

Evaluation of Comprehensive Primary and Community Care Team (CPCT) Programme in Waitaha and South Canterbury

Part Two: Outcomes

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ACKNOWLEDGEMENTS

The CPCT Partner Leads group - a collaborative of PHOs, Clinical Leads, Te Whatu Ora Commissioning, Hauora Māori, and Pacific teams – extend their sincere thanks to everyone that contributed to this evaluation. This includes those that completed surveys, participated in case studies, and reported on activity.

Your efforts have generated valuable insights, deepened understanding of the impact of CPCT and identified learnings that will inform the future delivery of health services.

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EXECUTIVE SUMMARY

Background

Te Whatu Ora and Te Aka Whai Ora partnered to fund the Comprehensive Primary and Community Care Teams (CPCT) programme across Aotearoa | New Zealand through Budget 22. The programme's objectives were to improve access to primary community care for priority populations, enhance their health and wellbeing, establish partnership models to ensure co-ordinated and collaborative care, and improve the capacity and sustainability of primary care by introducing additional roles into the health sector. Te Aka Whai Ora commissioned Hauora Māori and Pacific providers to establish the kaiāwhina roles, and Te Whatu Ora commissioned the four PHOs across Waitaha and South Canterbury (December 2023) to implement the CPCT programme and facilitate the additional clinical roles, pharmacist, care coordinator, physiotherapist and/or extended care paramedics being integrated with general practice teams.

Evaluation

Methodology

The evaluation was completed in two parts: the implementation process and the service outcomes. This report presents Part two of the evaluation that aims to understand the outcomes achieved in line with the objectives of the CPCT programme. Five evaluation questions were identified to explore people/ whānau experience and improvements in health and wellbeing, partnerships within practices / clusters, models of care that enabled coordination and collaboration, access, and the capacity and sustainability of primary care.

The evaluation comprised of five components of data collection:

1. Gathering information from patients about their experience of CPCT.
Information was collected from patients following their interaction with a staff person employed to deliver additional services funded through CPCT.
2. Case studies (qualitative interviews) with staff and patients involved in CPCT to explore the coordination and collaboration of services.
3. Gathering information to evaluate the partnership formed between providers. Information was collected via a survey of CPCT practices by PHOs, and from kaiāwhina with Hauora Māori providers by the Hauora Māori team at Te Whatu Ora.
4. Collating the data to Te Whatu Ora on unique service users, number of contacts and interdisciplinary team (IDT) meetings and reviewing exemplars included in the reports.
5. Analysis of the impact of the additional roles on the capacity and sustainability of primary care.

Evaluation Findings

A summary of findings is below with further detail in the body of the report.

Component 1: Patient experience of CPCT

A total of 13 patients responded to the survey. While noting the low response rate, all respondents were positive about the services received. They expressed feeling listened to, assisted with their health and wellbeing, an improved understanding of and compliance with their medications, and/or in many cases that their social needs were met.

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

Component 2: Collaborative and comprehensive team approach

Case studies explored the level of co-ordinated and collaborative care provided, the provision of culturally appropriate care and empowerment of patients to manage their own health.

The two case studies highlight that the adoption of a team-based approach, where practices and providers collaborate to provide coordinated care, can enhance patients' understanding of their health condition and offer improvements in patient health and wellbeing.

A CPCT Care Coordinator perspective

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

A patient perspective:

"I'm heaps healthier for it," he said. "I'm walking every day with the dog. I help the wife mow the lawn."

Furthermore, working collaboratively with kaiāwhina can help reduce barriers to care that some patients and whānau experience. One case study highlighted that by building a culturally responsive relationship with the patient, the kaiāwhina enabled better engagement with the practice and improved access to care.

A patient perspective:

"(it is) an internal process...Patients don't want to be sent off to an external agency."

Component 3: Partnership between practices and providers

Data about the partnership between practices and providers was captured from CPCT general practices in Canterbury and kaiāwhina from across Te Waipounamu. It is assumed the Te Waipounamu results are indicative of those from Waitaha and South Canterbury.

Findings from both sources included:

- Most practices responding to the survey (n=6) indicated their partnership with Pacific and Hauora Māori providers was progressing very well or somewhat well; the remaining practices rated it as neither well nor badly.
 - Pacific providers: 83% (n=5) described the partnership as progressing well / somewhat well
 - Hauora Māori providers: 75% (n=3) described the partnership as progressing well or somewhat well

- Most kaiāwhina with Hauora Māori providers (64%, n=9) rated their working relationship with the general practice(s) as excellent or satisfactory. While some (36%, n=5) indicated it needed improvement.

Thematic analysis of survey data identified the value of:

- Effective communication
- Understanding each other’s roles
- Kaiāwhina being welcomed into the practice and often being present in the practice.
- Providing kaiāwhina with access to the practices’ patient management system (PMS) to enhance referrals and communication
- Kaiāwhina role in overcoming barriers to accessing care.

Areas identified to strengthen the partnerships were:

- More feedback from kaiāwhina about their patient interactions and outcomes
- Having a practice champion to help kaiāwhina engage with busy general practice teams.

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

Component 4: Access

Canterbury

Data reported to Te Whatu Ora from PHOs for 12 months (July 2024 – June 2025) was collated and analysed by ethnicity over time.

In the 12 months from 1 July 2024 to 30 June 2025:

- Clinical roles within the CPCT programme provided access to an estimated 2,981 unique service users, through an estimated 6,069 contacts.
- Of the total 2,981 unique service users 48% (n=427) were Māori and 20% (n=604) were Pacific peoples.
- Of the total 6,069 contacts, 52% (n=3,185) were with Māori and 26% (n=1,573) were with Pacific peoples.
- Of the estimated 640 interdisciplinary meetings were held of which 62% (n=396) were for Māori and 21% (n=132) were for Pacific peoples.

See also Figure 1 below:

	Unique Service Users	Contacts	IDT meetings
Total	2,981	6,096	640
Māori	48% (1,427)	52% (3,185)	62% (396)
Pacific	20 % (604)	26% (1,573)	21% (132)

Figure 1: Canterbury CPCT Unique service users, contacts, and IDT meetings by ethnicity.

In Canterbury people that identify as Māori and Pacific make up 10% and 3% respectively of the total enrolled population (Sept 2025)

This indicates that:

- Access to CPCT services was provided to Māori and Pacific populations at higher rates, when compared to the total population.

Analysis of data quarterly shows an increasing number of service users, contacts, and IDT meetings over the 12 months. With implementation of CPCT in all practices / clusters not completed until January 2025, this is likely due to time for the additional CPCT roles being embedded into general practice and the resolution of reporting issues.

South Canterbury

Some difficulties were experienced accessing data from South Canterbury due to the breadth of providers. The data available from South Canterbury providers for 9 months, (1 July 2024 to 31 March 2025) was collated and analysed by ethnicity.

In the 9 months:

- Clinical roles within the CPCT programme provided access to an estimated 1,796 unique service users, through an estimated 2,290 contacts.
- Of the total 1,796 unique service users 15% (n=268) were Māori and 20% (n=176) were Pacific peoples.
- Of the total 2,290 contacts, 26% (n=598) were with Māori and 16% (n=366) were with Pacific peoples.
- Of the estimated 98 interdisciplinary meetings were held of which 35% (n=34) were for Māori and 23% (n=22) were for Pacific peoples.

See also Figure 2 below.

	Unique Service Users	Contacts	IDT meetings
Total	1,796	2,290	98
Māori	15% (268)	26% (598)	35% (34)
Pacific	10% (176)	16% (366)	22% (22)

Figure 2: South Canterbury CPCT Unique service users, contacts, and IDT meetings by ethnicity.

In South Canterbury people that identify as Māori and Pacific make up 9% and 3% of the total enrolled population (Sept 2025).

This indicates that access to CPCT services was provided to Māori and Pacific populations at higher rates, when compared to the total population.

Canterbury and South Canterbury access for priority populations

As most practices funded through CPCT are classified as rural, whose enrolled population are a CPCT priority independent of ethnicity; and some data submitted by practices was not differentiated by ethnicity, the reporting of service activity indicates that access was prioritised to the priority population groups of Māori and Pacific.

