

Nick Chamberlain
Chief Executive
Northland DHB
Private Bag 9742
Whangarei 0148

Kia Ora 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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (“Schedule”) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding Northland District Health Board

1. Background

- 1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.
- 1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.
- 1.3 This support package helped address financial impacts on general practices resulting from reduced and delayed patient co-payments, the sudden shift to virtual services and the reduction in routine consultations, with flow on impacts for workforce and business sustainability.

1.4 This variation confirms \$828,866.00 excluding GST (“the Funding”) to your DHB to support general practices’ response to COVID-19 as described at clause 3 below. This was 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 During the term of this Schedule, the DHB provides the following services (“the Services”):

3.1.2. The Funding was provided to your DHB for immediate distribution to support general practice business sustainability during the response to COVID-19. This includes ensuring the proactive management of at-risk patients within their enrolled general practice.

3.1.3. The Funding was paid out in full to DHBs on 8 April 2020 with the corresponding payment to primary health organisations (“PHOs”) being completed the following day. This one-off funding is based on the number of general practice enrolled service users.

3.1.4. The distribution of the Funding is weighted for rural general practice and was paid as outlined in the table below (see Appendix One for detailed funding).

Funding allocation	Payments
Funding per enrolee (“ESU”) - Non-rural practice	\$4.69 per ESU
Funding per enrolee – Rural practice	\$4.92 per ESU
Total funding provided to DHBs for distribution via PHOs	\$22.42 million

3.1.5. The DHB was obligated to require PHOs to pass on 100 percent of the Funding specified in this Schedule to the general practices affiliated with the PHO(s) in the district.

3.1.5.1. The allocation for each PHO was calculated and provided for each general practice affiliated with the PHO using the National Enrolment Service (“NES”) enrolment information (see Appendix One).

3.1.5.2. PHOs were required to pass on the Funding to general practices.

3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
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PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service
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5. Assumptions

5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health (“the Ministry”) worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs nor PHOs were permitted to use any of the Funding other than for the general practice support components.
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry’s obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment to PHOs the day after DHBs received the funding on 8 April 2020.

8. **Process below for payment by invoice, payment on performance, and payment via Schedule B, respectively:**

8.1 The Ministry provided the cash payment to the DHBs through the Ministry’s non-devolved cash profile process on 8 April 2020.

9. Reporting

9.1. 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.

10. Variation

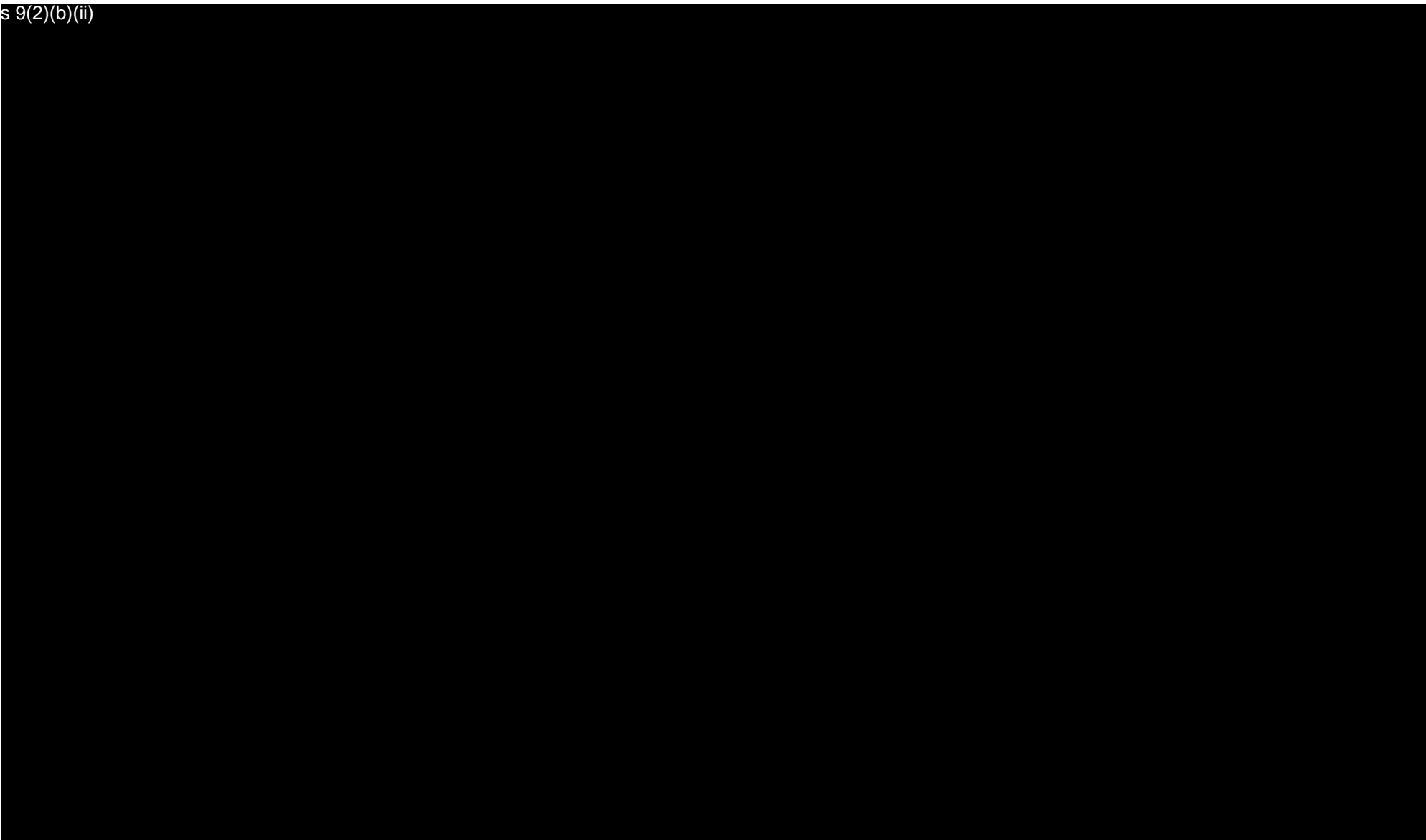
- 10.1. Any proposed variation in the Services to be provided by the DHB under this Schedule must be discussed and agreed in writing by the Ministry and the DHB.

