

# From Impact to Proof:

## Comprehensive Primary and Community Care Teams in Waitaha Canterbury and Aoraki South Canterbury

A collaborative initiative between PHOs, Te Whatu Ora, Hauora Māori providers, and Pacific health partners across Waitaha and South Canterbury.



### Background and purpose

Launched in 2023 by Te Whatu Ora and Te Aka Whai Ora, the Comprehensive Primary and Community Care Teams (CPCT) programme was designed to provide more comprehensive, seamless, primary and community health care for local communities.

A primary objective of the programme was to improve equity of access and health outcomes for priority populations by:

- Introducing new workforce roles – care coordinators, pharmacists, physiotherapists, extended care paramedics, Kaiāwhina.

- Embedding culturally safe, team-based models of care connecting general practice with Māori and Pacific providers.
  - Strengthening collaboration and coordination across health and community services.
  - Enhancing sustainability through shared workforce and integrated care structures.
- CPCT Priority populations were: Māori, Pacific peoples, rural communities, and Tangata Whaikaha | people with disabilities.

### Implementation Snapshot

4 PHOs involved: Pegasus Health, Waitaha Primary Health, Christchurch PHO, South Canterbury PHO.

7 Māori Providers and 2 Pacific Providers supporting 7 FTE of Kaiāwhina.

16 FTE of clinical roles funded.

2,981 unique service users in Canterbury, 1 July 2024 to 30 June 2025.

1,796 unique service users in South Canterbury, 1 July 2024 to 31 March 2025

Partner Leads Group and Project Integration Lead guided local delivery.

### Improved Patient Outcomes

**Patients experienced tangible improvements in health, wellbeing, and self-management.\***

**100%** of patients surveyed said their health or wellbeing improved.

“My experience has been amazing. I was listened to and treated accordingly.”

“I’m heaps healthier for it... I’m walking every day with the dog.”

Patients reported:

- Feeling listened to, respected, and empowered
- Improved understanding and use of medications
- Greater confidence in managing conditions.

\*This data is specific to Waitaha Canterbury

### Deeper Collaboration

**Team-based care:** Weekly interdisciplinary team (IDT) meetings brought together GPs, pharmacists, care coordinators, physiotherapists, and kaiāwhina to coordinate support for patients and whānau.

**Shared learning:** Regular hui between PHOs, Māori, and Pacific providers strengthened mutual understanding and alignment around culturally responsive care.

**Integrated delivery:** Co-location of services, shared care plans, and consistent communication improved continuity and reduced duplication across providers.

“I catch up with everyone [in the CPCT team] every single week, to talk about each patient and make sure that everything is running smoothly.”

### Improved Access

**Māori and Pacific peoples accessed services at significantly higher rates than their population share increasing over time.**

Most practices funded through CPCT are classified as rural, whose enrolled population are a CPCT priority independent of ethnicity. The reporting of service activity indicates that access was prioritised to the priority population groups of Māori & Pacific.

Kaiāwhina and new clinical roles reduced access barriers by:

- Offering integrated additional services within general practice (pharmacy, physiotherapy)
- Providing transport, appointment reminders, and home visits
- Delivering culturally safe, relationship-based care.

Region	Group	% of CPCT contacts	% of population
Waitaha	Māori	48%	10%
	Pacific	20%	3%
South Canterbury	Māori	15%	9%
	Pacific	10%	3%

### Strengthened Partnerships

**Integration between general practice, Māori, and Pacific providers strengthened over the course of the programme.**

Group	Rated partnership “well / somewhat well”**
Practices with Māori providers	75%
Practices with Pacific providers	83%

Key enablers for success of Kaiāwhina:

- Open communication and shared planning
- Kaiāwhina visibility within practices
- Shared access to patient systems and information

“The relationship and shift in dynamics and energy in the room when NGOs are able to engage is magic.”

\*This data is specific to Waitaha Canterbury

### Overall Impact

**Improved health and wellbeing** for priority populations.

**Increased access** to culturally safe, local care, and additional services.

**Deeper collaboration** between general practice, and Māori and Pacific providers.

**Increased capacity** of general practice teams.

**Proactive and coordinated models** of primary and community care.

### Challenge Ahead

The additional roles have strengthened GP team capacity, enabling practices to manage complex health and social needs more effectively.

Sustaining these gains will require ongoing national investment and local leadership as kaiāwhina funding ended in June 2025 and clinical role funding concludes in June 2026.

### Case Study 1

**One practices gout management approach**

Focused recalls and GP education raised the number of Māori and Pacific people with recorded serum urate tests from 27% to 85% within five months, highlighting the impact of coordinated CPCT action on managing chronic conditions.

Date	Percentage
Nov 2024	27%
Jan 2025	66%
Apr 2025	85%