Component 5: Capacity and sustainability of primary care

While the impact of the additional roles on the capacity and sustainability of the practices was included in the evaluation framework, this analysis will be completed by 31 March 2026.

System outcomes

The evaluation framework included the option of exploring ED and urgent care attendance data. This was not progressed due to the time frame of implementing the CPCT programme, breadth of services delivered, (including addressing barriers to accessing care, increasing health literacy, delivering proactive and preventative care for a range of health conditions, and increased patient centred and empowering care), and questions about the ability to differentiate changes from CPCT implementation from other factors impacting people / whānau access to care.

The exemplars below highlight the breadth of services delivered where improvements gained are unlikely to be visible in ED or Urgent care data in the short term.

Exemplar One: A patient with complex social and medical issues was typically difficult to contact or get to attend an appointment and had previously declined social work input. Kaiāwhina engagement resulted in a GP appointment to address health needs, and encouragement regular INR testing.

Exemplar One: Prior to CPCT input, the number of Māori and Pacific people who have gout and a serum urate level recorded in the past 12 months was 27% (November 2024). Following CPCT recalls and GP education this figure increased to 66% in January and then 85% in April.

Limitations and considerations:

- Reporting data submitted to Te Whatu Ora was not differentiated by people with disabilities, and in a limited number of practices not by ethnicity – this latter issue is being addressed.
- The evaluation was undertaken through the active phase of implementation and during a time of uncertainty for ongoing resourcing of kaiāwhina roles.
- Low response rates to survey exploring patients' experience of CPCT.
- Time frame for collecting the data to inform findings of CPCT's impact on the sustainability and capability of primary care.

Summary

Despite the limited data gathered and the evaluation being undertaken during the active phase of implementation, there are strong signals of effectiveness local implementation is achieving the CPCT programme objectives; notably to improve access to primary care for priority populations, enhance their health and wellbeing, and facilitate the delivery of more co-ordinated and collaborative care.

Where the partnership between the kaiāwhina and general practice is working well, the outcomes achieved affirms the value of flexible community roles that seamlessly work as an integrated part of the general practice team, and can engage with people / whanau in a culturally responsive manner to address their health and wellbeing needs, in reducing barriers to accessing primary care and addressing complex health and social needs.

Funding for kaiāwhina roles with Hauora Māori providers ceases June 2025. While options for retaining functions provided by kaiāwhina are being explored it is anticipated that where a strong partnership has formed, the outcomes achieved through CPCT will be impacted.

With the CPCT programme roll out completed January 2025, ongoing refinement is continuing of the models of care, and communication that enables co-ordination and collaboration between the CPCT teams. It is suggested there is value in repeating the patient experience surveys in 6 months' time, continue monitoring service user and contacts numbers by ethnicity, and gathering information via the exemplar reporting to strengthen these evaluation findings.

REPORT

1. Background

1.1. About the Community and Primary Care Team (CPCT) programme

The CPCT is a national programme established by Te Whatu Ora and Te Aka Whai Ora in 2023 through Budget-22 to improve equitable access to primary and community care and the health and wellbeing of priority populations - Māori, Pacific, people that live rurally and Tangata Whaikaha | people with disabilities.

CPCT programme was designed as a partnership model. Te Aka Whai Ora commissioned some Hauora Māori and Pacific providers to provide kaiāwhina roles that would work as an integrated part of a CPCT to provide a holistic, co-ordinated and collaborative approach to care, delivered in a way that improves access and the health outcomes of the priority population groups.

In December 2023, Te Whatu Ora commissioned Pegasus Health, Waitaha Primary Health, Christchurch PHO, and South Canterbury PHOs to implement CPCT across Waitaha | Canterbury and South Canterbury. This included working alongside the Hauora Māori and Pacific partners, establishing the additional clinical roles within the CPCT practices / clusters, and facilitating these roles alongside the kaiāwhina, to work as an integrated part of the CPCT team with general practices.

Pegasus Health was commissioned to employ a Project Lead to implement CPCT across the districts.

The objectives of CPCT are to:

- Improve access to primary and community for the priority populations!
- Enhance health and wellbeing.
- Establish partnership models to ensure co-ordinated, collaborative care.
- Improve the capacity and sustainability of primary care through additional roles.

CPCT in Waitaha and South Canterbury

Following meetings between Te Whatu Ora, Te Aka Whai Ora and PHOs across Waitaha and South Canterbury mid-2023, agreements with PHOs were established to facilitate the implementation and a Project Lead employed to progress implementation December 2023.

CPCT Partner Leads Group¹ formed to provide oversight and guidance of the implementation locally.

2. Evaluation

This report relates to the second part of an evaluation of the CPCT programme delivery in Canterbury and South Canterbury. The first part - the process evaluation - explored the benefits and challenges of the implementation phase of CPCT. The second part explored the outcomes/outputs of the programme. The objectives and outcomes of the CPCT programme were used to develop the evaluation framework (Appendices 1 & 2) agreed by the CPCT Partner Leads Group.

¹ CPCT Partner Leads Group provided leadership to the implementation of CPCT programme in Waitaha and South Canterbury. Membership included Te Whatu Ora commissioning, Hauora Māori and Pacific Health teams, PHO CEs or their delegated representatives, PHO Clinical Leads, Project Lead.

Evaluation Questions

The following questions were explored through the evaluation:

- Q1. Have people engaged in CPCT experienced improvements in their health and wellbeing and were empowered to manage their own health?
- Q2. To what degree have partnerships formed within practices / clusters?
- Q3. Have co-ordinated and collaborative models of care been established and is this improving patients experience of care?
- Q4. Has the CPCT programme improved access for priority population groups?
- Q5. Has CPCT improved the capacity and sustainability of primary care?

3. Collection and analysis of data, and findings

This section details how data was collected and analysed. It comments on the findings for each of the five components of the data collection.

1. Information from patients about their experience of CPCT.
2. Case studies (qualitative interviews) with staff and patients involved in CPCT.
3. Gathering information to evaluate the partnership formed between providers.
4. Contract reporting data reported to Te Whatu Ora on unique service users, contacts and interdisciplinary.
5. Analysis of the impact of the additional roles on the capacity and sustainability of primary care.

Note the report does not include data or findings related to any changes in the capacity and sustainability of primary care as this work is ongoing.

3.1 Gathering information from patients about their experience of CPCT

Collection of data

Quantitative and qualitative information was collected via a survey following an interaction with a staff person (pharmacists, physiotherapists, care co-ordinators and/or kaiāwhina), employed to deliver additional services through CPCT.

A four-five question survey was developed (May – June 2025) to gather information from the person / whānau about their experience of the care, any impact on their health and wellbeing, and whether the care was provided in a person/ whānau-centred approach. People in the CPCT roles contributed to the survey development to ensure its relevancy.

The CPCT staff were provided with a variety of means for patients/whānau to complete the survey including a QR code, a link to the survey on-line and hard copies. The survey was open for two weeks. (See Appendix 3 for Surveys).

Survey responses – quantitative data.

The results of the survey, though from a small number of respondents, highlight the value of the service to the patients/whānau with most responses signalling improvements in health and wellbeing. People expressed feeling listened to and well supported in part due to the additional time to interact with CPCT staffs.

The following table details the number of responses received for each role.

Role the person / whānau had interacted with	Number of responses received
Pharmacist	4
Care co-ordinator	9
Physiotherapist	0
Māori Provider Kaiāwhina	0

3.1.1 Pharmacists Survey Results

Four participants responded to the pharmacist survey. Responses were primarily positive to all questions asked.

Question 1: Understanding	Improved a lot	Improved a little	No change	Worsened a little	Worsened a lot	N/A
Change in understanding of medications	2	0	2	0	0	0

It is suggested that if the interaction was the person’s first contact with the pharmacist it may have been too early for this to change or it may not have been the focus of the consultation.

One who felt their understanding had changed a lot noted:

“The pharmacist was knowledgeable and articulate. It was clear that she genuinely cared about her work and helping others. I felt completely at ease with the information provided, as well as with everything that was prescribed. She took the time to explain not only what was being recommended for my whānau, but also why and how to use it effectively.”

