

Nick Chamberlain
Chief Executive
Northland DHB
Private Bag 9742
Whangarei 0148

Dear Nick

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Northland District Health Board (“the DHB”) and the Minister of Health (“the Minister”) entered into a Crown Funding Agreement (“the Principal Agreement”) which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Northland District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$2,855,136 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. **Service Description and Requirements**

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. *Sub-Initiative 1 - General Practice based COVID-19 Assessments*

3.1.1.1. This fund of \$303,453 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. *Sub-Initiative 2– Enhanced Primary Care Support*

3.1.2.1. This fund of \$747,359 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$1,241,399 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

3.1.4.1. A community pharmacy funding support package of \$562,925 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB Two Million Eight Hundred and Fifty-Five Thousand One Hundred and Thirty-Six Dollars (\$2,855,136) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Northland DHB	\$1,241,399	\$303,453	\$747,359	\$562,925	\$2,855,136

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

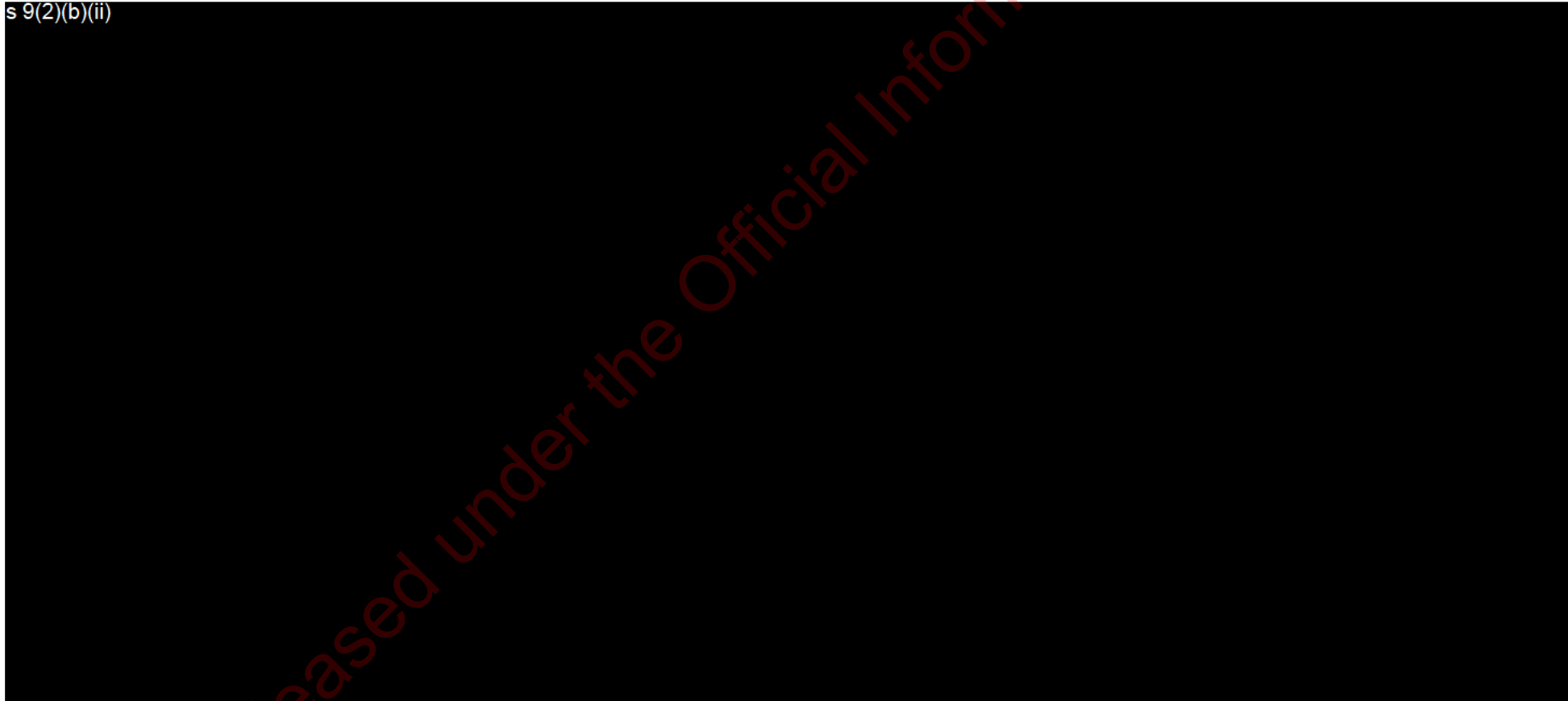
- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Te Kaupapa Mahitahi Hauora	\$747,358.50

s 9(2)(b)(ii)



Released under the Official Information Act 1982

s 9(2)(b)(ii)

Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).

