



He Ora Whakapiri.
Together, we make it better.

Annual Report & Statement of Performance

Advancing Equity and Innovation in Primary Healthcare
FY2023-2024

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Message from our CEO

This year, RAPHS has navigated ongoing significant transformation within the health sector, marked by reforms, uncertainty, and evolving expectations. Amid these challenges, our general practice teams have been steadfast in their dedication, delivering over 333,000 GP and nurse consults for the Rotorua community—an extraordinary achievement reflecting their resilience and commitment to meeting the diverse and complex needs of our community.

Equity continues to be the cornerstone of our work. Through targeted interventions and the essential support of RAPHS's Koiora service—which complements practice teams by providing wrap-around care for individuals with complex unmet needs and extending vital support to those without a GP—we have made significant strides in improving access to healthcare for Māori and other priority populations. This includes a notable recovery in health targets and outcomes impacted by COVID-19, such as better chronic condition management. Patient experience ratings across RAPHS practices consistently exceed national averages, and practice encounter rates are consistently amongst the highest in New Zealand, showcasing the success of our culturally responsive, whānau-centred approach to care.

Innovation has also been at the heart of our progress. Our adoption of digital tools, such as clinical dashboards and telehealth navigators, combined with tailored provider support and focused quality improvement initiatives, has enhanced access and quality of care. This comprehensive approach has contributed to consultation rates in our practice network that are now 51% higher than pre-pandemic levels.

As ongoing health reform and financial pressures continue to challenge the primary care sector, RAPHS role in supporting providers is more critical than ever. By providing essential tools, resources, and integrated wrap-around services, we enable our practices to deliver sustainable, high-quality care for our community.

Together, we are not only addressing immediate needs but also paving the way for a more equitable, innovative, and sustainable health system. I am deeply proud of what we have accomplished during a time of significant sector change and funding challenges, and I look forward to building on this momentum in the year ahead.



Kirsten Stone, Chief Executive



Highlights FY23-24 in Review

70,732

Service Users
enrolled & funded
for services with
providers in the
RAPHS network, as
of 30 June 2024

57%

RAPHS enrolled
service users are
priority patient groups
– Māori, Pacific, or
Quintile 5 other
ethnicity

Increased
performance in
all measured
population health
targets

RAPHS consistently
achieved a QED rate
per population that
ranked among the
top 3 of all PHOs in NZ
every week of the
FY23/24 year

5.43

general practice
delivered consults per
enrolled service user,
per annum

RAPHS Practice
nursing services
achieved equity of
access for Māori
for all age groups

Who we are

Rotorua Area Primary Health Services (RAPHS) is a community based not-for-profit clinical network. We have been committed to improving health and wellbeing in the Rotorua region for over 30 years.

Our Values

He Ora Whakapiri

Together, we make it better.
There is strength in unity - By working together we can do great things

Whakaaro nui

To show respect towards all others

Matatika

Acting fairly, ethically and with accountability

Our Goals

To improve the outcomes of health services:

- Equity & quality of services
- Excellent patient & provider experience, and
- Efficiency, accountability and sustainability of services

Funding

Public funding from the Ministry of Health and Te Whatu Ora is contracted to RAPHS through a number of agreements to:

- Provide health & wellbeing services for people enrolled with us through a member General Practice
- Provide targeted health & wellbeing initiatives for the local community through member and non-member practices, and other community health service providers.

Additionally, health service providers purchase IT services and technology support from RAPHS, to enable service integration and delivery.

Our Purpose

RAPHS purpose is to enable high-quality health and wellbeing services for our community; through supporting primary care services. Our charitable purpose includes:

- Improving overall health status of the enrolled population of Rotorua
- Reducing health disparities among different groups
- Promoting and developing a fully integrated health delivery system
- Promoting good health and the prevention of disease
- Ensuring quality health services through a skilled workforce
- Reducing access barriers to primary health services
- Coordinating with other local health providers to meet community needs
- Engaging in activities that support these objectives as a recognised PHO

Our Vision

To be an exemplar of person focused, integrated health & wellbeing services; that improve health system outcomes & equity

Community Service Delivery

To achieve our charitable goals, we work closely with communities, funders and healthcare teams:

- Contracted service delivery through a network of community-based healthcare providers
- Patient care and support services delivered by RAPHS kaimahi
- Provider support including workforce, technology and business support
- System support including accreditation, assurance, financial management, integration, provider facilitation and service development

70,732

Service Users enrolled & funded for services with providers in the RAPHS network, as of 30 June 2024

RAPHS Practice Network

**Western
Heights Health
Centre**
1 Brookland Road

**Eruera Medical
Centre**
1325A Eruera Street

**Ranolf Medical
Centre**
59 Ranolf Street

**Korowai Aroha
Health Centre**
1292 Hinemoa Street

**Three Lakes
Clinic**
1131 Pukaki Street

**Ngongotaha
Medical Centre**
17 Tauī Street,
Ngongotaha

**Rotorua
Medical Group -
Fairy Springs**
Old Quarry Road, Corner
Fairy Springs Road

**Murupara
Medical Centre**
27 Kowhai Avenue,
Murupara

**Ruatahi Medical
Centre**
1271 Hinemoa Street

**Rotorua
Medical Group -
Central Health**
1181 Amohia Street

**Mangakino
Health Service**
60 Rangatira Drive,
Mangakino

**Westend
Medical**
227 Old Taupo Road

**Te Ngae
Medical Centre**
5 Tarawera Road

**Lakes PrimeCare
Afterhours Service**
1165 Tutanekai Street

**Tiaho Medical
Centre**
553 Te Ngae Road

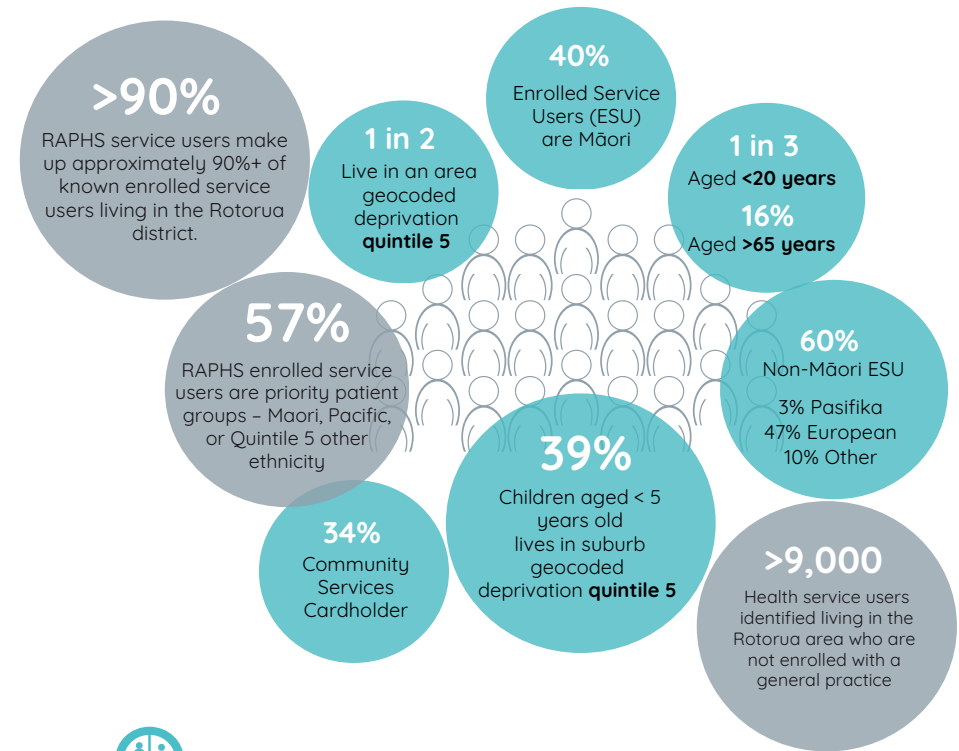
Our Whānau, People and Community

Rotorua's population is a vibrant and diverse community shaped by its rich cultural heritage and unique geographical context. With a significant Māori population, predominantly affiliated with Te Arawa iwi, the district is deeply rooted in Te Ao Māori, where values such as Manaakitanga and Kaitiakitanga guide community life. This cultural foundation influences local governance, health, and social services, creating a distinctive identity that celebrates collective strength and resilience.