Question 2 & 3: Wellbeing & Health	Improved a lot	Improved a little	No change	Worsened a little	Worsened a lot	N/A
Improvement in wellbeing	3	1	0	0	0	0
Improvement in health	3	1	0	0	0	0

“I am feeling so much better.” “My well-being is entirely reliant on my understanding of the information given to me from the pharmacist.”

Question 4: Cultural & communication needs	Very well	Quite well	Neither well nor poorly	Quite poorly	Very poorly	N/A
How well cultural needs were met	4	0	0	0	0	0
How well communication needs were met	4	0	0	0	0	0

Two noted that the pharmacist had helped clarify appointment times and scheduling. One respondent noted that they had no issue with the pharmacy service but wondered if the agenda was to remove the responsibility from the GP and place it more on the patient.

The final question asked respondents if they had anything further to add about their experience with the pharmacy service. Of the two responses, one noted:

“The pharmacist was an absolute pleasure to kōrero with. She was incredibly knowledgeable and showed a genuine passion for her work and for the people she serves. Great service. My experience has been amazing. I was listened to and treated accordingly.”

3.1.2. Care Co-ordinator Survey results.

The care co-ordinators’ role is to support patients/whānau to access health and other services. Nine people responded to the survey.

Question 1: Access services needed	Very well supported	Quite well supported	Neutral	Not very supported	Not supported	N/A
How well were you supported by the Care co-ordinator to access the services you needed	8	1	0	0	0	0

One participant noted: *“(The Care Coordinator) helped me try and source new heating system through the warmer kiwis scheme.”*

Question 2: Wellbeing & health	Improved a lot	Improved a little	No change	Worsened a little	Worsened a lot	N/A /
Improvement in wellbeing	7	2	0	0	0	0
Improvement in general health	6	1	0	0	0	2

There were several positive comments when asked to elaborate on their wellbeing and health.

One participant noted: *“We have found it a great help to have the right people available when needed.”*

Question 3: Cultural and communication needs	Very well	Quite well	Neither well nor badly	Not applicable
How well cultural needs were met	6	1	1	1
How well were communication needs met	8	1		

Most didn’t have any other needs to be met (7), with two saying their other need was met well - one for tenancy services and another for home help services.

The final question related to anything else about the service with eight people responding. Several reiterating how helpful and kind the care co-ordinator was, that they had listened to them.

“I feel like I’ve made a new friend – welcome to my world.”

3.1.3. Kaiāwhina Survey

The survey was sent to Māori Health providers, however no patients that interacted with the kaiāwhina responded.

While the intent of the survey was to capture interactions all CPCT roles, delays in confirming survey content resulted in these being distributed close to kaiāwhina roles ceasing on 30 June 2025. Pacific kaiāwhina did not receive the survey because of delays in communication with Te Aka Whai Ora Pacific Directorate.

3.2 Case studies (qualitative interviews) with staff and patients involved in CPCT to explore the coordination and collaboration of services

Two case studies completed by communications staff sought to capture the voice of people / whānau and CPCT staff involved in their care. These explored:

- Collaborative and coordinated model of care emerging between CPCT roles in practices and with the Hauora Māori and / or Pacific providers.
- Provision of culturally appropriate care
- Shared decision making and empowerment of patients in managing their own health and wellbeing.
- Any changes in practices and providers' understanding of patient's health and wellbeing needs.

3.2.1 Case Study One: Kaikōura Pharmacist Gives Heart Attack-Suffering Patient a New Lease on Life.

Henry, a sixty-nine-year-old Kaikōura resident, had historically thought little about his health until he suffered a major heart attack last year. Henry's new reality presented significant obstacles, and he found himself in need of support to navigate them.

With the help of his locally based kaiāwhina (navigators who support patients and whānau who are at the highest risk of poor health outcomes, including Māori and Pacific people), Henry was connected with Kaikoura Healthcare Practice Pharmacist David McKee.

McKee, who has long owned and operated Kaikōura Pharmacy, recently joined the general practice team at Kaikoura Healthcare as a Practice Pharmacist. His role, alongside the Kaikoura-based kaiāwhina, has been made available thanks to funding through the Comprehensive Primary Care Teams (CPCT) programme. This funding is designed to improve access and health outcomes for Māori, Pacific people, Whaikaha, and those living rurally.

Thanks to the programme, McKee could spend one-on-one time with Henry to support his care. "He comes to my house out in the country here and explains what the pills mean and what they'll do for me," Henry said.

Even basic supports, such as assistance in building medication routines, can make a massive difference after a significant health event, David said.

"With the blister pack, you can see, today's Tuesday, and if the pills are there, you haven't taken them. Good pointers to aid compliance."

With a greater understanding of his medications and the importance of taking them daily, Henry, who had been couch-bound since his heart attack, noticed an immediate improvement. "I'm heaps healthier for it," he said. "I'm walking every day with the dog. I help the wife mow the lawn," Henry said.

David also supported Henry to improve his diet. "I explained to him that animal fats that are solid at room temperature aren't good for you," he said. "By all means, eat the meat, but you cut the fat off." The life changes Henry has made have had a significant impact on his quality of life.

"I feel a lot better. Heaps better than before," Henry said.

3.2.2. Case Study Two: Making Comprehensive Care Assessable in East Christchurch Communities

The second case study tells the story of two patients who attended Cashel Health Centre and interacted with CPCT staff.

Cashel Health Centre is a general practice serving the east Christchurch suburb of Linwood. The practice is a Very Low-Cost Access (VLCA) clinic that serves vulnerable and low-income communities.

With the support of the CPCT programme, Cashel Health Centre has increased access to care coordination, pharmacy and on-site physiotherapy services, and partnered with local Māori and Pacific providers Purapura Whetu and Tangata Atumotu Trust to involve kaiāwhina (navigators who support patients and whānau who are at the most significant risk of poor health outcomes, including Māori and Pacific people) as an integrated part of the practice team.

This expansion of services has increased the level of proactive and comprehensive support provided to their community, particularly for patients and whānau who experience significant barriers to accessing healthcare.

Thanks to CPCT funding, two existing employees have stepped into enhanced roles at the health centre. Melissa, a nurse, now works one day a week as a care coordinator. In this role, she meets with patients to understand their individual care needs, often connecting them with services they were previously unaware of. Jackie, a pharmacist who previously worked a few hours a week at the medical centre, has had her hours extended by the programme to work with patients, helping them grow their understanding of their medications and how to optimise their use.

Cashel Health Centre has many patients' experiencing health and wellbeing issues who face barriers in accessing the care they need to maintain their well-being. To support and facilitate access to care, two kaiāwhina have joined the practice team. Kaiāwhina build enduring and culturally understanding relationships with their patients, providing practical support, including check-ins, transportation to and from the health centre, accompanying people to their appointments, and connecting them with other support services, such as food parcels.

The addition of kaiāwhina has made a meaningful improvement to patient outcomes at the practice, especially for those who hadn't previously engaged with the practice.

"We found a lot of patients have engaged with the kaiāwhina here, after declining social workers or support workers," Melissa said. "One patient in particular, she is on Warfarin, so she needs these special blood tests, and she hadn't done them for six months. We've texted her, we've called her, we've tried to get her into the clinic, nothing works. I called and offered [the kaiāwhina] and she engaged and is still engaged."

Having the kaiāwhina work closely with the health centre team streamlines patient care.

"It feels like an internal process for the patient. They don't want to be sent off to just another agency. Whereas if I say, I'm going to send a referral to our kaiāwhina, she's really lovely."

"The rate of Māori and Pasifika people re-engaging with the GP has been amazing. Because of those barriers they have, they couldn't afford it, they couldn't get the time off, they didn't have a ride, or transport to get [to their appointment], and we were able to provide them with that." Sina, a kaiāwhina employed by Tangata Atumotu Trust, said.

Also new to Cashel Health Centre is a CPCT-funded physiotherapy service.

Physiotherapist Maggie spends one day a week at the practice assisting patients with physical injuries. The services she offers are already making a difference for patients in the community who would benefit from physiotherapy care but cannot afford it.