Signature
(Authorised Signatory)

Name

Date

AND

NORTHLAND DISTRICT HEALTH BOARD

a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000

Signature
(Authorised Signatory)

Name

Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

6 April 2020

Nigel Trainor
Chief Executive
South Canterbury District Health Board
High Street
Parkside
Timaru 7910

Dear Nigel

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The South Canterbury District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support South Canterbury District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$840,775 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

3.1.1.1. This fund of \$97,913 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

3.1.2.1. This fund of \$151,844 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. Sub-Initiative 3 - CBAC Establishment

3.1.3.1. This fund of \$400,552 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

3.1.4.1. A community pharmacy funding support package of \$190,467 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. *All services across the above funding streams should be able to be terminated at a month's notice.*

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB Eight Hundred and Forty Thousand Seven Hundred and Seventy-Five (\$840,775) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
South Canterbury DHB	\$400,552	\$97,913	\$151,844	\$190,467	\$840,775

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
South Canterbury Primary and Community	\$151,843.50

s 9(2)(b)(ii)

Released under the Official Information Act 1982

s 9(2)(b)(ii)

Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**


acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)



Name




Date

AND

SOUTH CANTERBURY DISTRICT HEALTH BOARD

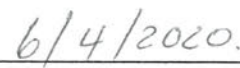
a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)



Name



Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

Released under the Official Information Act 1982

14 May 2020

Chris Fleming
Chief Executive
Southern District Health Board
201 Great King Street
Dunedin 9016

Dear Chris

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Southern District Health Board (“the DHB”) and the Minister of Health (“the Minister”) entered into a Crown Funding Agreement (“the Principal Agreement”) which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Southern District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$4,666,318 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

3.1.1.1. This fund of \$527,190 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

3.1.2.1. This fund of \$851,090 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$2,156,686 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

3.1.4.1. A community pharmacy funding support package of \$1,131,352 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs’ primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

- 5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Four Million Six Hundred and Sixty-Six Thousand Three Hundred and Eighteen Dollars (\$4,666,318) (excluding GST) to provide the Services under this Schedule (“the Funding”).

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Southern DHB	\$2,156,686	\$527,190	\$851,090	\$1,131,352	\$4,666,318

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry’s Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Released under the Official Information Act 1982

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

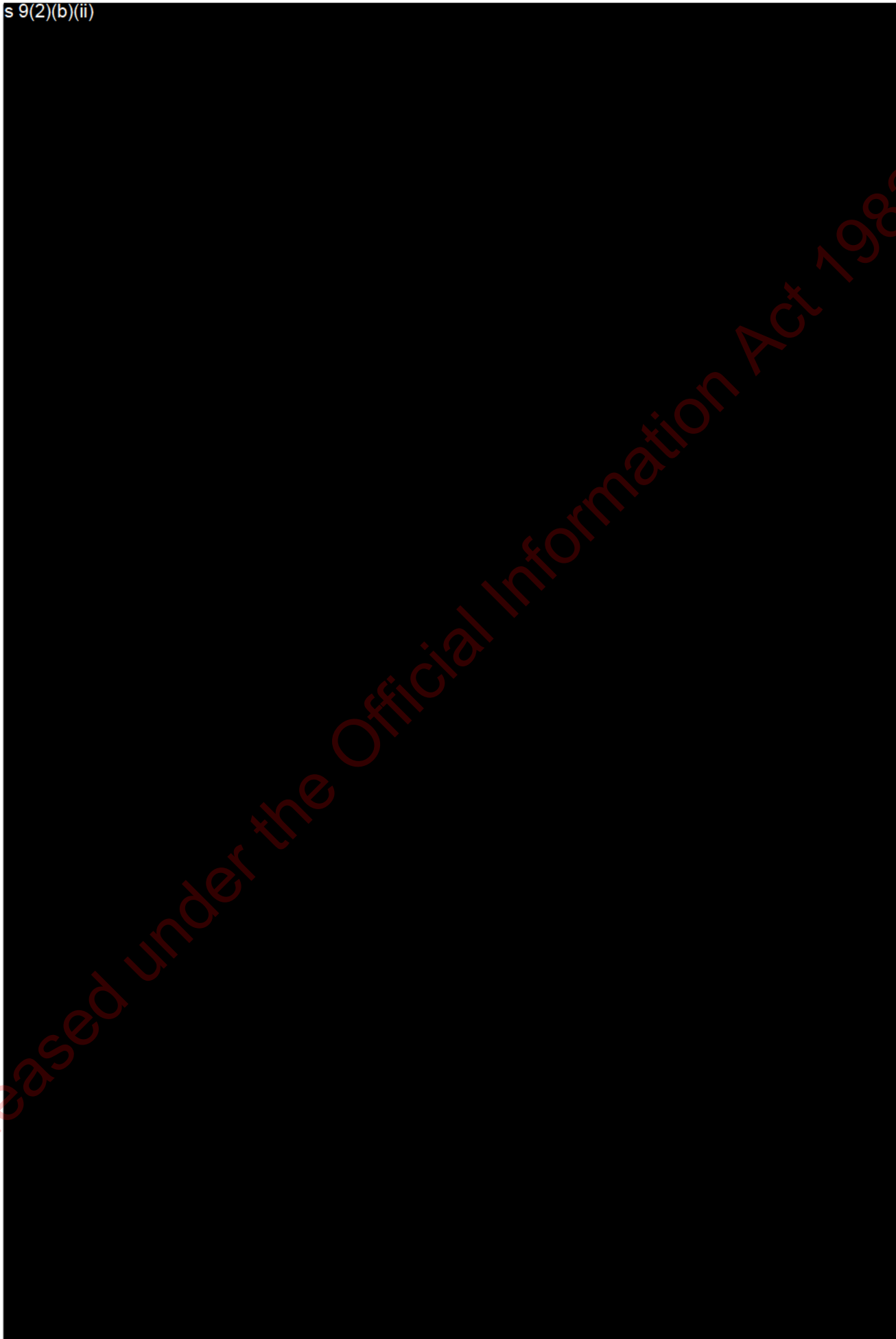
Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Wellsouth PHO	\$851,090.00

