practice's overall ability to meet demand and deliver its services?

- Very poor
- Poor
- Moderate
- Good
- Very good

Q15. Are there any specific factors currently affecting your practice's ability to deliver high-quality care to its patients? If so, please specify:

- Comment box

Q16. How would you rate your practice's capacity to meet demand in these areas:

- Care for people who are acutely unwell
- Care for people/whānau with chronic conditions
- Proactive screening, health promotion, and preventative work

Q17. What changes has your practice implemented to help with capacity that you would recommend to other practices, and why?

- Comment box

Inbox Management:

Q18. Do you manage a Provider Inbox?

- Yes – I manage my own
- Yes – I manage one on behalf of someone else
- No

Q19. How many patient sessions do you do a week?

- Inputted on a scale

Q20. How would you classify your employment status?

- Employee
- Independent Contractor
- Owner

Q21. How demanding do you find the task of managing the provider inbox?

- Not demanding at all
- Slightly demanding
- Moderately
- Very demanding

- Extremely demanding

Q22. On average, how many hours per week would you estimate you spend filing, prioritising, and actioning the messages in your provider inbox?

- Not applicable
- Less than 1 hour
- 1-3 hours
- 4-6 hours
- 7-9 hours
- 10-12 hours
- 12+ hours

Q23. How many unpaid hours per week would you estimate you spend managing the inbox?

- None
- Less than 1 hour
- 1-3 hours
- 4-6 hours
- 7-9 hours
- 10-12 hours
- 12+ hours

Q24. Among the various types of tasks (e.g., discharge letters, recalls, referrals to secondary care, labs, etc.) received in the inbox, which task typically requires the most time to address?

- Comment box

Use of Artificial Intelligence:

Q25. Have you or your practice ever tried any AI tools to support patient care or practice management?

- Yes
- No

Q26. How often do you use AI tools in your practice?

- Daily
- Weekly
- Monthly
- Rarely
- Never

Q27. How many hours do you estimate AI tools have saved you per week, if any?

- Inputted on a scale

Q28. What types of AI technologies are currently in use at your practice? Please select all that apply.

- Diagnostic support tools (e.g. symptom checker)
- Chatbots for patient inquires
- Administrative support
- AI-based documentation tools (e.g. scheduling, patient management)
- Virtual health assistants (e.g., chatbots designed to provide preliminary medical advice)
- Predictive analytics for patient outcomes (e.g., risk stratification for patient care)
- Other (please specify): _____

Q29. What is the primary reason you use AI tools? Please select all that apply.

- To improve diagnostic accuracy
- To enhance decision-making in patient care
- To save time
- To improve patient engagement/communication
- To reduce the administrative burden
- Other (please specify): _____

Q30. What specific AI tool(s) are you or your practice using?

- Comment box

Q31. How would you rate the overall usefulness of this AI tool?

- Very poor
- Poor
- Moderate
- Good
- Very good
- Not applicable

Q32. For the specific AI tool(s) you are using, how would you rate how much trust you have in the tool to protect patient data and ensure privacy?

- No trust at all - I have significant concerns about privacy and security
- Little trust - I have some concerns about privacy and security
- Neutral - I neither trust nor distrust the tool
- Some trust - I believe it offers reasonable privacy and security
- Very high trust - I am confident in its ability to protect patient data and ensure privacy

Q33. What challenges or concerns, if any, do you have with regard to AI? Please select all that apply.

- Privacy and data security concerns
- Lack of knowledge and understanding about AI
- Accuracy and reliability

- Implementation
- Trust and Acceptance
- None
- Other (please specify): _____

Q34. What has your practice implemented to ensure the safe use of AI tools? Please select all that apply.

- Staff training and education on AI
- Clear practice policies on AI usage
- Privacy impact assessments
- Regular audits and monitoring of AI tools
- Engaging patients in discussions about AI use
- Other (please specify): _____

Workforce Wellbeing:

Q35. How would you rate the current overall mood and morale within your practice?

- Very poor
- Poor
- Moderate
- Good
- Very good

Q36. How would you rate your current level of burnout at work?