Patients like Lynn. In February, she fell over at the mall and injured her knee. Aged 62 and on a benefit, she was concerned about accessing care and what it would cost. Visiting a private physiotherapist was not an option, and visiting the hospital would also prove challenging.

“I don't have a car, and I would have to get the bus there, and that's \$4 and possibly another \$4 back,” Lynn said.

After visiting the nurse at Cashel Health Centre, she was directed to the CPCT physiotherapy service and saw the physiotherapist within only a few days. “So, I went and met with her, and she was very good at talking to me. We discussed what I'd done, and then she gave me exercises to do, right up until last week. I'm so grateful,” Lynn said.

Maggie believes that delivering the service on-site, where patients are comfortable, goes a long way towards reducing access barriers.

“Going to a different place and seeing a stranger is a barrier, but coming to the health centre they know, where they know the reception team, then it's just me, just an extra face in the same building,” Maggie said.

The key to successful, integrated care that makes a meaningful difference for patients at Cashel Health Centre is the tight-knit relationships within the team.

“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,” Care Coordinator Melissa said. “We're a small practice; we can just chat and discuss patient needs. It's easy to collaborate.”

3.3 Quantitative and qualitative information to evaluate the partnership formed between providers.

In April 2025 PHOs in Canterbury collected information from CPCT practices on their views of the partnership between the practice and the Hauora Māori and Pacific providers via two questions, one rating the partnership and the other about the benefits of the partnership.

In March 2025, the Hauora Māori Health team at Te Whatu Ora undertook a Te Waipounamu survey of kaiāwhina to understand their experience within CPCT general practices. This included a question about the partnership that exists between Practices and the kaiāwhina.² While data from this survey is from CPCT kaiāwhina across Te Waipounamu, it is considered indicative of the Waitaha CPCT participants' experience.

Most kaiāwhina with Hauora Māori providers (64%, n=9) rated their working relationship with the general practice(s) as excellent or satisfactory. While some (36%, n=5) indicated it needed improvement.

² This was shared with the Pacific team to use as a basis for their own survey. At the time of writing no data has been received.

Practices responses to partnership with Pacific and Māori providers - Waitaha results only.

Most practices responding to the survey (n=6) indicated their partnership with Pacific and Hauora Māori providers was progressing very well or somewhat well; the remaining practices rated it as neither well nor badly.

- For the practice relationship with the Hauora Māori providers: 75% (n=3) described the partnership as progressing well or somewhat well
- with the Pacific providers: 83% (n=5) described the partnership as progressing well / somewhat well

See table below.

Q1. Six responses were received rating how the partnership between your practice and the CPCT providers is progressing.

Providers	Very Well	Somewhat well	Neither well nor badly	Somewhat badly	Very badly	N/A
Pacific Providers	3	2	1	0	0	0
Māori Providers	2	1	1	0	0	2

Q2. Practices were also asked to provide additional comment on the relationship e.g. aspects that are working well and/or opportunities for improvement.

Themes from the responses are amalgamated into benefits and challenges, and include responses related to both Pacific and Māori providers.

3.3.1 Benefits for practices partnering with Māori and Pacific providers.

An analysis of responses identified the following three themes.

Theme one: Integration into the team and communication

“The programme has been enthusiastically embraced by the whole team. “

“[The Māori Health provider] is very responsive to calls, texts, emails, etc. Their follow up has been excellent with kaiāwhina and nurses, etc.”

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

“We have developed good relationships with kaiāwhina and are in constant contact.”

“Having the Pharmacy Staff physically within the Clinic building is far more influential and beneficial than first envisaged. This is an uncaptured / unquantified benefit for the patients but also for prescribing staff to have access to a knowledge base that is sometimes disregarded because they are immediately available, and vice versa, the pharmacy staff are able to directly ask questions of the prescribing staff also. This collegial approach works so well. With this style the patients also see their pharmacist talking to practitioners within the clinic and also see quicker resolution of simple questions from patient to Pharmacy/ Practitioner to Pharmacy.

The team, when working well, use their unique skillsets to provide a rounded approach to care.

Theme two: Impact of the additional roles in the practice

“Kaiāwhina worked well and assist us with overcoming patient barriers of resistance and maintaining good follow up patient relationships.”

Theme three: Infrastructure benefits

“There is definite benefit for the CPCT roles having access to the PMS to be able to refer directly.”

3.3.2 Challenges for practices partnering with Pacific and Māori providers.

An analysis of responses identified the following three themes.

Theme one: Integration into the team

“Need kaiāwhina in the practices more often. Not a separate organisation but part of the team.”

On a similar theme, it was noted that we “need CPCT personnel to be physically located where staff and reception can see them.”

One practice suggested that there is a *“need for education to all practice staff about services available and what type of referrals they need – need to be present in the practice to share successes. Would build trust with providers and other members of staff.”*

For one practice, it was initially difficult to have the kaiāwhina physically occupying space in the clinic also noting “there was mixed messages from the NGOs, initially regarding capacity for new referrals.”

Theme two: Understanding the role and how it works.

One respondent noted that there is a lack of understanding of the goal of having kaiāwhina in the clinic; asking, is it “so patients can see them their physically or more specifically for referrals that have been triaged, consented and then referrals made?”.

“It sounds like each cluster is working in quite different ways especially around referrals. Need more CPCT hui to be able to understand and collaborate on different ways that the teams are working together. This would avoid isolation.”

This was reiterated by another practice who felt they didn’t fully understand the aim of the roles. On a similar theme, a respondent noted that having more hui to understand roles would be helpful.

Theme three: Feedback loop

There is felt to be a reduction in continuity of care when the external organisations that the CPCT staff have referred to do not let the practice know the outcome.

One practice identified that they would appreciate better information sharing between the GP and Kaiāwhina role, e.g. progress notes and discharge summaries.

Theme four: Confusion around consent

There is confusion about consent – some feel it needs to be obtained before a referral can be made to the CPCT staff, while others understand that Māori health providers can cold call without consent.

Difficulty where sometimes patients don’t wish to engage with their provider. Some practices have found it difficult to engage with the Pacific cohort, and this is particularly difficult if consent it required.

Māori provider survey of kaiāwhina’ response to partnership with general practice

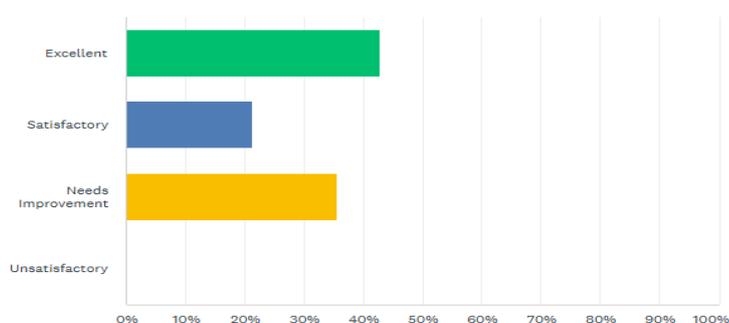
In March 2025, the Hauora Māori Health team at Te Whatu Ora undertook a Te Waipounamu survey of Kaiāwhina to understand their experience within CPCT general practices. This included a question about the partnership that exists between Practices and the Kaiāwhina.³ The data from this survey is from CPCT kaiāwhina across Te Wai Pounamu, however, it is felt that it will be indicative of local CPCT participants’ experience.

Most kaiāwhina with Hauora Māori providers (64%, n=9) rated their working relationship with the general practice(s) as excellent or satisfactory. While some (36%, n=5) indicated it needed improvement.

The following question in the survey of CPCT kaiāwhina with Hauora Māori providers is relevant to this report.

Q1. How would you evaluate your working relationship with the General Practice/s you collaborated with in your CPCT cluster?

See Figure 3 below.



ANSWER CHOICES	RESPONSES
Excellent	42.86% 6
Satisfactory	21.43% 3
Needs Improvement	35.71% 5
Unsatisfactory	0.00% 0
TOTAL	14

Figure 3: Kaiāwhina rating of working relationship with general practice.

Q2: Explanation of rating: Kaiāwhina were asked to explain the rating given.

A thematic analysis of responses identified integration into the practice as the main benefit and challenge of the partnership.