s 9(2)(b)(ii)

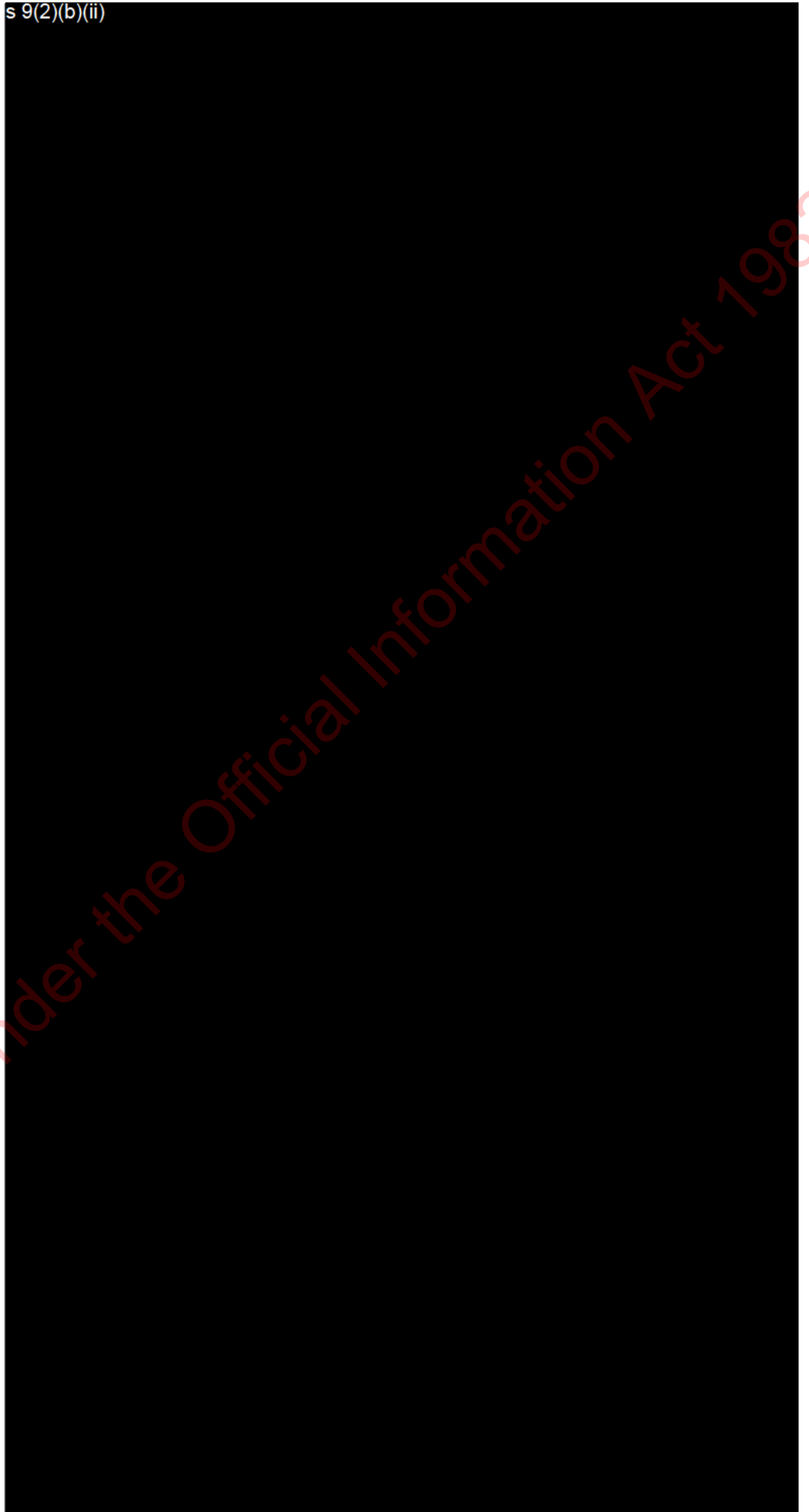
Released under the Official Information Act 1982

s 9(2)(b)(ii)



