

12 February 2026

Kia ora Martin,

**Re: Sustaining the Comprehensive Primary and Community Care Teams (CPCT) – Evidence of Impact and the Case for Ongoing Funding**

I am writing on behalf of the ProCare PHO Board to strongly advocate for the continuation of funding for the Comprehensive Primary and Community Care Teams (CPCT). As you know, ProCare has been deeply involved in the implementation and evaluation of this programme, and we now have compelling evidence – clinical, operational, equity related, and financial – that discontinuing funding would significantly compromise the gains achieved for whānau, general practice teams, and the wider health system.

We recently submitted our six-monthly narrative report (1 July – 31 December 2025), and I would like to highlight several critical findings.

**1. CPCT roles are now fully embedded and delivering measurable, high-impact outcomes**

Across the region, CPCT pharmacists, care coordinators, extended care paramedics, and physiotherapists have become essential members of practice teams. Their impact is not theoretical – it is demonstrable and consistent:

- Substantial improvements in long-term conditions management, including large reductions in HbA1c for patients with long standing, poorly controlled diabetes, improved blood pressure control, and safer use of high-risk medicines such as insulin, anticoagulants, and respiratory therapies
- Meaningful whānau engagement, particularly among those historically labelled “non-engaged” or “non-compliant”. The ability to provide free, relationship-based follow up has removed cost barriers and rebuilt trust
- Stronger equity outcomes, with multiple case examples showing whānau Māori, Pacific families, and high needs patients experiencing improved access, adherence, health literacy, and self-management confidence.

These roles are not add-ons; they are transforming care delivery, enabling primary care teams to work at the top of their scopes, and ultimately, showing the value of multi-disciplinary teams.

**2. CPCT roles significantly strengthen and expand clinical capability within general practice**

Key capabilities include:

- Advanced medicines expertise – pharmacists provide high-level pharmacology support, enabling safer prescribing, complex titration, and improved management of high-risk medicines
- Stronger diagnostic and triage capability – Extended Care Paramedics and physiotherapists bring hands-on assessment and early diagnostic skills, allowing more acute and

musculoskeletal conditions to be managed within the practice

- Enhanced long-term condition management – CPCT roles drive proactive, evidence-based management of diabetes, CVD, COPD, gout and polypharmacy, thereby lifting the clinical maturity of practices
- Improved interdisciplinary decision making – daily collaboration strengthens the practice’s overall clinical judgement, particularly for complex patients
- Uplift in workforce skills – pharmacists, physios, and paramedics provide real-time coaching and education to GPs, registrars, nurses and health coaches, increasing confidence and capability across the team
- Reduced reliance on secondary care – new in-practice skills for example insulin initiation, CGM interpretation, bone density screening which allow more care to remain in the community.

Looking ahead, pharmacists embedded within general practice are ideally positioned to be key implementers of the CKM clinical guidelines, providing follow-up and medicines optimisation needed to support patients identified as requiring proactive care.

### **3. The interdisciplinary model is generating system-wide value**

The CPCT workforce has strengthened integration across care sectors:

- Improved transitions between secondary and primary care, with pharmacists resolving discrepancies, clarifying plans, and preventing medication-related harm
- New pathways and services, including pharmacist-led bone density screening, gout management, insulin titration pathways, COPD action planning, home BP monitoring, and group diabetes education programmes
- Enhanced operational efficiency, reducing duplication and improving patient flow.

These are innovations that relieve pressure on hospital services, reduce avoidable admissions, and support whānau to stay well in their communities.

### **4. CPCT demonstrates clear value for money**

The programme achieves:

- Improved long-term condition control, reducing hospitalisations, complications, and acute presentations
- Better medicines safety and adherence, decreasing adverse events
- Reduced GP workload, shortening wait times and improving capacity for complex care
- Higher engagement from high-needs populations, who receive accessible, no-cost support.

Few investments in primary care have produced such comprehensive, system-wide benefits in such a short period.

We are now seeing that workforce recruitment and retention are now at risk due to funding uncertainty. Despite the programme's success, the time-limited funding is creating avoidable instability:

- Experienced pharmacists and paramedics report reluctance to commit to long term practice development (e.g. prescriber qualification) when their roles may not exist in six months' time
- Some have already exited the programme, and practices are concerned they will not be able to recruit again without secure funding
- Short-term contracting undermines the relationship-based care that is essential for equity and chronic condition management.

Our strong view is that discontinuation would reverse hard-won equity gains and destabilise already stretched general practices.

In announcing Budget 26, the Finance Minister has made it clear that in many areas there will be no additional funding. Given the real-world cost savings this programme is making, extending the funding for the CPCT programme would be a tangible and demonstrable way of a short-term investment making a long-term saving in the healthcare system.

Given the overwhelming evidence of positive impact, and the significant risks associated with allowing funding to lapse, the ProCare Board strongly recommends that Te Whatu Ora continues and expands CPCT funding as an ongoing, sustained investment in the wider healthcare system.

This programme is delivering exactly the kind of integrated, equitable, preventive care that the New Zealand health system is striving for. The gains are substantial, the model is proven, and the workforce is now in place. To lose this momentum due to funding uncertainty would be a major setback for whānau and for system transformation.

We would welcome the opportunity to meet with you and your team to discuss these findings further.

Ngā mihi nui,



Bindi Norwell  
Group CEO ProCare