3.3.3 Benefits for Māori providers working with practices.

Theme 1: Positive integration into the team

Many felt that there had been good integration into the team.

³ This was shared with the Pacific team to use as a basis for their own survey. At the time of writing no data has been received.

‘We feel privileged that both practices in the cluster have embraced our Kaupapa and seen the positive for whānau, community and their practices. We have navigated out any tensions and built mutual respect and understanding.’

“Most general practices are keen to jump on board and get the mahi done!”

“CPCT is available, accessible, and keen to engage with the community. They are proactive and look for opportunities to support whānau.”

3.3.4 Challenges for Māori providers working with practices.

Theme 2: Challenges of integration into the team

Some had issues with initial contact and organising things with the practices.

“If the practice doesn’t have a champion for CPCT, the practice simply gets too busy.”

“With the many changes to our GP staff over the last year, it has been challenging to maintain dialogue”.

“The practices still do not understand all the contracts and support that we can offer whānau.

“Management and staff on the floor need to communicate better. I believe the general practice did not want it to work as they would have been more responsive to the kaiāwhina who was there to Tautoko them, not compete.IT systems.

“We have a barrier for our kaimahi utilising the IT systems for one of the partnering GP clinics but zero issues with the other practice.”

3.4 Collate quantitative data gathered for reporting on the contracts with PHO and providers across Canterbury.

Te Whatu Ora and Te Aka Whai Ora’s contracts with providers include quarterly reporting requirements, consisting of how the programme was being implemented, and narrative and quantitative data relating to the key aims.

Quantitative Reporting Data – Canterbury

The following table shows the total number of unique people and contacts, as well as interdisciplinary meetings across the three Waitaha PHOs providers for July 2024 to 30 June 2025.

Waitaha Quantitative Reporting	Total
Total number of unique service users that additional CPCT roles funded under this agreement in the service period have delivered care to.	2,981
Total number of Māori unique service users who accessed services provided by funded additional CPCT roles funded under this Agreement in the service period.	1,427
Total number of Pacific unique service users who accessed services provided by funded additional CPCT roles funded under this Agreement in the service period.	604
Total number of contacts provided to service users by additional CPCT roles funded under this Agreement in the service period.	6,096
Total number of contacts provided to Māori service users by additional CPCT roles funded under this Agreement in the service period.	3,185

Total number of contacts provided to Pacific service users by additional CPCT roles funded under this Agreement in the service period.	1,573
Total number of interdisciplinary case meetings for a specific person and their whānau attended by additional CPCT roles funded under this agreement.	640
Total number of interdisciplinary case meetings for a Māori person and their whānau attended by additional CPCT roles funded under this agreement.	396
Total number of interdisciplinary case meetings for a Pacific person and their family/aiga/family attended by additional CPCT roles funded under this agreement.	132

Figure 4: Canterbury CPCT Reporting data July 24 – June 25.

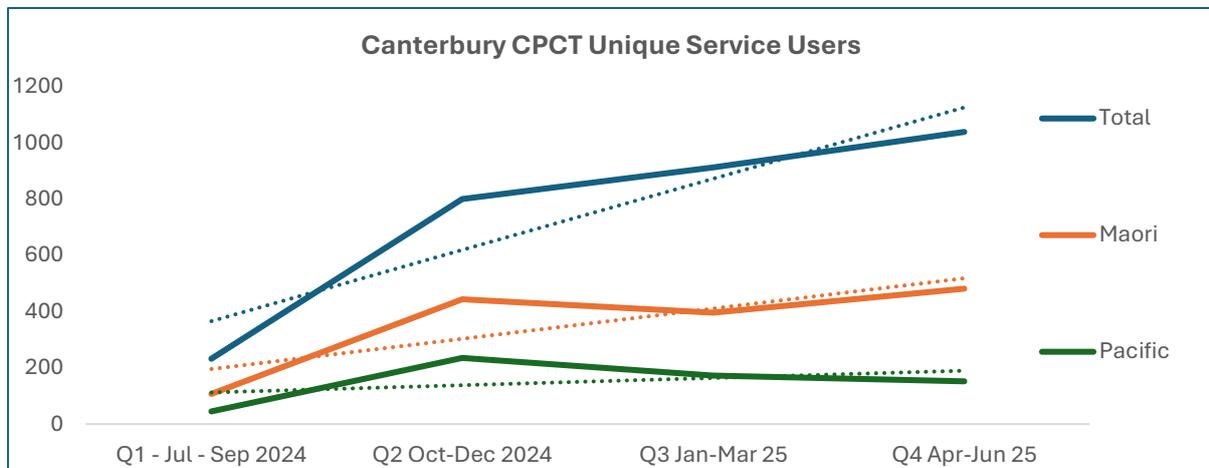
Priority populations and trend over time

In Canterbury people that identify as Māori and Pacific make up 10% and 3% respectively of the total enrolled population (Sept 2025).

Analysis of the CPCT data by ethnicity clearly shows that the number of unique service users, contacts and Interdisciplinary Team (IDT) meetings for Māori and Pacific peoples were in proportions greater than these ethnicities for the total population. Furthermore, numbers show an increasing trend over time in all categories.

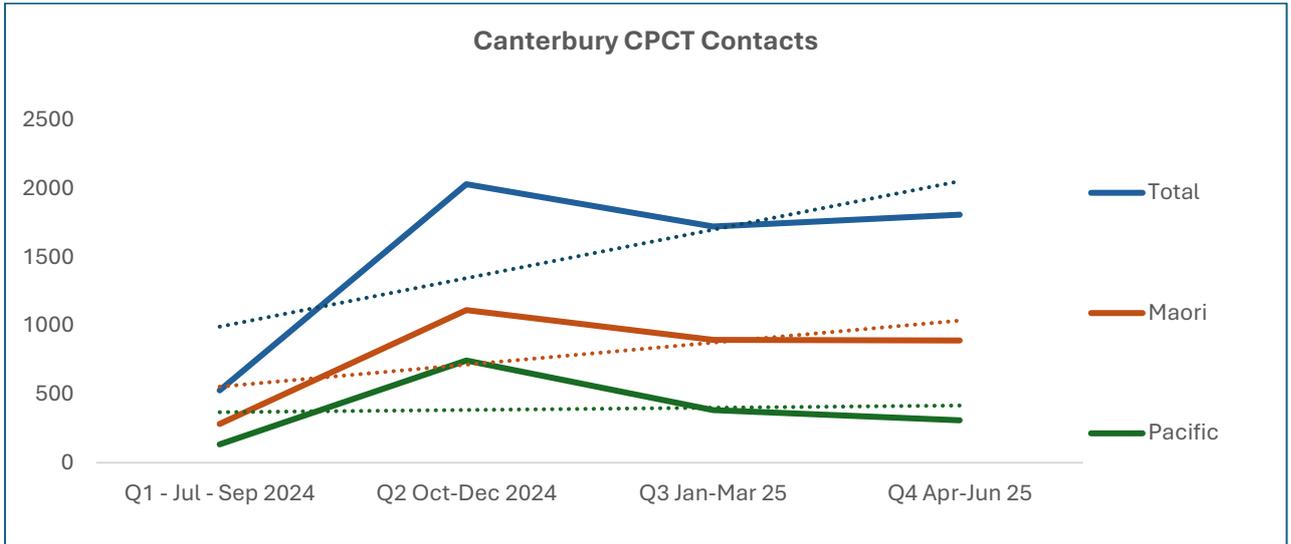
See Figures 5-7 below.

No analysis was undertaken on Tangata Whaikaha | People with Disabilities, as this information is not systematically recorded in general practice PMS systems.



