

8 July 2025

PHO CEOs

Tēnā koutou,

## **Principles for managing Urgent and Afterhours service delivery**

This letter summarises Health NZ's expectations in relation to the PHO services agreement after hours requirements.

The PHO services agreement requires that PHOs provide service users with access to urgent care Services 24/7 every day, including through face-to-face consultations if required. The agreement stipulates that in person urgent care should be within 30 minutes travel time during business hours and within 60 minutes after hours.

In practice, variable local arrangements have developed over time in each district and region that reflect the practical realities of providing 24/7 care with a limited workforce.

Health NZ has announced a nationally consistent [Framework for provision of Urgent and Afterhours care](#), which is being implemented progressively between 2025 and 2027. The framework includes the following key parameters.

### *In large urban areas*

- Medically led, dedicated urgent and after-hours care clinics with accompanying radiology and pharmacy services.
- open at least 8am – 8pm, and open 24/7 in some locations, based on local demand and catchment population
- medical cover may be provided through telehealth at times of low demand, e.g. overnight and to divert some lower acuity patients.

### *In smaller cities*

- Medically led, dedicated urgent and after-hours care clinics, with accompanying radiology and pharmacy services
- open usually 8am-8pm weekdays and 9am- 5pm weekends and holidays (longer in some areas)
- open 24/7 in some locations, based on catchment population and need
- medical provision may be provided through telehealth at times of low demand and to divert some lower acuity patients.

### *In large rural towns*

- Facility may be afterhours use of a GP clinic or co-located with other services (for example, a rural hospital)
- walk-in provision afterhours 5pm – 8pm weekdays, 9am – 5pm weekends

- may be led by a doctor, or be led by a pharmacist, paramedic, or nurse, incorporating medical input through Telehealth
- usually augmented by telehealth, including specialist input and support
- accompanying afterhours pharmacy
- locally confirmed radiology arrangements – often through local hospital/ED.

*In rural remote areas*

- Bespoke arrangements considering local resources (including GPs, community nursing, ambulance paramedics, rural services, and aged care facilities)
- Telehealth, in particular the National Rural Telehealth Service (Ka Ora) as first line rural telemedicine provider
- In person on-call services 24/7 – may include nursing, medical, paramedic or other suitably trained local clinicians. Triage arrangements and Ka Ora provision to keep in-person burden of call outs at a minimum.

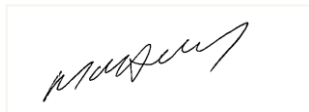
There has been no change to the PHOSA Urgent Care and After-Hours arrangements clauses. Digital solutions alone do not meet PHO back-to-back arrangements – in-person care is required to be available in line with the framework.

We recognise the impact afterhours provision can have on the ability to maintain daytime general practice services in a sustainable way. We expect that this framework will enable a transition to more dedicated urgent and after-hours workforce and rosters in some areas, where this is preferred by local GPs. This will reduce the burden of providing afterhours care over time in many areas. Telehealth service can match demand in one area with supply from another, and can reduce the need to have as many medical staff working afterhours in each clinic.

However, the transition from current arrangements to the future framework is to be planned, staged, and managed, to avoid disruptions to services for patients and communities. Current local rosters, clinic hours, and on call arrangements are required to continue unless there is specific agreement for changes.

Health NZ reserves the right to invoke the specific requirements in the PHO agreement, and / or withhold funding, where unilateral changes or withdrawals of service or workforce occur, or if PHOs and contracted providers are not collaborating in good faith or are unwilling to jointly resource reasonable access.

Ngā mihi



**Martin Hefford**

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Cc Regional PFO Directors