Released under the Official Information Act 1982

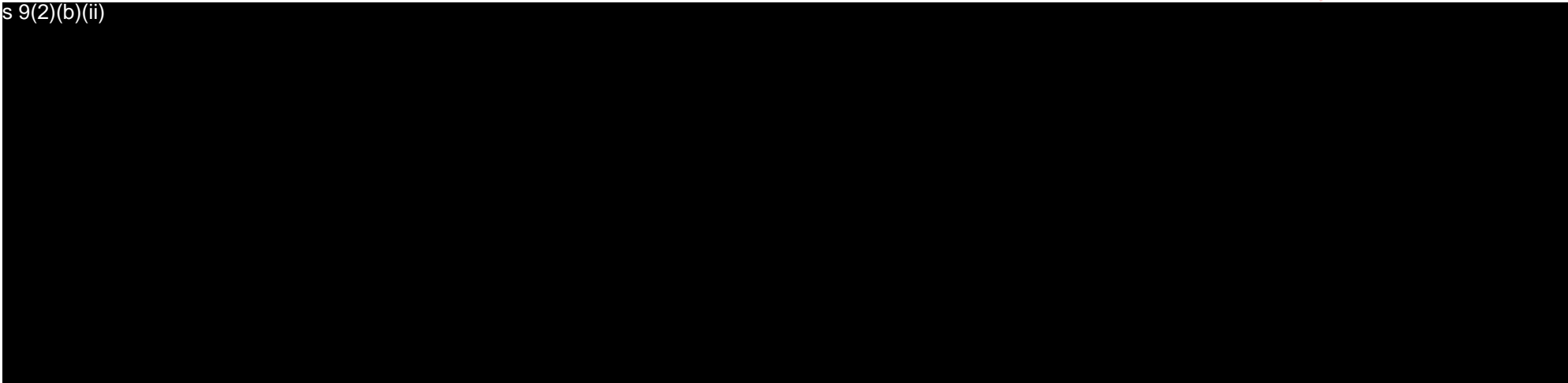
Appendix One:

Support for general practice business sustainability - Detailed Funding Allocation

s 9(2)(b)(ii)



s 9(2)(b)(ii)



Released under the Official In

**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)

Clare Perry

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.

133 Molesworth St
PO Box 5013
Wellington 6145
New Zealand

21 October 2020

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

Kia Ora 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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (“Schedule”) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding South Canterbury District Health Board

1. Background

- 1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.
- 1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.

- 1.3 This support package helped address financial impacts on general practices resulting from reduced and delayed patient co-payments, the sudden shift to virtual services and the reduction in routine consultations, with flow on impacts for workforce and business sustainability.
- 1.4 This variation confirms \$278,067.00 excluding GST (“the Funding”) to your DHB to support general practices’ response to COVID-19 as described at clause 3 below. This was 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 During the term of this Schedule, the DHB provides the following services (“the Services”):

3.1.2. The Funding was provided to your DHB for immediate distribution to support general practice business sustainability during the response to COVID-19. This includes ensuring the proactive management of at-risk patients within their enrolled general practice.

3.1.3. The Funding was paid out in full to DHBs on 8 April 2020 with the corresponding payment to primary health organisations (“PHOs”) being completed the following day. This one-off funding is based on the number of general practice enrolled service users.

3.1.4. The distribution of the Funding is weighted for rural general practice and was paid as outlined in the table below (see Appendix One for detailed funding).

