

Our health and disability system

Primary and community care

Primary and community services are those that New Zealanders most often interact with when accessing health care in their homes and local areas. They include services delivered by General Practitioners, pharmacists, midwives, allied health professionals, Māori and Pacific providers, dentists and dental therapists, home care workers, district nurses, community mental health services, public health nurses and aged care providers which help keep people well at home or in the community.

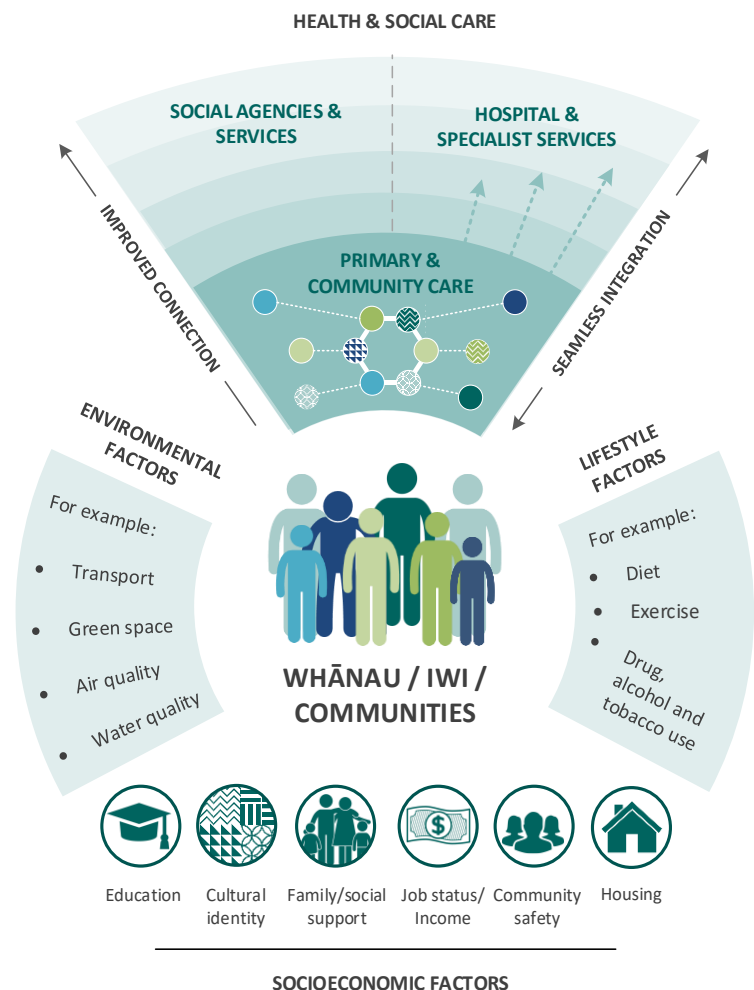
What's changing?

Over the next few years, primary and community services will be reorganised to serve the communities of New Zealand through 'localities'. Every locality will have a consistent range of core services, but *how* these services are delivered will be based on the needs and priorities of local communities.

Communities, alongside Iwi-Māori Partnership Boards, will be involved in the development of locality plans that set priorities for local health services. These plans will outline how primary and community services will be delivered in the future, and will take account of the broader social and economic factors that drive health needs.

Health New Zealand and the Māori Health Authority will jointly commission services against this plan to meet the needs of localities.

Care in the community will continue to be provided by a range of local providers, but these providers will form part of a locality network with shared goals.



In a networked model, care will be better coordinated and integrated, with information following patients as they move between providers. They will support more convenient care closer to home, including using technology to support a wider range of digital care options.

Why?

People are living longer, with more complex conditions. Internationally there is evidence that quality of life is better when care is provided at home or in the community, enabling people to stay active and close to those they love for as long as possible.

By reorganising primary and community care into localities, we can improve local health outcomes by giving communities more say in the care that is delivered locally and tailoring care to meet local needs and priorities. More closely networked providers will also ensure that primary and community care is better coordinated, improving the experience and outcomes of care.

What will it look like in future?

People will have a say on the priorities for their communities and how services are delivered through the locality plan. From this plan, Health NZ and the Māori Health Authority will commission services which meet both local needs and national expectations. This might mean redesigning local services to meet the community's needs, or identifying new priority health objectives. More importantly, Health NZ and the Māori Health Authority will actively monitor care and outcomes to make sure the community is well-served.

In most cases people will still have the same relationship with their health providers in the community. The main difference is that those providers will be better supported to provide connected and integrated care.

What's next?

There is still a lot of work to do on designing how localities will operate in practice. Over the coming months, the Government will be working with primary and community care providers and other stakeholders to flesh out these details.

Want to know more?

Further information about the work and progress of the health reforms is available on the DPMC website under the work of the Transition Unit:

www.dpmc.govt.nz/our-business-units/transition-unit.