Released under the Official Information Act 1982

s 9(2)(b)(ii)



Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)

Jess Smaling

Name

1 December 2020

Date

AND

SOUTHERN DISTRICT HEALTH BOARD

a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)

Chris Fleming
Chief Executive Officer
Southern District Health Board

Name

12-5-2020

Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

6 April 2020

Jim Green
Chief Executive
Tairāwhiti District Health Board
David Street
Lynmouth
New Plymouth 4310

Dear Jim

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Tairāwhiti District Health Board (“the DHB”) and the Minister of Health (“the Minister”) entered into a Crown Funding Agreement (“the Principal Agreement”) which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Tairāwhiti District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$782,360 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

3.1.1.1. This fund of \$81,035 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

3.1.2.1. This fund of \$211,343 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$331,506 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

3.1.4.1. A community pharmacy funding support package of \$158,477 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs’ primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB Seven Hundred and Eighty-Two Thousand Three Hundred and Sixty Dollars (\$782,360) (excluding GST) to provide the Services under this Schedule (“the Funding”).

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Tairāwhiti DHB	\$331,506	\$81,035	\$211,343	\$158,477	\$782,360

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry’s Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

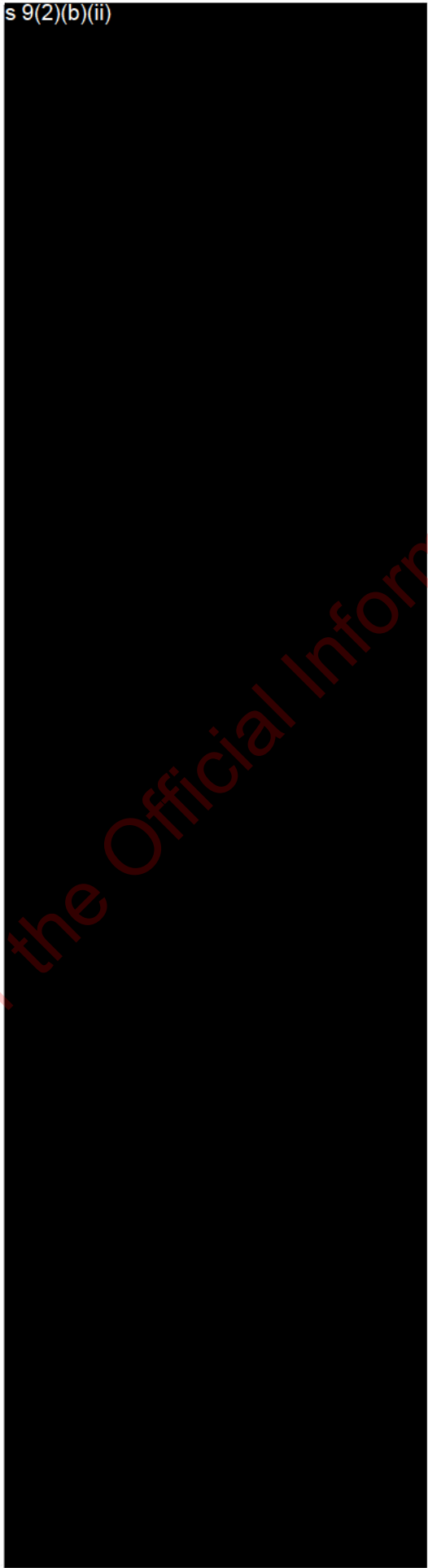
Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Midlands Health Network - Tairāwhiti	\$166,052.50
Ngāti Porou Hauora PHO	\$45,290.00



s 9(2)(b)(ii)

Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)

Jess Smaling

Name

13 May 2020

Date

AND

TAIRAWHITI DISTRICT HEALTH BOARD

a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)

James Green

Name

7/4/2020

Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

Released under the Official Information Act 1982

20 April 2020

Rosemary Clements
Chief Executive
Taranaki District Health Board
Taranaki Base Hospital
David Street, Westown
New Plymouth 4310

Dear Rosemary

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Taranaki District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Taranaki District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$1,747,725 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. **Service Description and Requirements**

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. *Sub-Initiative 1 - General Practice based COVID-19 Assessments*