Funding allocation	Payments
Funding per enrollee (“ESU”) - Non-rural practice	\$4.69 per ESU
Funding per enrollee – Rural practice	\$4.92 per ESU
Total funding provided to DHBs for distribution via PHOs	\$22.42 million

3.1.5. The DHB was obligated to require PHOs to pass on 100 percent of the Funding specified in this Schedule to the general practices affiliated with the PHO(s) in the district.

3.1.5.1. The allocation for each PHO was calculated and provided for each general practice affiliated with the PHO using the National Enrolment Service (“NES”) enrolment information (see Appendix One).

3.1.5.2. PHOs were required to pass on the Funding to general practices.

3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service

5. Assumptions

5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health (“the Ministry”) worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs nor PHOs were permitted to use any of the Funding other than for the general practice support components.
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry’s obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment to PHOs the day after DHBs received the funding on 8 April 2020.

8. Process below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

- 8.1. The Ministry provided the cash payment to the DHBs through the Ministry's non-devolved cash profile process on 8 April 2020.

9. Reporting

- 9.1. 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.

10. Variation

- 10.1. 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:

Support for general practice business sustainability - Detailed Funding Allocation



Ct 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

29 October 2020

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)

N. T. H. H. H.

Name

22/10/20.

Date

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

22 December 2020

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

Kia Ora 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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (“Schedule”) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding Southern District Health Board

1. Background

- 1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.
- 1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.
- 1.3 This support package helped address financial impacts on general practices resulting from reduced and delayed patient co-payments, the sudden shift to virtual services and the reduction in routine consultations, with flow on impacts for workforce and business sustainability.

1.4 This variation confirms \$1,505,249.00 excluding GST (“the Funding”) to your DHB to support general practices’ response to COVID-19 as described at clause 3 below. This was 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 During the term of this Schedule, the DHB provides the following services (“the Services”):

3.1.2. The Funding was provided to your DHB for immediate distribution to support general practice business sustainability during the response to COVID-19. This includes ensuring the proactive management of at-risk patients within their enrolled general practice.

3.1.3. The Funding was paid out in full to DHBs on 8 April 2020 with the corresponding payment to primary health organisations (“PHOs”) being completed the following day. This one-off funding is based on the number of general practice enrolled service users.

3.1.4. The distribution of the Funding is weighted for rural general practice and was paid as outlined in the table below (see Appendix One for detailed funding).

Funding allocation	Payments
Funding per enrollee (“ESU”) - Non-rural practice	\$4.69 per ESU
Funding per enrollee – Rural practice	\$4.92 per ESU
Total funding provided to DHBs for distribution via PHOs	\$22.42 million

3.1.5. The DHB was obligated to require PHOs to pass on 100 percent of the Funding specified in this Schedule to the general practices affiliated with the PHO(s) in the district.

3.1.5.1. The allocation for each PHO was calculated and provided for each general practice affiliated with the PHO using the National Enrolment Service (“NES”) enrolment information (see Appendix One).

3.1.5.2. PHOs were required to pass on the Funding to general practices.

3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service

5. Assumptions

5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health (“the Ministry”) worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs nor PHOs were permitted to use any of the Funding other than for the general practice support components
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry’s obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment to PHOs the day after DHBs received the funding on 8 April 2020.

8. Process below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

8.1. The Ministry provided the cash payment to the DHBs through the Ministry’s non-devolved cash profile process on 8 April 2020.

9. Reporting

9.1. 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.

10. Variation

10.1. 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.