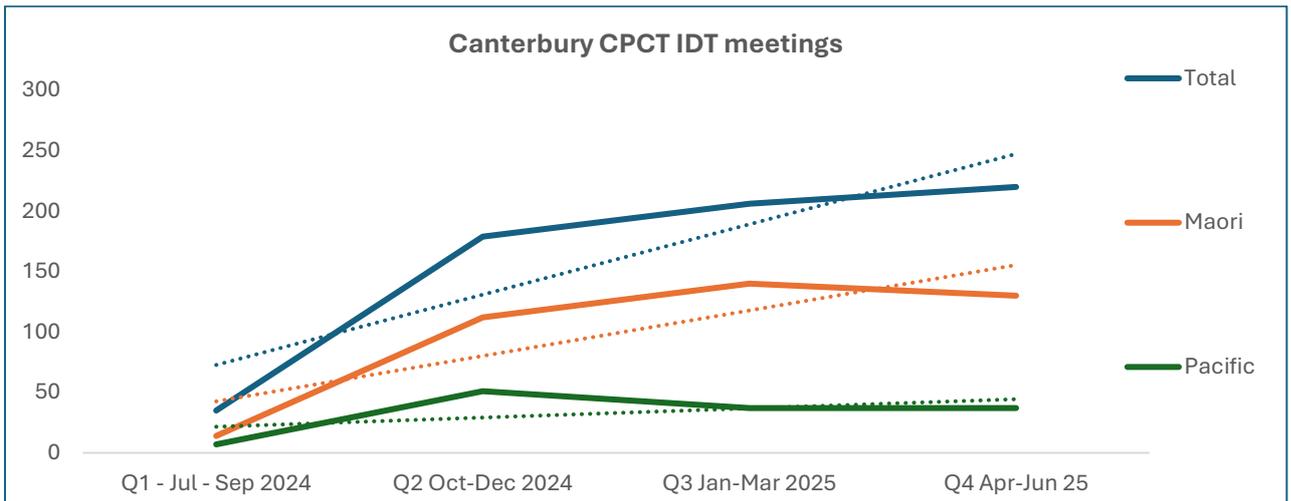
	Q1 Jul - Sep 2024	Q2 Oct-Dec 2024*	Q3 Jan-Mar 25	Q4 Apr-Jun 25
Māori	46%	55%	43%	46%
Pacific	19%	29%	19%	15%

Figure 5: CPCT Unique service users.



	Q1 Jul - Sep 2024	Q2 Oct-Dec 2024*	Q3 Jan-Mar 25	Q4 Apr-Jun 25
Māori	54%	55%	52%	49%
Pacific	25%	37%	22%	17%

Figure 6: Canterbury CPCT contacts.



	Q1 Jul - Sep 2024	Q2 Oct-Dec 2024*	Q3 Jan-Mar 25	Q4 Apr-Jun 25
Māori	40%	63%	68%	59%
Pacific	20%	28%	18%	17%

Figure 7 CPCT IDT meetings.

* The peak in Q2 is due to some activity reported in Q2 may have been delivered in Q1

Quantitative Data - South Canterbury

South Canterbury

Accessing data from South Canterbury’s providers proved difficult in part due to the range of providers, and varied contract arrangements and start dates. The collated data available from 1 July 2024 to 31 March 2025 is provided in Figure 8 below.

No analysis was undertaken of access numbers for people with a disability.

South Canterbury Quantitative Reporting	Total
Total number of unique service users that additional CPCT roles funded under this agreement in the service period have delivered care to.	1,796
Total number of Māori unique service users who have accessed services provided by funded additional CPCT roles funded under this agreement in the service period.	268
Total number of Pacific unique service users who have accessed services provided by funded additional CPCT roles funded under this agreement in the service period.	176
Total number of contacts provided to service users by additional CPCT roles funded under this agreement in the service period	2,290
Total number of contacts provided to Māori service users by additional CPCT roles funded under this agreement in the service period	598
Total number of contacts provided to Pacific service users by additional CPCT roles funded under this agreement in the service period	366
Total number of interdisciplinary case meeting for a specific person and their whānau attended by additional CPCT roles funded under this agreement.	98
Total number of interdisciplinary case meeting for a Māori person and their whānau attended by additional CPCT roles funded under this agreement.	34
Total number of interdisciplinary case meeting for a Pacific person and their family / aiga/ whānau attended by additional CPCT roles funded under this agreement.	22

Figure 8: South Canterbury reporting data.

Priority populations

In South Canterbury people that identify as Māori and Pacific make up 9% and 3% of the total enrolled population (Sept 2025)

While acknowledging the limitations of the data available, analysis by ethnicity shows that the number of unique service users, contacts and Interdisciplinary Team (IDT) meetings for Māori and Pacific peoples were in proportions greater than these ethnicities for the total population.

See Figure 9 below.

	Unique Service Users	Contacts	IDT meetings
Total	1,796	2,290	98
Māori	15% (268)	26% (598)	35% (34)
Pacific	10% (176)	16% (366)	22% (22)

Figure 9: South Canterbury CPCT reporting data by ethnicity.

Canterbury and South Canterbury access for priority populations

As most practices funded through CPCT are classified as rural, whose enrolled population are a CPCT priority independent of ethnicity; and some data submitted by practices was not differentiated by ethnicity, the reporting of service activity clearly indicates that access was prioritised to the priority population groups of Māori and Pacific.

Kaiāwhina reporting data.

This data does not contain kaiāwhina reporting data. Māori and Pacific leads are engaging nationally to gain more visibility of the kaiāwhina reporting which is currently sent directly from providers to national teams at Te Whatu Ora and Te Aka Whai Ora. Numbers of contacts are not included in the above table.

CPCT implementation Start Dates

Implementation of CPCT in Waitaha practices started 1 February 2024 and was completed over the next 12 months. The numbers of people assisted through CPCT increased significantly as more practices started providing the service. See also Figure 10 below.

Cluster	Practices	Information session with Practices	Partner Cluster	CPCT Commencement date
East Christchurch	New Brighton	14th Dec 2023 & 23rd Feb	8th May 24	20 th Jan 25
	Linwood Medical	14th Dec 2023 & 23rd Feb	8th May 24	8 th Dec 24
	Piki Te Ora	14th Dec 2023 & 23rd Feb	8th May 24	4 th Nov 24
	Local Doctors Eastcare	14th Dec 2023 & 23rd Feb	8th May 24	20 th Jan 25
	Whānau Ora	14th Dec 2023 & 23rd Feb	8th May 24	14 th Oct 24
	Etu Pasifika	14th Dec 2023 & 23rd Feb	8th May 24	8 th Dec 24
	Cashel Health	14th Dec 2023 & 23rd Feb	8th May 24	26 th Nov 24
	Te Aranga	14th Dec 2023 & 23rd Feb	8th May 24	9 th Dec 24
Other Chch Urban	Riccarton Clinic	15th Dec & 22nd Feb	1st February	4 th Aug. 24
	Halswell Health	15th Dec & 22nd Feb	1st February	21 st Aug. 24
Hurunui / Waimakariri	Hamner Springs	15th Dec & 22nd Feb	10th May 24	
	Cheviot	15th Dec & 22nd Feb	10th May 24	8 th Aug. 24
	Waikari	15th Dec & 22nd Feb	10th May 24	19 th Aug. 24
	Amuri	15th Dec & 22nd Feb	10th May 24	22 nd Aug. 24
	Amberley	15th Dec & 22nd Feb	10th May 24	28 th Nov 24
	Pegasus	14th December 2023	12th August 24	26 th Aug. 24
Banks Peninsula	Diamond Harbour	28th Feb	24th April 24	15 th July 24
	Akaroa			Jan 25
Kaikoura	Kaikoura	14th December 2023	8th February 24	6 th June 24
Selwyn	Oxford	14th December 2023	7th March 24	23 rd Sept. 24
	Darfield	14th December 2023	7th March 24	2 nd Oct. 24
	Leeston	14th December 2023	7th March 24	9 th Sept. 24
Ashburton District	Rakaia	14th December 2023	9th Feb 24	22 nd May 24
	Methven	14th December 2023	9th Feb 24	29 th May 24

Figure 10: CPCT start dates by practice.

South Canterbury

Initial implementation of roles in South Canterbury began between January and July 2024 with Care Coordinator, Pharmacist and an Extended Care Paramedic employed via Arowhenua Whanau Services to deliver services across three of the seven practices involved in the CPCT programme.

A reset occurred between November 2024 – January 2025, where additional Care Coordinator roles were established in two practices and the Extended Care Paramedic role adjusted to provide services as part of one practice team only. These CPCT services (care co-ordinators, pharmacist) commenced January – February July 2024.