3.1.1.1. This fund of \$192,436 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. *Sub-Initiative 2– Enhanced Primary Care Support*

3.1.2.1. This fund of \$350,974 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$787,239 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. *Sub- Initiative 4 – Enhanced Support for Community Pharmacy*

3.1.4.1. A community pharmacy funding support package of \$417,075 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. *All services across the above funding streams should be able to be terminated at a month's notice.*

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB One Million Seven Hundred and Forty-Seven Thousand Seven Hundred and Twenty-Five Dollars (\$1,747,725) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Taranaki DHB	\$787,239	\$192,436	\$350,974	\$417,075	\$1,747,725

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Midlands Health Network - Taranaki	\$350,974.00

s 9(2)(b)(ii)

Released under the Official Information Act 1982

s 9(2)(b)(ii)

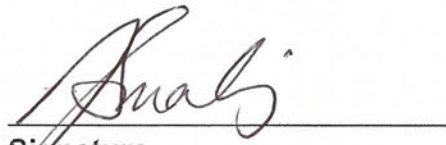
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Released under the Official Information Act 1982

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11
12

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)

Jess Smaling

Name

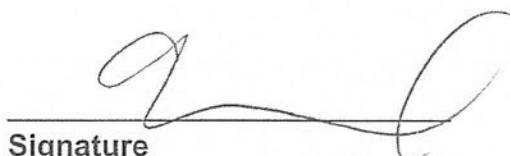
1.5.20

Date

AND

TARANAKI DISTRICT HEALTH BOARD

a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)

ROSEMARY CLEMENTS
Name CHIEF EXECUTIVE
TARANAKI DISTRICT HEALTH BOARD

Date 20 APR 2020

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

Released under the Official Information Act 1982

18 May 2020

Kevin Snee
Chief Executive
Waikato District Health Board
Pembroke Street
Hamilton West
Hamilton 3204

Dear Kevin

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Waikato District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Waikato District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$6,083,301 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. **Service Description and Requirements**

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. *Sub-Initiative 1 - General Practice based COVID-19 Assessments*

3.1.1.1. This fund of \$675,923 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. *Sub-Initiative 2– Enhanced Primary Care Support*

3.1.2.1. This fund of \$1,418,483 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$2,765,138 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

3.1.4.1. A community pharmacy funding support package of \$1,223,759 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. *All services across the above funding streams should be able to be terminated at a month's notice.*

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB Six Million Eighty-Three Thousand Three Hundred and One Dollars (\$6,083,301) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Waikato DHB	\$2,765,138	\$675,923	\$1,418,483	\$1,223,759	\$6,083,301

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

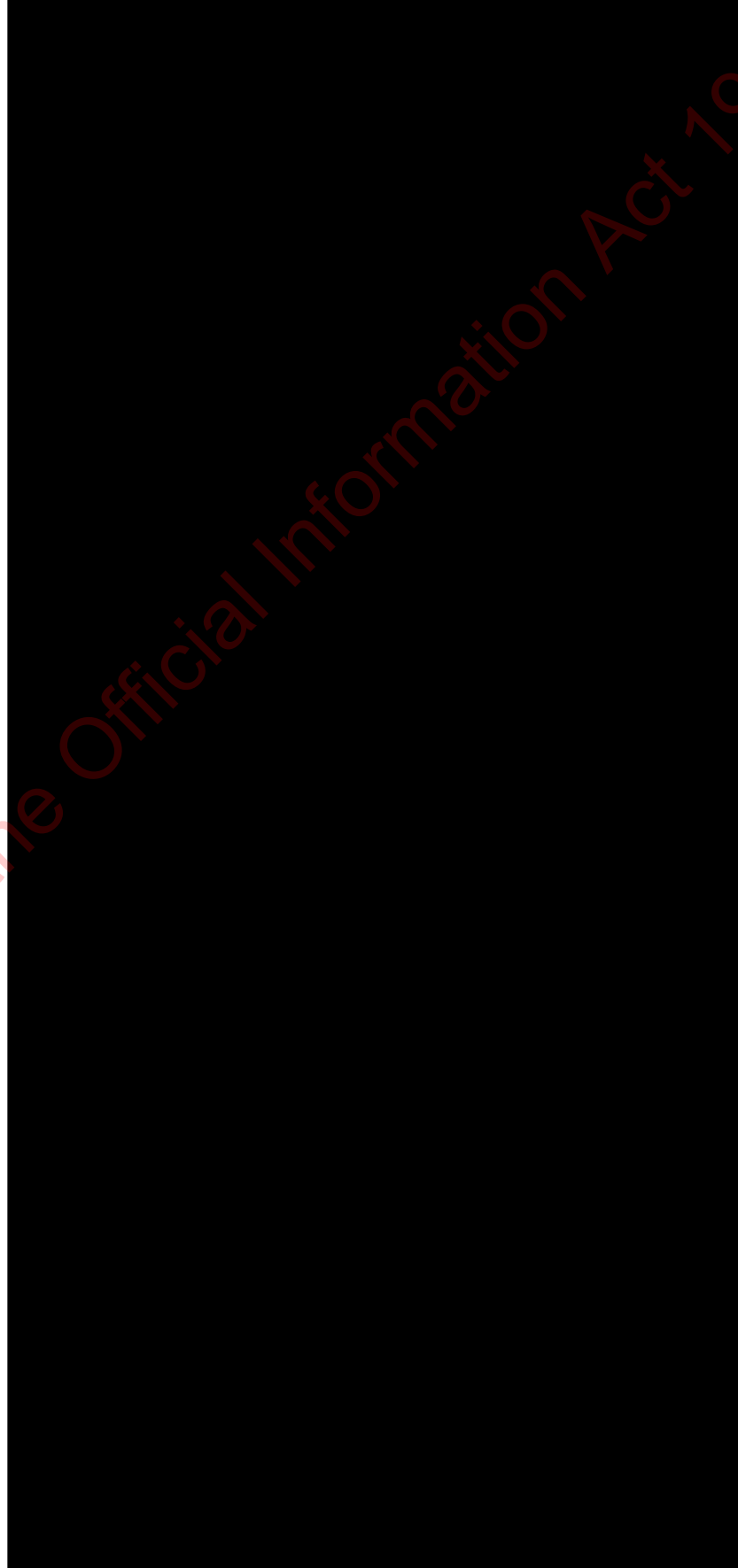
- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Hauraki PHO	\$255,348.50
Midlands Health Network - Waikato	\$776,532.00
National Hauora Coalition-Waikato	\$386,602.00