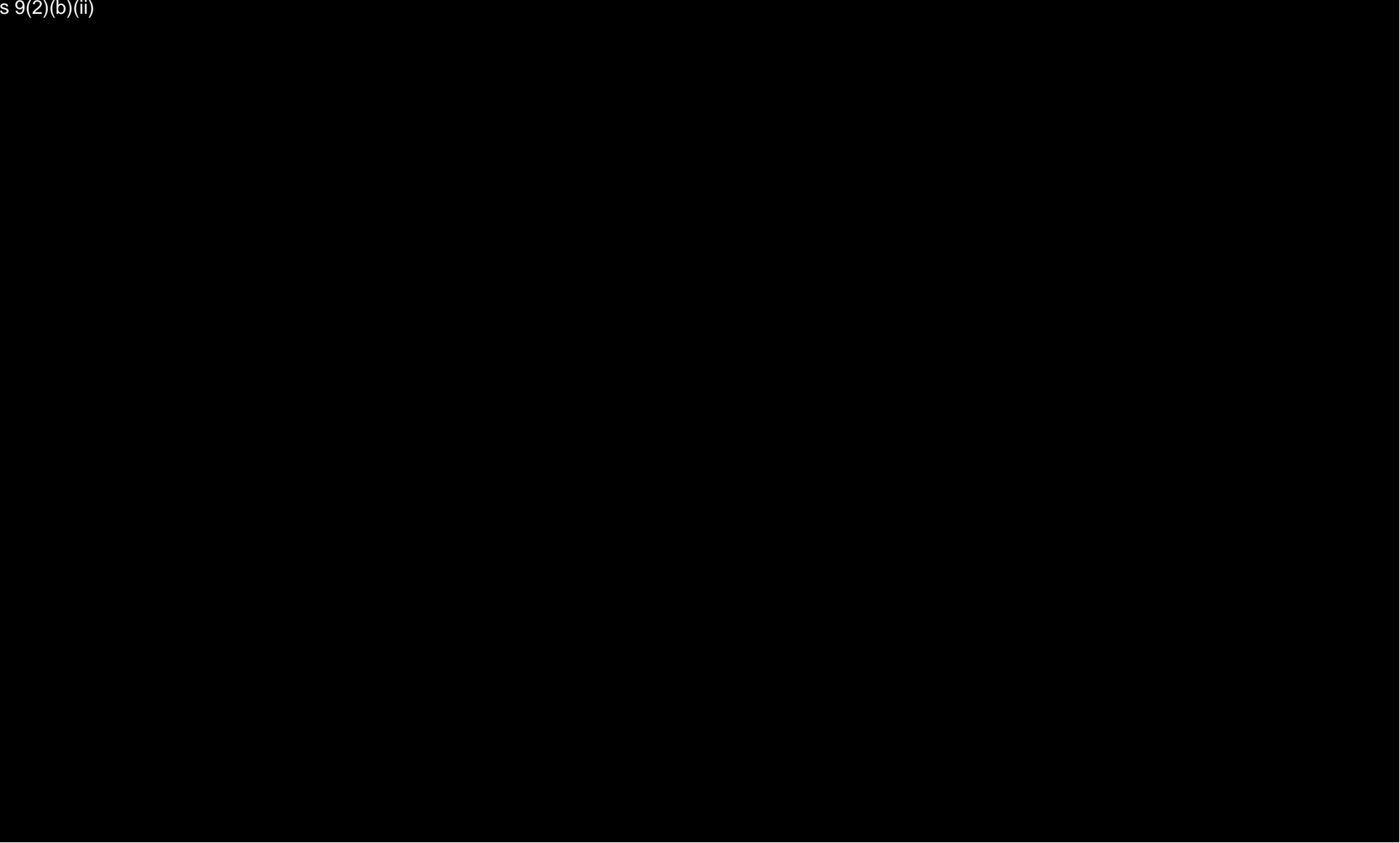
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Appendix One:

Support for general practice business sustainability - Detailed Funding Allocation

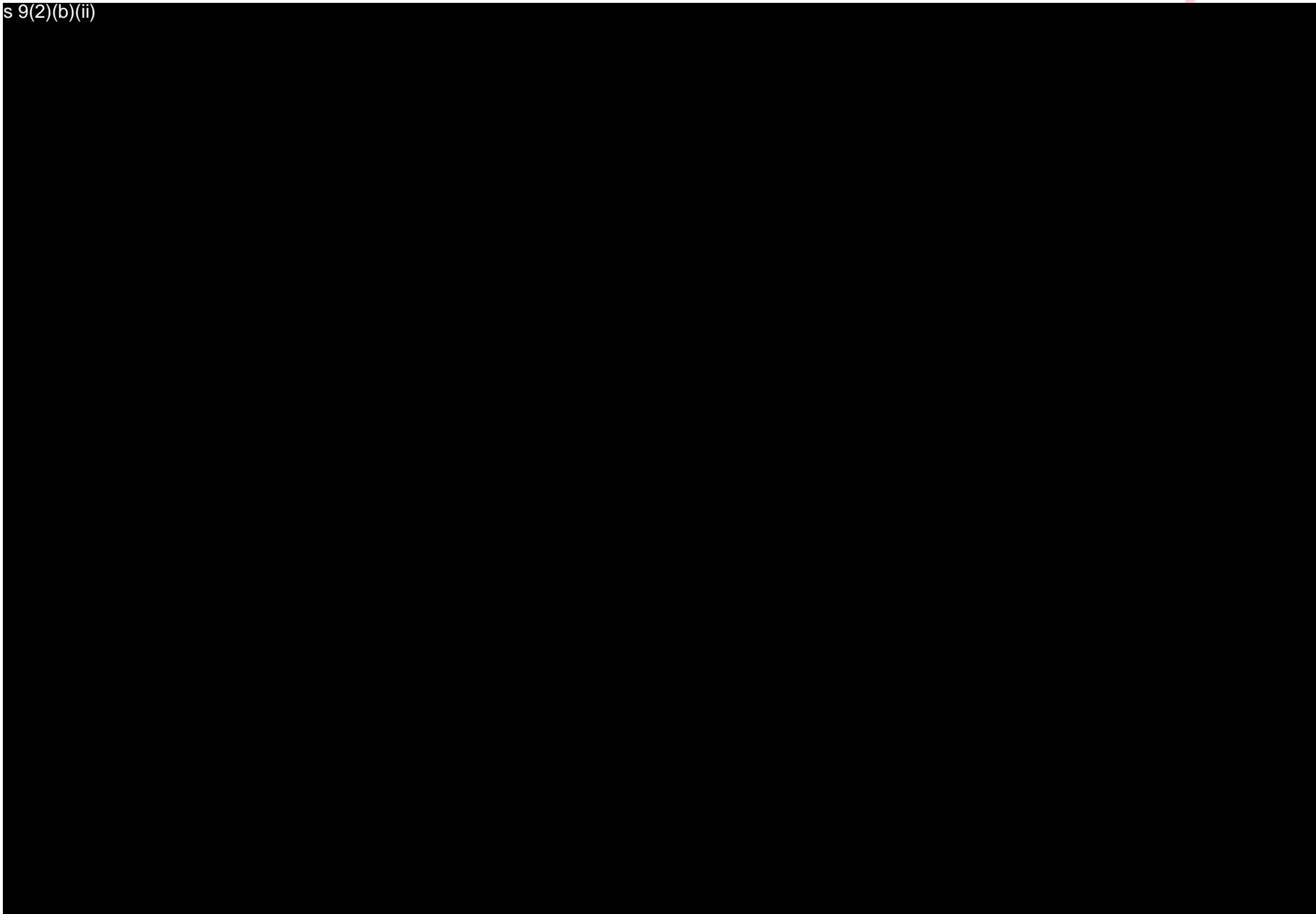
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Released under the Offic