- No Burnout - I enjoy my work
- Mild Burnout – I occasionally feel tired or stressed but it is manageable
- Moderate burnout – I often feel emotionally or physically drained
- High Burnout - I feel consistently exhausted and struggle to stay motivated
- Severe Burnout - I feel completely burned out and unable to function effectively at work

Q37. Do you feel your workplace provides sufficient support to help you manage or prevent burnout?

- Yes
- No
- Unsure

Q38. What level of satisfaction do you get from your job currently?

- Very Dissatisfied - I am unhappy with most aspects of my job
- Dissatisfied - I am unhappy with several aspects of my job
- Neutral - I am neither satisfied nor dissatisfied with my job
- Satisfied - I am happy with most aspects of my job
- Very Satisfied - I am extremely happy with my job and enjoy my work

Q39. How satisfied are you with the overall support provided by WellSouth for your practice?

- Very dissatisfied
- Dissatisfied
- Moderate
- Satisfied
- Very Satisfied

Q40. Are you contemplating leaving or retiring from general practice in the next 3-5 years?

- Yes
- Considering it, but not sure
- No
- Not comfortable sharing

Q41. Could you please share any factors or considerations that may be influencing your decision to leave or retire from general practice in the next 3-5 years?

- Comment box

Pacific Equity Training and Support:

Q42. Have you previously participated in any professional development training or education related to Pacific Peoples?

- Yes
- No

Q43. Please describe the training or education you have completed:

- Comment box

Q44. How much do you know about the following topics? Please rate your knowledge for each topic using the scale below:

- General understanding of Pacific Peoples and cultural diversity
- Pacific languages and key phrases
- Pacific models of health and clinical skills
- Engagement within Pacific communities and organisations
- Current and historical context of Pacific health in NZ and across Southern

Q45. What topics regarding Pacific Peoples Equity would you like to learn more about to support you in your work?

- Comment box

Q46. Regarding your preferences for the delivery of training, please rank the following training options from most preferred (1) to least preferred (10).

- Case study examples
- In-person training
- Online training

- Online quiz/evaluation
- Paper quiz/evaluation
- Presentation style teaching
- Several sessions spread out over time
- Single full-day or half-day session
- Take-home workbooks
- Workshop and discussion style teaching

Q47. Are you aware of the medication education and support available to your Māori and Pasifika patients through WellSouth's Population Pharmacists, Sandy So and Brendon McIntosh?

- Yes, I am aware and have used their services
- Yes, I am aware but have not used their services
- No, I was not aware of their services.

Q48. Do you know how to refer to WellSouth's Population Pharmacists Sandy So and Brendon McIntosh for support with your Māori and Pasifika patients?

- Yes
- No

WellSouth Communication:

Q49. Which of our weekly newsletters do you currently receive? Please tick all that apply.

- None of the above
- Clinical Directors Update
- WellSouth Update

Q50. How often do you read the newsletters you selected?

- Never
- Rarely
- Sometimes
- Often
- Always

Q51. How useful do you find these newsletters?

- Not useful at all
- Somewhat
- Moderately
- Useful
- Very useful

Q52. What improvements or suggestions do you have for our newsletters?

- Comment box

Q53. Communication with patients is important. Weather events in October highlighted how communication channels such as Facebook can get information out quickly, reducing calls and confusion. We are looking at how we might support your communication needs. Which of the following communication topics would you be interested in learning more about? Please select all that apply:

- Creating your own marketing materials (e.g., communicating fee increases)
- Designing on Canva (a free design tool)
- Displaying information in reception (TV, brochures, posters)
- Exploring communication channels (newsletters, social media, patient portals)
- How to use Facebook effectively
- How to use plain language in your messaging
- Managing media interactions
- Overcoming language barriers in communication
- Other (please specify): _____

Advocacy:

Q54. What could WellSouth do to further advocate for primary care in general and/or specifically in the Southern region?

- Comment box

Q55. Were there any other comments, suggestions, or ideas you would like to share with us?

- Comment box

Q56. If you would like to enter the draw to win a morning tea shout for your practice, please enter your practice name below. Also, provide it if you've requested a follow-up in your response.