See Figure 11 for a summary of the practices and roles in each practice.

South Canterbury Practices identified for CPCT implementation	Summary Update
Timaru Medical Centre	Pharmacist 0.6 FTE and Care Coordinator 1 FTE
Dr Scott's Practice	Will not be progressing with CPCT implementation due to capacity to progress change
Twizel - High Country Health	Will not be progressing with CPCT implementation due to workforce availability and capacity
Fairlie Medical Centre	Will not be progressing with CPCT implementation due to capacity.

Oak House Medical Centre	0.2 FTE Care Coordinator established Feb 2025
Waimate Medical Centre	Extended Care Paramedic in place.
Four Peaks	0.2 FTE Care Coordinator role established Feb 2025

Figure 11: South Canterbury implementation status.

3.5 Changes in the capacity and sustainability of practices

This component of the evaluation sought to develop a mechanism to quantify the impact of the additional roles on the capacity and sustainability of the practices. This also aims to support practices' decision making about continuing roles if CPCT funding ceases.

A cost benefit analysis was developed that involves pharmacists capturing their activity and the extent this:

- Increases the practice team capacity - replaced tasks undertaken by other general practice team.
- Could generate revenue, e.g., patient co-payment.

This is currently being piloted by some practice pharmacists ahead of refining it for wider distribution. Learning from the pharmacist cost benefit analysis tool will be used to inform the development of a like mechanism for the other roles – physiotherapist, care coordinator, and extended care paramedic.

4. Summary of Findings

The findings in this report relate to the evaluation framework and questions developed from the objectives of the CPCT programme.

Q1: Have people engaged in CPCT experienced improvements in their health and wellbeing and were empowered to manage their own health?

While a small number of responses were received, they showed that CPCT participants had found the service supportive, and that their wellbeing, health, and social needs had been met. They felt listened to, and for some, their health literacy had improved.

The two case studies tell the stories of patients/whānau, one from Kaikoura and another from Christchurch and their interactions with the CPCT role(s). The patient with medication issues identified the benefits of the partnership between practices and providers to improve access (home visiting) and enhancing health literacy leading to better health outcomes and improved wellbeing.

Engaging patients who would otherwise not have accessed healthcare was highlighted in the second case study. Many barriers exist for the CPCT target populations and having a care co-ordinator who helped overcome those barriers significantly increased the number of people engaging with the practice.

Q2. Have coordinated and collaborative models of care been established?

The case studies highlight mechanisms in place to collaborate and coordinate care and that this can enhance patients' understanding of their health condition and offer improvements in health and wellbeing. Where the partnership between the kaiāwhina and practices has progressed well, the coordination between kaiāwhina and wider CPCT team will be impacted by ceasing of the kaiāwhina agreements with Hauora Māori providers. The coordination of care across the clinical roles is expected to strengthen as the communication between the roles and models of care mature.

Q3. To what degree have partnerships formed within practices / clusters?

The general feedback was that the partnership between practices and Māori and Pacific providers was progressing well, and that there were areas for improvement. Furthermore, where general practice teams had embraced the Kaupapa, the resulting partnership had translated to benefits of access improved for patients.

In the context of a relatively short time frame for a partnership to form, that the kaiāwhina role, and in some instances the provider, was new to general practice, and the diverse models and frameworks of health and wellbeing between general practice and providers, it is suggested that the partnership has progressed well, and would strengthen if kaiāwhina roles with CPCT continued.

Q4. Has the CPCT programme improved access for priority population groups?

The CPCT services were provided to Māori and Pacific peoples at higher proportions than the total population. Alongside this was the high number of practices that were included in CPCT because of their rurality whose population was a priority for CPCT access, independence of ethnicity. Furthermore, some practices have provided data not differentiated by ethnicity – which we are addressing.

In this light, the findings clearly indicate that CPCT is improving access for the Māori and Pacific priority populations.

Q5. Has CPCT improved the capacity and sustainability of primary care?

While practices talk to the benefit of these roles, data will not be available to provide objective measure of this until March 2026.

4.1 Limitations and considerations

- Contract reporting data submitted to Te Whatu Ora was not differentiated by people with disabilities. This limited the ability to determine improved access for this cohort of people.
- Evaluation undertaken through the active phase of implementation and during a time of uncertainty for ongoing resourcing of kaiāwhina roles.
- Low response rates to patient survey's and not from all CPCT roles. The latter impacted in part because of the time close to the kaiāwhina roles ceasing.
- Some practices reporting data that was not differentiated by ethnicity – which is being addressed.
- The time for collecting the data to inform findings of CPCT's impact on the sustainability and capability of primary care.

5. Conclusion

Despite the limited data gathered and the evaluation being undertaken during the active phase of implementation, there are strong signals of effectiveness local implementation is achieving the CPCT programme objectives; notably to improve access to primary care for priority populations, enhance their health and wellbeing, and facilitate the delivery of more co-ordinated and collaborative care.

Where the partnership between the kaiāwhina and general practice is working well, the outcomes achieved affirms the value of flexible community roles that seamlessly work as an integrated part of the general practice team, and can engage with people / whanau in a culturally responsive manner to address their health and wellbeing needs, in reducing barriers to accessing primary care and addressing complex health and social needs.

Funding for kaiāwhina roles with Hauora Māori providers ceases June 2025. While options for retaining functions provided by kaiāwhina are being explored it is anticipated that where a strong partnership has formed, the outcomes achieved through CPCT will be impacted.

With the CPCT programme roll out completed January 2025, ongoing refinement is continuing of the models of care, and communication that enables co-ordination and collaboration between the CPCT teams. It is suggested there is value in repeating the patient experience surveys in 6 months' time, continue monitoring service user and contacts numbers by ethnicity, and gathering information via the exemplar reporting to strengthen these evaluation findings.

6. APPENDICES

Appendix 1: Stage Two Evaluation Framework

Summarise the original intent.

Describe what Te Whatu Ora intended with the programme.

Gather qualitative information on the impact on patients.

Surveys of patients who have interacted with the roles.

Gather information on changes in the capacity and sustainability of practices.

Develop the business cases / cost benefit analysis for each role which will involve data collected about the activity and impact on capacity of the practice and potential revenue generation. This will inform the sustainability of the roles.

Co-ordination of care / comprehensive team approach

Case studies to be completed that capture the voice of people / whānau and the people involved in their care. Through the interview explore the change and impact of the following:

- Partnership with practices and providers
- Provision of culturally appropriate care
- Shared decision making and empowerment in managing their own health and wellbeing.
- Change in practices and providers' understanding of patient's health and wellbeing needs.

Improved Access – timely care from the right place

The value of collecting data relating to the use of ED and urgent care centre attendance is questionable given the contribution of the CPCT programme alongside other system pressures.

Collate quantitative data gathered for reporting on the contracts with PHO and providers across Waitaha and South Canterbury.

Amalgamate all available reporting data.

Māori and Pacific leads are engaging nationally to gain more visibility of the reporting currently sent directly from providers to national teams at Te Whatu Ora and Te Aka Whai Ora.

Capture CPCT Kaimahi views on the development of partnership between the practices and providers.

The Hauora Māori Health team have undertaken a survey of Kaiāwhina to understand their experience within general practice. This included a question about the partnership that exists between Practices and the Kaiāwhina. This was shared with the Pacific team who will use it as a basis for their own survey.

Appendix 2: Affirming CPCT to evaluation framework meet CPCT objectives

Below is a table identifying how the evaluation framework was developed based on the key objectives of the CPCT service.