**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 January 2021

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
Name

21 December 2020
Date

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

21 October 2020

Jim Green
Hauora Tairawhiti
Private Bag 7001
Gisborne 4040

Kia Ora Jim

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

Hauora Tairawhiti (“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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (“Schedule”) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding Hauora Tairawhiti

1. Background

- 1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.
- 1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.
- 1.3 This support package helped address financial impacts on general practices resulting from reduced and delayed patient co-payments, the sudden shift to virtual services and the

reduction in routine consultations, with flow on impacts for workforce and business sustainability.

- 1.4 This variation confirms \$232,978.00 excluding GST (“the Funding”) to your DHB to support general practices’ response to COVID-19 as described at clause 3 below. This was 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 During the term of this Schedule, the DHB provides the following services (the Services):

- 3.1.2. The Funding was provided to your DHB for immediate distribution to support general practice business sustainability during the response to COVID-19. This includes ensuring the proactive management of at-risk patients within their enrolled general practice.

- 3.1.3. The Funding was paid out in full to DHBs on 8 April 2020 with the corresponding payment to primary health organisation (“PHOs”) being completed the following day. This one-off funding is based on the number of general practice enrolled service users.

- 3.1.4. The distribution of the Funding is weighted for rural general practice and was paid as outlined in the table below (see Appendix One for detailed funding).

Funding allocation	Payments
Funding per enrollee (“ESU”) - Non-rural practice	\$4.69 per ESU
Funding per enrollee – Rural practice	\$4.92 per ESU
Total funding provided to DHBs for distribution via PHOs	\$22.42 million

- 3.1.5. The DHB was obligated to require PHOs to pass on 100 percent of the Funding specified in this Schedule to the general practices affiliated with the PHO(s) in the district.

- 3.1.5.1. The allocation for each PHO was calculated and provided for each general practice affiliated with the PHO using the National Enrolment Service (“NES”) enrolment information (see Appendix One).

- 3.1.5.2. PHOs were required to pass on the Funding to general practices.

- 3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service

5. Assumptions

- 5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health (“the Ministry”) worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs nor PHOs were permitted to use any of the Funding other than for the general practice support components.
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

- 6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

- 7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry’s obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment to PHOs the day after DHBs received the funding on 8 April 2020.

8. Process below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

- 8.1. The Ministry provided the cash payment to the DHBs through the Ministry’s non-devolved cash profile process on 8 April 2020.

9. Reporting

9.1. 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.

10. Variation

10.1. 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:

Support for general practice business sustainability - Detailed Funding Allocation



s 9(2)(b)(ii)

Releas
ial 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

11 November 2020

Date

AND

HAUORA TAIRAWHITI

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



Signature
(Authorised Signatory)

James Green

Name

28/11/2020

Date

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

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)

s 9(2)(b)(ii)



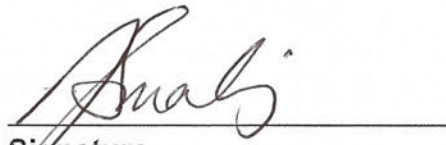
Official Information Act 1982

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**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).