s 9(2)(b)(ii)



Released under the Official Information Act 1982

s 9(2)(b)(ii)

9

Released under the Official Information Act 1982

s 9(2)(b)(ii)

Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)

Jess Smaling

Name

30 July 2020

Date

AND

WAIKATO DISTRICT HEALTH BOARD
a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



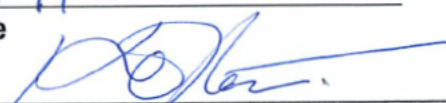
Signature
(Authorised Signatory)

K Smeek

Name

14/7/20

Date



Dame Karen Routledge
Commissioner, Waikato DHB

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

16/7/20

Released under the Official Information Act 1982

Released under the Official Information Act 1982

13 July 2020

Dale Oliff
Chief Executive
Wairarapa District Health Board
96 Blair Street
Lansdowne
Masterton 5840

Dear Dale

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Wairarapa District Health Board (“the DHB”) and the Minister of Health (“the Minister”) entered into a Crown Funding Agreement (“the Principal Agreement”) which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Wairarapa District Health Board

1. Background

1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.

1.2 This variation confirms the immediate roll out of \$698,294 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

3.1.1.1. This fund of \$77,309 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

3.1.2.1. This fund of \$155,249 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$316,265 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

3.1.4.1. A community pharmacy funding support package of \$149,472 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB Six Hundred and Ninety-Eight Thousand Two Hundred and Ninety-Four Dollars (\$698,294) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Wairarapa DHB	\$316,265	\$77,309	\$155,249	\$149,472	\$698,294

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Tu Ora Compass Health Wairarapa	\$155,248.50



s 9(2)(b)(ii)

Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)

Jess Smaling

Name

30 July 2020

Date

AND

WAIRARAPA DISTRICT HEALTH BOARD

a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000

Dale P. Oliff
Signature
(Authorised Signatory)

Dale P. OLIFF
Name

29 July 2020
Date

Released under the Official Information Act 1982

9 April 2020

Dale Bramley
Chief Executive
Waitemata District Health Board
Level 2, 15 Shea Terrace
Takapuna
Auckland

Dear Dale

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Waitemata District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Waitemata District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$7,349,861 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

3.1.1.1. This fund of \$983,428 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

3.1.2.1. This fund of \$682,215 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$4,023,115 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. *Sub- Initiative 4 – Enhanced Support for Community Pharmacy*

3.1.4.1. A community pharmacy funding support package of \$1,661,103 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. *All services across the above funding streams should be able to be terminated at a month's notice.*

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

- 5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Seven Million Three Hundred and Forty-Nine Thousand Eight Hundred and Sixty-One Dollars (\$7,349,861) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Waitemata DHB	\$4,023,115	\$983,428	\$682,215	\$1,661,103	\$7,349,861

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Released under the Official Information Act 1982

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations	\$682,215.00
Comprehensive Care		

s 9(2)(b)(ii)

Released under the Official Information Act 1982

s 9(2)(b)(ii)

