

Long Term Conditions – Toitū Takata revamp

The main aim of the programme is to support patients living with long term conditions who would benefit from additional funding to improve access, care and engagement. We want to encourage practices to take an equity lens approach, focusing on those most vulnerable, those with higher care needs, and those with barriers to accessing health, while supporting flexibility and clinician discretion.

Summary of changes

- Demographic eligibility now has an 'Other' option: we encourage you to prioritise the first 5 options, but know some patients would benefit from support and may not fall into the above categories; we support clinician discretion
- Any Long Term Condition is now eligible (prior "10% cap on 'other'" has gone)
- No set requirement for specific numbers of consults with specific providers
- No care plan compulsory requirements
- No 12-month final review requirement
- No need to add in lab results, measurements and clinical details

There's now just one page to complete to enrol a patient. Here's a mock up (final appearance may change):

Long-Term Conditions Support - Toitū Takata Enrolment

Resources
Health Pathways
Toitū Takata Programme Sheet

Patient | Provider | Claim Details

Claim Date
1 / 1

Eligibility Criteria ⓘ

☒ Patient is not permanently residing in an aged care facility

Demographics

- ☐ Māori
- ☐ Pacific People
- ☐ Quinlan 5
- ☐ CSC Holder
- ☐ Former Refugee
- ☐ Other ⓘ

Long Term Condition(s)

- ☐ Cardiovascular
- ☐ Diabetes
- ☐ Dant
- ☐ Respiratory
- ☐ Stroke
- ☐ Other ⓘ

AND

OR

☐ Severe and enduring mental illness / Addiction ⓘ

Submit Claim Cancel

For now, we are keeping Hāpai Atu as is, while removing the need to complete a care plan. We heard the agility and flexibility of this is generally liked, allowing targeted short term interventions and support.

We also know some practices like the structure and approach of the programme so if you really want to use the Duke/Hua Oranga scores, the action plans and the formats, you can still find them on the Long Term Conditions Page on Health Pathways. They're just not compulsory.

I hope these changes make it easier to enrol patients and for practices to coordinate team-based approaches. Please let us know your thoughts – either directly to me or via your Practice Partner and we will be evaluating and reviewing the new programme over the next 12 months, with the intent to continue the evolution based on feedback.

Detailed Breakdown of Changes

What has changed:

Access Criteria – to all purposes this will remain the same, aside from two main changes:

Eligible patients will meet one (or more) of the following demographic criteria:

- Māori, Pacific, Former refugee, Community Services Card (CSC) holders, or Quintile 5
- Other – at clinician discretion, where they don't meet any of the above but there are strong clinical or social factors which support addition funding

And have one (or more) of the following long term conditions:

- Cardiovascular disease
- Respiratory disease
- Diabetes
- Gout
- Stroke
- Any other long-term condition (we have removed the 10% limit, reflecting long term conditions have much broader range)

Or

- Patients with severe and enduring mental illness or addiction (regardless of demographic criteria).

We want to support practices to take an equity lens approach and focus on more vulnerable or higher needs patients while still supporting flexibility. If a practice enrolls more than 15% of their total LTC/TT patients under the Other demographic criteria, we will check in with the practice to explore the approach and specific demographics to ensure there is a strong equity lens.

The new form will look similar to the mock up below. We are open to reducing the right side box to just a few text box if that is preferred (please feedback).

Long-Term Conditions Support - Toitū Takatā Enrolment

Resources

[Health Pathways](#)

[Toitū Takatā Programme Sheet](#)

Patient | Provider | Claim Details

Claim Date:

Eligibility Criteria ⓘ

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☐ Former Refugee

☐ Other ⓘ

AND

Long Term Condition(s)

☐ Cardiovascular

☐ Diabetes

☐ Gout

☐ Respiratory

☐ Stroke

☐ Other ⓘ

OR

☐ Severe and enduring mental illness / Addiction ⓘ

That is the only page you'll need to complete to enrol someone – all the prior pages, drop downs and additional details have been removed and are no longer compulsory.

Other changes we've made based on feedback, to simplify, make it more flexible and agile for practices:

No specific requirement to have a set number of doctor/nurse appointments:

- Each patient has different needs and practices are best suited to determine this with their patient
- For example: someone with new Heart Failure diagnosis may need weekly medication titration with prescribing nurse for the first 2 months, others may prefer 3/12 GP review, others may need more MDT approaches or planned proactive consults. We support practices being creative and tailoring to the patient in front of you.

No care plan requirements, Duke or Hua Oranga score

- For many patients these can be useful, for others they are unnecessary at best, a barrier at worst, so use them if appropriate but your choice.

No 12-month final review

- This has never sat well with general practice workflows and felt artificial
- At the end of the year, the expectation will be the patient can have a check in with the most appropriate member of their care team, as to whether they are benefiting from the programme and want to continue
- We will leave this to practices to manage
- The funding previously allocated to this will be added to the individual payment rate, allowing an increase of \$50.67 (incl GST) to the payment rate from 01 October 2026.

No more filling in lab results, BPs, BMI etc

- All of this data is within your PMS already so duplicating it into the form makes no sense
- You already have and use this data to influence and monitor care

No more compulsory care plans

- Every time a patient comes in their 'plan' is updated by the team in your PMS, so we don't require you to submit it via the portal.

What hasn't changed?

- You cannot charge a co-payment when using funds under this scheme
- claims must be completed within 2 months of treatment
- a patient can only be enrolled once every 12 months.

We hope these changes based on practice feedback, will support you to enrol more patients into the programme, to ensure more money reaches patients to support management of their long term conditions in innovative ways, tailored to their needs and the practice team.

We will be exploring the impact on access and enrolment, aiming for higher utilisation of funds and hopefully improving access to care by the right team member when it is needed. We will be engaged in consultation through the next year with practices to seek feedback, adapt and evolve.

We want to ensure there is a strong focus on equity and support engaging with our Māori and Pasifika communities – the evaluation demonstrated marked improvement in this under the LTC-TT scheme compared to prior versions and we want to ensure we don't inadvertently head backwards by being more flexible.

We also know some practices really liked the approach, format and support available in the WellSouth portal form so we encourage those practices to still use the available tools if this is their preference - all of the details and links to these tools are on the Health Pathways Southern: Long Term Conditions page which we will update to reflect the changes before 1st October 2026.

What about Hāpai atu?

We've had consistent feedback that teams appreciate the simplicity, ease of access and flexibility of this funding approach so for now we are keeping it as it currently is, but will remove the requirement for an uploaded care plan. Again, if you feel it makes sense to have a care plan uploaded to Health Connect South, you can still do this but we know the actual plan is decided with you and your patient, recorded in the PMS and we are taking a high trust approach.

We're open to reviewing this part of the programme over the next 12 months as we evolve further.

Please let me know your thoughts: andy.shute@wellsouth.org.nz or reach out to your practice partner to discuss.

We're keen to engage with teams around how this may change their approach come October and are in position to support practices with ideas, strategies and connections as needed, especially those which have found barriers too high or have not had the current capacity to make it work for them. We can share approaches and learning and want to support more money flowing to patients.

Andy Shute
Clinical Director | WellSouth