CPCT Objective	Evaluation Framework
Increased range of role and services Focussed on people, whānau and community needs	Waitaha and South Canterbury FTE employed (as of August 2025) Care Co-ordinators – 5.53 Pharmacists – 7.92 Physiotherapists – 1.26 Emergency Care Practitioner - .6 Case Studies which show the range of providers, culturally appropriate care, shared decision making and empowerment for patients to manage their own health. Patient/whānau surveys
Comprehensive – wider and pro-active care	Case Studies which show range of providers, culturally appropriate care, shared decision making and empowerment in managing own health.
Co-ordinated care	Case Studies which show range of providers, culturally appropriate care, shared decision making and empowerment in managing own health.
Enhanced wellbeing, including focus on social determinants of health	Patient / whānau survey
Seamless experience of care	Patient / whānau survey
Strengthen partnerships	Primary care providers partnership question Māori health provider kaiāwhina survey
Equitable access	Output reporting data
Continuity of care	Case Studies
Early assessment and discharge	The ability for ED, admission, and discharge information to show the impact of the CPCT roles was considered questionable and therefore was not included in the evaluation.
Hospital Avoidance & early supported discharge	The ability for ED, admission, and discharge information to show the impact of the CPCT roles was considered questionable and therefore was not included in the evaluation.

Appendix 3 - Surveys

CPCT Pharmacist Patient Survey

Tēnā koe/ Talofa / greetings

You recently spent some time talking to a pharmacist. This may have been on the phone, at your general practice, or at home. This pharmacist is part of a free service aimed at improving your access to health care and promoting better hauora / health and wellbeing.

Please share your experience of talking with the pharmacist in the survey below. It should take around five minutes to complete. All responses will be anonymous and confidential. Your answers will be combined with other participants' responses, and the key themes will be included in our report. No individuals will be identified.

If you have any questions about the survey or how your responses will be used, please email Gill Coe - gill.coe@pegasus.health.nz

Questionnaire (please note that questions with an asterisk * need to be answered)

1. How much has your understanding of your medicines changed since talking to the pharmacist? * (Please circle one answer.)
 - a. Improved a lot.
 - b. Improved a little
 - c. No change
 - d. Worsened a little
 - e. Worsened a lot.

Please share anything you would like to say about your understanding of your medicines since you've talked to the pharmacist.

2. How much have the following changed since talking to the pharmacist? * (Please tick an answer for each of the two options.)

Options	Improved a lot	Improved a little	No change	Worsened a little	Worsened a lot	Not applicable / Don't know yet
Your well-being (hauora)						
Your general health						

Please share anything else you'd like to say about your wellbeing (hauora) and/or general health since talking with the pharmacist.

3. How well do you feel your needs were understood and respected in the time you spent talking with the pharmacist? * (Please tick an answer for each of the three options.)

Options	Very well	Quite well	Neither well nor poorly	Quite poorly	Very poorly	Not applicable
Cultural needs						
Communication needs						
Other need(s)						

If you answered, "Other need(s)", please specify what this is:

Please add anything else you'd like to say about how your needs were or were not met.

4. And finally, please share anything else you'd like to tell us about your experience with the pharmacist.

CPCT Care Co-ordinator Patient Survey

Tēnā koe / Talofa / Greetings

You recently spent some time talking to a care co-ordinator. This may have been on the phone or at your general practice. This care co-ordinator is part of a free service aimed at improving your access to health care and promoting better hauora / health and wellbeing.

Please share your experience of working with the care co-ordinator in the survey below. It should take around five minutes to complete. All responses will be anonymous and confidential. Your answers will be combined with other participants' responses, and the key themes will be included in our report. No individuals will be identified.

If you have any questions about the survey or how your responses will be used, please email Gill Coe - gill.coe@pegasus.health.nz

Questionnaire (please note that questions with an asterisk * need to be answered)

1. Since talking with the care co-ordinator, how supported do you feel to access the services you need?* (To answer please circle one.)
 - a. Very well supported.
 - b. Quite supported.
 - c. Neutral
 - d. Not very supported
 - e. Not supported at all
2. Please share anything else you'd like to say about how supported you feel to access the services you need after talking with the care co-ordinator.
3. How has involving the care co-ordinator in your care improved the following?*(Please tick an answer for each of the two options.)

Options	Improved a lot	Improved a little	No change	Worsened a little	Worsened a lot	Not applicable / don't know yet
Your well-being (hauora)						
Your general health						

4. Please share anything else you'd like to say about your wellbeing (hauora) and/or general health since talking with the care co-ordinator.
5. How well do you feel your needs were understood and respected in the time you spent talking with the care co-ordinator?*(Please tick an answer for each of the three options.)

Options	Very well	Quite well	Neither well nor poorly	Quite poorly	Very poorly	Not applicable
Cultural needs						
Communication needs						
Other need(s)						

If you answered, "Other need(s)", please specify.

6. Please add anything else you'd like to say about how your needs were or were not met.
7. And finally, please share anything else you'd like to tell us about your experience with the care co-ordinator.

Kaiāwhina CPCT Survey

Tēnā koe / Talofa / Greetings

Recently, you spent some time talking to the kaiāwhina. This may have been on the phone, at the general practice or at your home.

Kaiāwhina help whānau to navigate health services, strengthen their mana and decision-making, and bring whānau and cultural practices into the health journey. The kaiāwhina is part of a free service aimed at improving your access to health care and promoting better health and wellbeing (hauora).

Please take five minutes to share information about your experience of working alongside the kaiāwhina.

Please be reassured that your answers will be anonymous and confidential. Your answers will be pulled together with those of all the people who answer the survey. Key themes only will be included in a report. No individuals will be identified.

If you would like to talk to the evaluator about the survey, please e-mail Gill Coe on gill.coe@pegasus.health.nz

The questions with an asterisk (*) are compulsory.

1. How has the kaiāwhina helped you connect with and use health services?*
2. How has the kaiāwhina supported your hauora?*
3. How has the kaiāwhina supported your understanding of your health, or helped in other areas that are important to you and your whānau?*
4. Please tick an answer for each of the following options to let us know how your needs were met working with the kaiāwhina.*

Options	Very well	Quite well	Neither well nor poorly	Quite poorly	Very poorly	Not applicable
Cultural needs (how well did the kaiāwhina recognise and uplift you?)						
Communication needs (how well did they listen deeply and respect your whakairo?)						
Other need(s)						

Please tell us what your other need(s) were and/or tell us more about your experience of how well your cultural or communication needs were met.

Please share anything else you'd like to about how the kaiāwhina worked alongside you and your whānau.*

CPCT Physiotherapist Patient Survey

Tēnā koe / Talofa / Greetings

You recently spent some time working with a physiotherapist. This may have been on the phone or at your general practice. This physiotherapist is part of a free service aimed at improving your access to health care and promoting better hauora / health and wellbeing.

Please share your experience of working with the physiotherapist in the survey below. It should take around five minutes to complete. All responses will be anonymous and confidential. Your answers will be combined with other participants' responses, and the key themes will be included in our report. No individuals will be identified.

If you have any questions about the survey or how your responses will be used, please email Gill Coe at gill.coe@pegasus.health.nz

Questionnaire (please note questions with an asterisk * need to be answered)

1. How much has your understanding of your health condition improved since working with the physiotherapist? * (Please circle one answer.)
 - a. Improved a lot.
 - b. Improved a little
 - c. No change
 - d. Worsened a little
 - e. Worsened a lot.
 - f. Not applicable/don't know yet.

Please tell us anything you'd like to share about how your understanding of your health condition has changed.

2. How confident do you feel to self-manage your recovery now that you've seen the physiotherapist, e.g. doing exercises? * (Please circle one answer.)
 - a. Very confident
 - b. Somewhat confident
 - c. Not confident or unconfident
 - d. Somewhat unconfident
 - e. Very unconfident

Please share anything you'd like to say about your confidence to self-manage your recovery.

3. How has the following improved since you've seen the physiotherapist? * (Please tick one answer for each of the options.)

Options	Improved a lot	Improved a little	No change	Worsened a little	Worsened a lot	Not applicable / Don't know yet
Your well-being (hauora)						
Your general health						
Your mobility						
Other						

If you answered "Other", please say what this is:

4. How well do you feel your needs were understood and respected in the time you spent talking with the physiotherapist? * (Please tick one answer for each of the three options.)

Options	Very well	Quite well	Neither well nor poorly	Quite poorly	Very poorly	Not applicable
Cultural needs						
Communication needs						
Other need(s)						

If you answered, "Other need(s)", please say what this is:

5. Please add anything else you'd like to say about how your needs were or were not met.
6. And finally, please share anything else about your experience with the physiotherapist service.