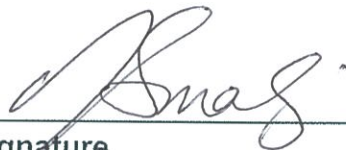
Released under the Official Information Act 1982

s 9(2)(b)
(ii)

Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)



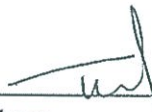
Name



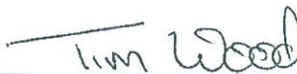
Date

AND

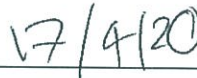
WAITEMATA DISTRICT HEALTH BOARD
a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)



Name



Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

Released under the Official Information Act 1982

Released under the Official Information Act 1982

6 April 2020

David Meates
Chief Executive
West Coast District Health Board
71 Water Walk Road
Blaketown
Greymouth 7805

Dear David

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The West Coast District Health Board (“the DHB”) and the Minister of Health (“the Minister”) entered into a Crown Funding Agreement (“the Principal Agreement”) which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support West Coast District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$437,070 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. **Service Description and Requirements**

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. *Sub-Initiative 1 - General Practice based COVID-19 Assessments*

3.1.1.1. This fund of \$51,082 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. *Sub-Initiative 2– Enhanced Primary Care Support*

3.1.2.1. This fund of \$80,889 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$208,973 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. *Sub- Initiative 4 – Enhanced Support for Community Pharmacy*

3.1.4.1. A community pharmacy funding support package of \$96,125 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. *All services across the above funding streams should be able to be terminated at a month's notice.*

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB Four Hundred and Thirty-Seven Thousand Seventy Dollars (\$437,070) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
West Coast DHB	\$208,973	\$51,082	\$80,889	\$96,125	\$437,070

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

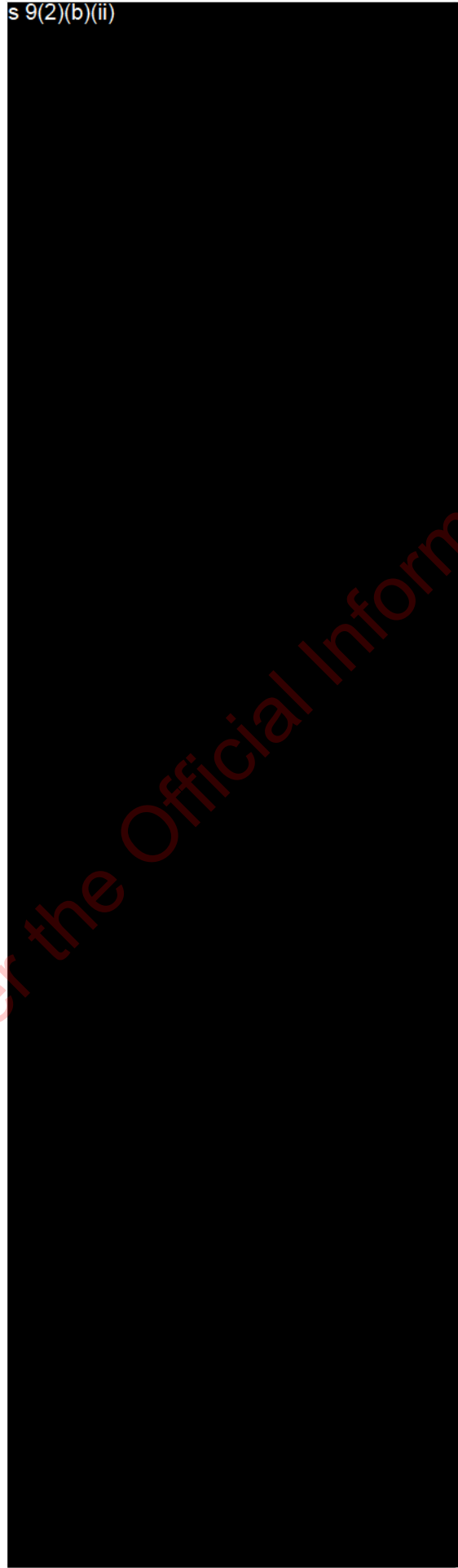
- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:
Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations	\$80,889.00
West Coast PHO		

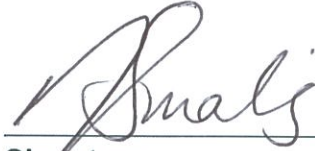


s 9(2)(b)(ii)

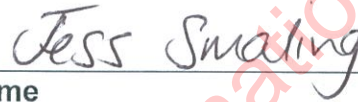
Released under the Official Information Act 1982

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)



Name

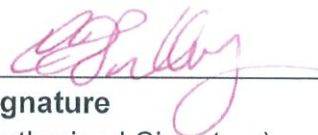


Date

AND

WEST COAST DISTRICT HEALTH BOARD

a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)



Name



Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

Released under the Official Information Act 1982

Released under the Official Information Act 1982

3 April 2020

Russell Simpson
Chief Executive
Whanganui District Health Board
100 Heads Road
Gonville
Whanganui 4501

Dear Russell

VARIATION BY WAY OF LETTER to the 2012/13 Crown Funding Agreement

The Whanganui District Health Board (“the DHB”) and the Minister of Health (“the Minister”) entered into a Crown Funding Agreement (“the Principal Agreement”) which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Whanganui District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$1,030,708 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

- 2.1 The components of the funding package are summarised below.

