Eastern Bay
Primary Health Alliance

Healthy Whānau, Healthy Lives

Request for Proposal

Questions and Answers

Whakatāne After Hours

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Questions and Answers

Q1. Can we copy the current model and look at extending hours overtime - starting with a lift and shift, then phasing in changes?
The requirement of the RFP is that weekends must include the extended hours from 9am to 5pm. This is to meet the Te Whau Ora's After-Hours framework. This may be reviewed and re-negotiated once implemented with the successful provider. This is a change from the existing after hours model. Staffing will be increased to compensate. After hours over the weekdays from 5pm to 8pm can be implemented in a phased approach over 6 months.

Q2. What are the current costs for consumables in the after hours service?
We have requested this information from Te Whatu Ora and will provide once available. Under the previous agreement with After Hours sited within Whakatane Hospital, consumerables were provided by the Hospital. It is reasonable to assume, given the types of GP and Practices Nurse consultations and patient presentations, that consumerables used and costs would be similar to that used by a Practice in everyday consultations.

Q3. What are the current hourly pay rates for nurses, GPs and admin staff?
Within the primary health sector, GPs are typically paid $115 to $125 per hour. Nurse Practitioners on average are $95 per hour. Based on their experience, Practice Nurses range from $36 to $51 per hour. Similarly, Administrators range from $25 to $35 per hour. These rates may be higher due to penal rates working after hours and on weekends. As the existing service was sited with the hospital, hourly rates for Nurses and Administrators tend to be higher based on publicly available MECA emploment agreements. We have requested this information from Te Whatu Ora and will provide once available. Currently, Practice GPs rostered on After Hours receive payments of $215 per hour and Nurse Practitioners receive $160 per hour. Payments for Practice GPs on roster need to be factored in calculations.

Q4. The current rostered rotation across practices has been essential, please confirm whether that rotation will remain in place moving forward?
Under Te Whatu Ora's Principles for managing Urgent and After hours service delivery, current local rosters and on call arrangements are required to continue unless there is specific agreement for changes. So the current rostered rotation will remain in place. GP rostered days are proportioned out, based on each practice enrolled population. Larger practices with more GPs are rostered for more days. Please refer to Te Whatu Ora's Principles for managing Urgent and After hours service delivery dated 8th July 2025 on the website along with this response.

Q5. Can the current afterhours PMS database be moved to a new provider?
The current PMS database can be moved to the new provider, subject to privacy protocols and EBPHA's right to monitor and audit use. This is the same as the current After Hours service provision carried out in Whakatane Hospital. The successful provider will need to access the Regional Clinical Portal (RCP) or Community Health Provider (CHP) portals as part of implementation. EBPHA will help support this access if the provider does not have access.

Q6. Who are the existing staff and do they wish to remain on the afterhours roster
EBPHA is unable to state who the existing staff are but we have entered into discussions with Te Whatu Ora about current staff servicing afterhours on behalf of the sucessful provider. This will be likely to be part of the ongoing collaboration between the sucessful provider, EBPHA and Te Whatu Ora's Whakatane Hospital.

Q7. Since the current clinic doesn't operate weekdays as proposed in the RFP, can you please provide the ED volumes and analysis of trends (e.g. Frequent flyers), to assist with our modelling?

Yes we have been able to analyse current ED presentations for the last 9 months of the year for modelling purposes. Unfortunately we only have access to our current practices and not the EBoP practices under WBoPPHO, so it is an under-estimation of total volumes.

The table below shows volumes for those attending Whakatane Hospital, who are triaged 3 to 5 for the weekdays Monday to Friday by the times from 5pm to 8pm in the evening. EBPHA practices only. Volumes of those presenting to ED under that criteria are approximately 81 patients a month.

However, taking into consideration EBPHA practices are approximately 44% of the EBoP population, it is estimated that volumes for the full year could be at the maximum, around 2,100 patients a year. That would equate to 175 patients per month. This is probably an over-estimation as some of those presenting will still go to ED regardless.

Of those presenting, 62% are Māori, 29% European, 3% Asian and 2 Pacifica.

31% were aged from 0 to 13 years. Those aged 14 to 17 were 6%. Adults 18+ years of age constituted 63% of those attending.

We have requested additional information from Te Whatu Ora and will provide this once available to the successful provider for the phased implementation of weekdays.

From the current after hours model, the table below shows the frequency of visits per patient for the year. Most present once in a year. 13% present more than 3 times.

Hospital	WHK
Triage	Triage 3, 4 or 5
weekday	weekday mon to Friday
evening 5pm to 8pm	5pm to 8pm
Dec	63
Jan	68
Feb	81
Mar	83
Apr	91
May	82
Jun	99
Jul	81
Aug	65

Frequency of visits	Patients	% of Patients
Once	1739	66%
Twice	534	20%
Three to five times	316	12%
Six or more times	38	1%

Q8. Are you able to provide access to utilisation data and typical presentations, particularly high level?

The types of presentations seen under the current model are broken down by Triage (a measure of high level urgency) and Major Diagnostic Categories (MDC) in the tables below. Note this data is based on current After-Hours presentations for the whole year July to June. These results differ slightly from that provided in the RFP.

As examples may be helpful, MDC Skin and Tissue includes eczema, wounds, rashes, cellulitis, skin infections, bites or stings etc.

MDC Respiratory includes respiratory tract infections, coughs, viral illnesses, asthma , COPD sinus infections etc.

MDC Factor Infl. Health includes prescriptions, advice, where patients treated at triage stage, ACC or work related etc.

MDC Digestive includes abdominal pain, gastroenteritis etc.

Triage categories are shown below:

Triage 3 are presentations potentially life-threatening, potential adverse outcomes from delay > 30 min, or severe discomfort or distress

Triage 4 are presentations which are potentially serious, or potential adverse outcomes from delay > 60 min, or significant complexity or severity, or discomfort or distress. This is the majority of presentations

Triage 5 are presentations less urgent, or dealing with administrative issues only

Utilisation of the service shows considerable variation over the year. Volumes are shown by patients and visits in the following graph.

Major Diagnostic Categories	Number of Visits	% of Visits
MDC Skin & Tissue	1028	24%
MDC Respiratory	800	19%
MDC Factors Infl Health	629	15%
MDC Digestive	549	13%
MDC Ear Nose Mouth Throat	412	10%
MDC Musculoskeletal	258	6%
MDC Kidney & Urinary	184	4%
Oth External Cause Injury	182	4%
MDC Other	222	5%
Grand Total	4264	

Triage Scale	Number of Visits	% of Visits
Triage 3 -URGENT	15	0%
Triage 4 - SEMI-URGENT	3933	92%
Triage 5 - NON-URGENT	316	7%