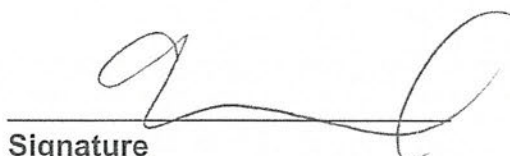
Signature
(Authorised Signatory)

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

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**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



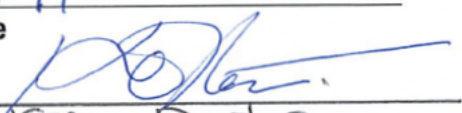
Signature
(Authorised Signatory)

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)

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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

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

Released under the Official Information Act 1982

24 November 2020

Dale Bramley
Chief Executive
Waitemata DHB
Level 1, 15 Shea Terrace
Private Bag 93-503
Takapuna
Auckland 1332

Kia Ora 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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (Schedule) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding Waitemata District Health Board

1. Background

- 1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.
- 1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.

1.3 This support package helped address financial impacts on general practices resulting from reduced and delayed patient co-payments, the sudden shift to virtual services and the reduction in routine consultations, with flow on impacts for workforce and business sustainability.

1.4 This variation confirms \$997,355.00 excluding GST (“the Funding”) to your DHB to support general practices’ response to COVID-19 as described at clause 3 below. This was 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 During the term of this Schedule, the DHB provides the following services (“the Services”):

3.1.2. The Funding was provided to your DHB for immediate distribution to support general practice business sustainability during the response to COVID-19. This includes ensuring the proactive management of at-risk patients within their enrolled general practice.

3.1.3. The Funding was paid out in full to DHBs on 8 April 2020 with the corresponding payment to primary health organisations (“PHOs”) being completed the following day. This one-off funding is based on the number of general practice enrolled service users.

3.1.4. The distribution of the Funding is weighted for rural general practice and was paid as outlined in the table below (see Appendix One for detailed funding).

Funding allocation	Payments
Funding per enrollee (“ESU”) - Non-rural practice	\$4.69 per ESU
Funding per enrollee – Rural practice	\$4.92 per ESU
Total funding provided to DHBs for distribution via PHOs	\$22.42 million

3.1.5. The DHB was obligated to require PHOs to pass on 100 percent of the Funding specified in this Schedule to the general practices affiliated with the PHO(s) in the district.

3.1.5.1. The allocation for each PHO was calculated and provided for each general practice affiliated with the PHO using the National Enrolment Service (“NES”) enrolment information (see Appendix One).

3.1.5.2. PHOs were required to pass on the Funding to general practices.

- 3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service

5. Assumptions

5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health (“the Ministry”) worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs nor PHOs were permitted to use any of the Funding other than for the general practice support components.
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

- 6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

- 7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry’s obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment to PHOs the day after DHBs received the funding on 8 April 2020.

8. Process below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

- 8.1. The Ministry provided the cash payment to the DHBs through the Ministry's non-devolved cash profile process on 8 April 2020.

9. Reporting

- 9.1. 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.

10. Variation

- 10.1. 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.

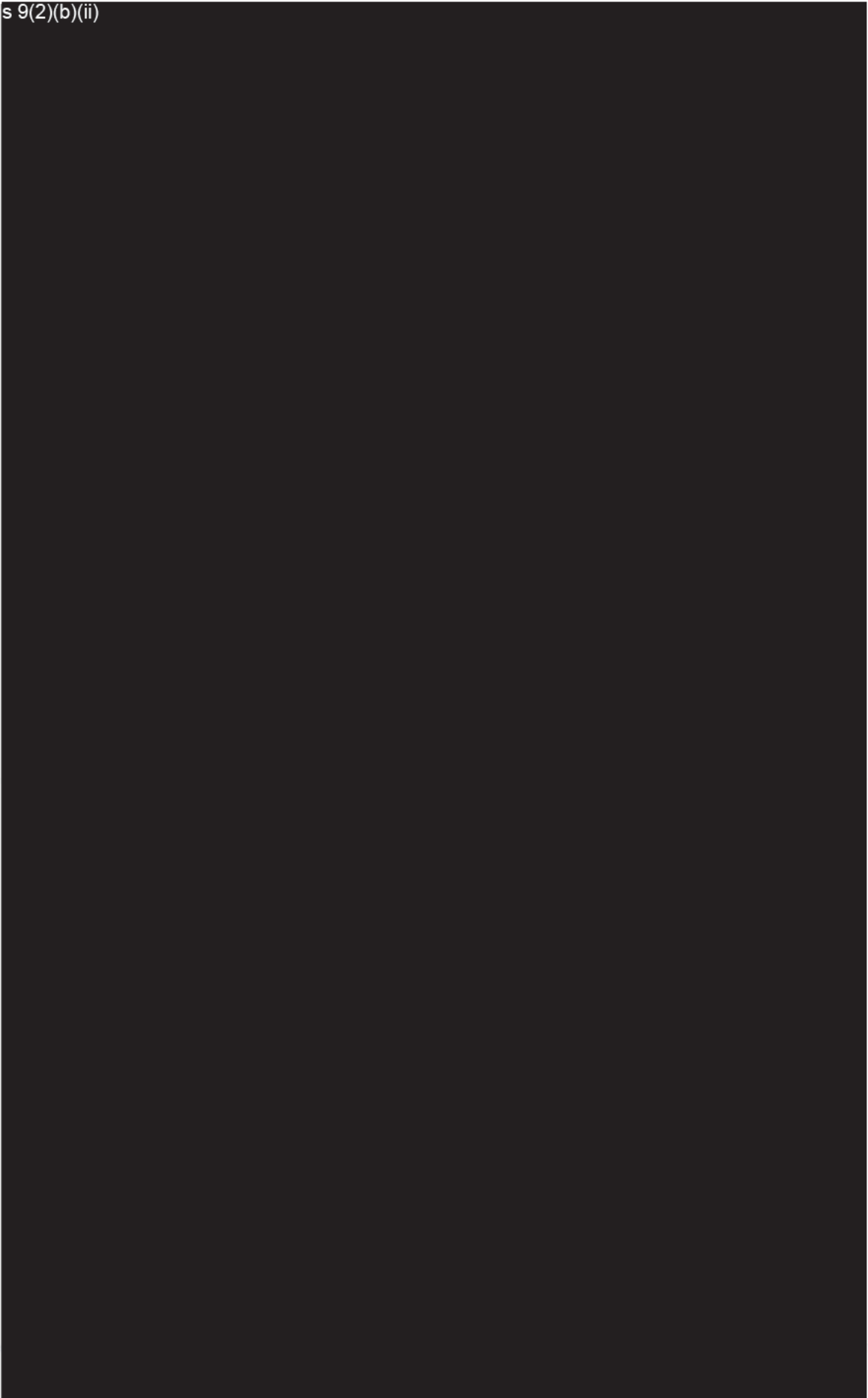
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Appendix One:

Support for general practice business sustainability - Detailed Funding Allocation

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Released under the

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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

26 November 2020

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)

Dr Debbie Holdsworth
Director Funding

Name

24 NOV 2020

Date

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

22 October 2020

Dr Andrew Brant
Acting Chief Executive
West Coast District Health Board
71 Water Walk Road
Blaketown
Greymouth 7805

Kia Ora Andrew

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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (“Schedule”) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding West Coast District Health Board

1. Background

- 1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.
- 1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.

- 1.3 This support package helped address financial impacts on general practices resulting from reduced and delayed patient co-payments, the sudden shift to virtual services and the reduction in routine consultations, with flow on impacts for workforce and business sustainability.
- 1.4 This variation confirms \$146,309.00 excluding GST (“the Funding”) to your DHB to support general practices’ response to COVID-19 as described at clause 3 below. This was 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 During the term of this Schedule, the DHB provides the following services (“the Services”):
 - 3.1.2. The Funding was provided to your DHB for immediate distribution to support general practice business sustainability during the response to COVID-19. This includes ensuring the proactive management of at-risk patients within their enrolled general practice.
 - 3.1.3. The Funding was paid out in full to DHBs on 8 April 2020 with the corresponding payment to primary health organisations (“PHOs”) being completed the following day. This one-off funding is based on the number of general practice enrolled service users.
 - 3.1.4. The distribution of the Funding is weighted for rural general practice and was paid as outlined in the table below (see Appendix One for detailed funding).

Funding allocation	Payments
Funding per enrollee (“ESU”) - Non-rural practice	\$4.69 per ESU
Funding per enrollee – Rural practice	\$4.92 per ESU
Total funding provided to DHBs for distribution via PHOs	\$22.42 million

- 3.1.5. The DHB was obligated to require PHOs to pass on 100 percent of the funding specified in this Schedule to the general practices affiliated with the PHO(s) in the district.
 - 3.1.5.1. The allocation for each PHO was calculated and provided for each general practice affiliated with the PHO using the National Enrolment Service (“NES”) enrolment information (see Appendix One).
 - 3.1.5.2. PHOs were required to pass on the Funding to general practices.

- 3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service

5. Assumptions

5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health ("the Ministry") worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs or PHOs were permitted to use any of the Funding other than for the general practice support components.
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

- 6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

- 7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry's obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment PHOs the day after DHBs received the funding on 8 April 2020.

8. Process below for payment by invoice, payment on performance, and payment via Schedule B, respectively:

8.1. The Ministry provided the cash payment to the DHBs through the Ministry's non-devolved cash profile process on 8 April 2020.

9. Reporting

9.1. 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.

10. Variation

10.1. 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:

Support for general practice business sustainability - Detailed Funding Allocation



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Releas
ial 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

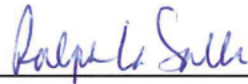
9 December 2020

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)

Ralph La Salle

Name

2/12/2020

Date

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

23 October 2020

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

Kia Ora 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 letter documents and retrospectively records the variation entered into by the Parties on 8 April 2020 and pursuant to clause A.6.4 of the Principal Agreement. The Parties accept and acknowledge the schedule (“Schedule”) herein accurately and retrospectively records their understanding as of 8 April 2020. For the avoidance of doubt, all payments in this letter have already been paid to the DHB and Ministry of Health shall not be obligated to make any further or duplicate payments.