3. **Service Description and Requirements**

3.1 The DHB must, during the term of this Schedule, provide the following services (“the Services”):

3.1.1. *Sub-Initiative 1 - General Practice based COVID-19 Assessments*

3.1.1.1. This fund of \$107,219 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.

- i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
- ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
- iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
- iv. The patient co-payment will be zero.
- v. DHBs and the Ministry of Health have agreed that general practice-based COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
- vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
- vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. *Sub-Initiative 2– Enhanced Primary Care Support*

3.1.2.1. This fund of \$253,109 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.

3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):

- i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
- ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.

3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices

3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.

- i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
- ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
- iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. *Sub-Initiative 3 - CBAC Establishment*

3.1.3.1. This fund of \$438,622 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.

3.1.3.2. The fund will contribute to an enhanced regional response via:

- i. designated practices
- ii. mobile services
- iii. community facilities
- iv. supported general practice
- v. Community Based Assessment Centres (CBACs)
- vi. some combination of the above.

3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.

3.1.3.4. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.4. *Sub- Initiative 4 – Enhanced Support for Community Pharmacy*

3.1.4.1. A community pharmacy funding support package of \$231,759 to be distributed to contracted providers via:

- i. a 50 percent flat payment to recognise fixed costs, and
- ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing

3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:

- i. safety equipment for staff (not PPE)
- ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19

3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).

3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.

3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

4.1 The following assumptions have been made and further detail will be formalised in individual agreements.

- This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
- Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
- The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
- Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.

6.2. The Ministry will pay the DHB One Million Thirty Thousand Seven Hundred and Eight Dollars (\$1,030,708) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice-Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Whanganui DHB	\$438,622	\$107,219	\$253,109	\$231,759	\$1,030,708

6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

- 8.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:
 Sub-initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

PHO	Primary Care Response and Virtual Consultations
Whanganui PHO	\$253,109.00

Primary Care Response Funding by General Practice

Funding DHB	PHO ID	PHO Name	Practice ID	Practice Name	Funded Enrolment (March 2020)	Enhanced Primary Care Support
Whanganui DHB	585463	Whanganui PHO	G05608-D	Aramoho Health Centre Limited	12,118	\$43,706.00
Whanganui DHB	585463	Whanganui PHO	G04466-E	Bulls Medical Centre Limited	5,468	\$15,801.00
Whanganui DHB	585463	Whanganui PHO	G0C900-A	Dr Johanna (Annalia) Coetzee	1,973	\$11,424.50
Whanganui DHB	585463	Whanganui PHO	G05611-D	Gonville Health	7,648	\$33,836.00
Whanganui DHB	585463	Whanganui PHO	G0E313-G	Ruapehu Health	3,657	\$17,943.50
Whanganui DHB	585463	Whanganui PHO	G05612-F	Springvale Medical Centre	4,249	\$17,847.50
Whanganui DHB	585463	Whanganui PHO	G05299-F	St Johns Medical Centre Limited	2,149	\$12,624.50
Whanganui DHB	585463	Whanganui PHO	G05605-J	Stewart Street Surgery Limited	5,492	\$24,143.00
Whanganui DHB	585463	Whanganui PHO	G03248-A	Taihape Health Limited	3,870	\$16,826.00
Whanganui DHB	585463	Whanganui PHO	G00397-C	Te Oranganui Iwi Health Authority	5,572	\$27,815.00
Whanganui DHB	585463	Whanganui PHO	G00652-D	Wicksteed House Medical Centre	8,052	\$31,142.00

**HER MAJESTY THE QUEEN
IN RIGHT OF HER GOVERNMENT
IN NEW ZEALAND**

acting by and through the Deputy Director General,
DHB Performance, Support and Infrastructure,
Ministry of Health (Ministry).



Signature
(Authorised Signatory)

Jess Smaling

Name
May 8, 2020

Date

AND

WHANGANUI DISTRICT HEALTH BOARD
a District Health Board established under section
19 of the New Zealand Public Health and
Disability Act 2000



Signature
(Authorised Signatory)

Paul Malan
GM Strategy
Commissioning and
Population Health

Name
Apr 20, 2020

Date

Made under section 10 of the New Zealand Public Health and Disability Act 2000.

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support


Final Audit Report

2020-05-07


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