Schedule H12: COVID-19 Primary Care Support – General Practice Sustainability Funding Whanganui District Health Board

1. Background

1.1 On 17 March 2020 the Government announced a new \$500 million funding package to support the health sector to respond to COVID-19. A \$70 million support package has already been paid to primary and community pharmacy care.

1.2 This variation relates to a funding package of \$22.42 million paid to DHBs on 8 April 2020 to help support general practice business sustainability resulting from the move to Alert Level Four for COVID-19. It includes a weighting for rural general practices to recognise the additional challenges of providing primary care services during COVID-19 Alert Level Four in rural communities.

- 3.1.5.3. The allocation for each general practice was calculated on an enrolment basis using the NES snapshot enrolment information for 1 April 2020.

4. The purchase code that applies to this service is as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-03	COVID-19 business sustainability general practice	One-off funding to support general practice business sustainability impacted by the Covid-19 response	Service

5. Assumptions

5.1. The following assumptions were made:

- 5.1.1. The Funding was expected to flow directly and quickly to general practices via PHOs.
- 5.1.2. The Funding was intended to contribute to general practice business sustainability resulting from the sudden move to Alert Level Four. It was one-off funding to cover the lockdown period. The funding recognised that general practices had to make sudden changes to their models of care and were experiencing changes in demand, cost and revenue. The Ministry of Health (“the Ministry”) worked with DHBs to address the issues that arose as a result of the Level Four lockdown. This included understanding more about the drivers of the additional costs and some medium to long-term mitigations.
- 5.1.3. Neither DHBs nor PHOs were permitted to use any of the Funding other than for the general practice support components.
- 5.1.4. DHBs were expected to work with PHOs to keep account of how the funding was utilised locally to support general practice sustainability. This information was to assist the Ministry to assess any future requests for business sustainability funding.

6. Term

- 6.1. This Schedule commenced on 8 April 2020 and, unless terminated earlier in accordance with the Principal Agreement, expired on 30 June 2020.

7. Funding

- 7.1. The DHB used the Funding for the purposes of performing the Services. For the avoidance of doubt, the Funding paid to the DHB on 8 April 2020 completely satisfies the Ministry’s obligation to provide the Funding in accordance with the Services delivered in this Schedule, and the Ministry is not liable to make any further or duplicate payments. Sector Operations arranged the corresponding payment to PHOs the day after DHBs received the funding on 8 April 2020.

Appendix One:

Support for general practice business sustainability - Detailed Funding Allocation

Primary Care Response Funding by General Practice

DHB Code	PHO ID	PHO Name	Practice ID	Practice Name	Rural funding component	Funded Enrolment (April 2020)	Business sustainability funding total amount
WNI	585463	Whanganui PHO	G00397-C	Te Oranganui Iwi Health Authority	0%	5,500	\$25,795.00
WNI	585463	Whanganui PHO	G00652-D	Wicksteed House Medical Centre	0%	8,047	\$37,740.43
WNI	585463	Whanganui PHO	G03248-A	Taihape Health Limited	100%	3,868	\$19,030.56
WNI	585463	Whanganui PHO	G04466-E	Bulls Medical Centre Limited	100%	5,478	\$26,951.76
WNI	585463	Whanganui PHO	G05299-F	St Johns Medical Centre Limited	0%	2,148	\$10,074.12
WNI	585463	Whanganui PHO	G05605-J	Stewart Street Surgery Limited	100%	5,479	\$26,956.68
WNI	585463	Whanganui PHO	G05608-D	Aramoho Health Centre Limited	0%	12,119	\$56,838.11
WNI	585463	Whanganui PHO	G05611-D	Gonville Health	0%	7,698	\$36,103.62
WNI	585463	Whanganui PHO	G05612-F	Springvale Medical Centre	0%	4,253	\$19,946.57
WNI	585463	Whanganui PHO	G0C900-A	Dr Johanna (Annalia) Coetzee	0%	1,974	\$9,258.06
WNI	585463	Whanganui PHO	G0E313-G	Ruapehu Health	100%	3,671	\$18,061.32

CFA2012-13 _H12COVID-19 Primary Care Support – General Practice Sustainability Funding

Final Audit Report

2020-11-12

Created:	2020-11-10
By:	Kathy Rust (Kathy.Rust@wdhb.org.nz)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGs3b9sG-sRwr1TvnatvYkTEqlewYLUM

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-  Document created by Kathy Rust (Kathy.Rust@wdhb.org.nz)
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Signature Date: 2020-11-12 - 00:44:31 GMT - Time Source: server- IP address: 165.225.114.112
-  Agreement completed.
2020-11-12 - 00:44:31 GMT