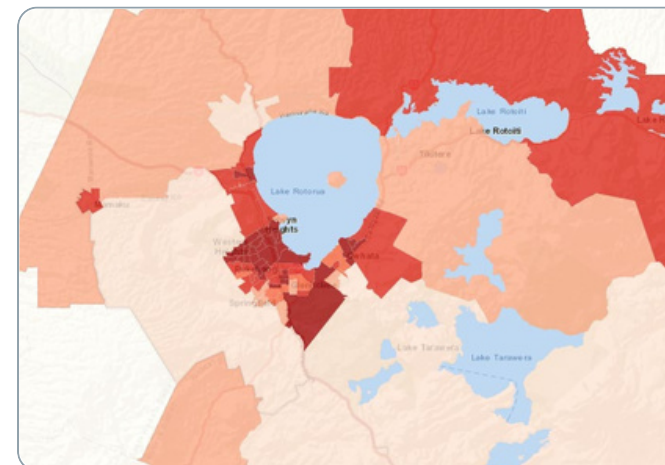
However, Rotorua faces significant socioeconomic challenges, with many residents living in areas of high deprivation. These realities have contributed to persistent health inequities, particularly for Māori, often encountering barriers to accessing timely and culturally appropriate care. In response, Koiora has been purposefully designed in partnership with the community to address these needs. By working alongside whānau and leveraging the strength of local health and social networks, Koiora delivers holistic, wrap-around care that prioritises cultural responsiveness and equity.

This collaborative approach reflects the resilience of the Rotorua community and its shared commitment to innovative, locally driven solutions that uplift the health and wellbeing of those most in need.

Service User Profile



Rotorua community income vs national average using Index of Multiple Deprivation (IMD18)



IMD18 Income Status:



Income status considers and determines a relative quintile ranking for the community based on neighbourhood population.

Community Care: General Practice Contribution

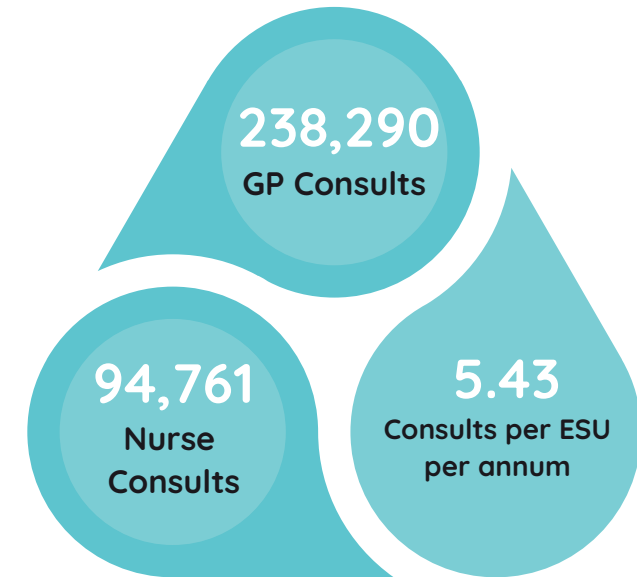
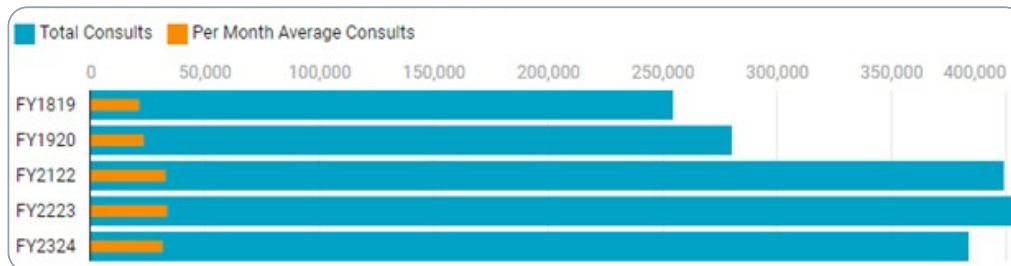
In the period FY 2023-2024, RAPHs practices demonstrated considerable engagement in service utilisation, indicating both the ongoing recovery from the pandemic and an increase in consultations compared to previous years.

- A total of 333,808 consultations were conducted by RAPHs general practices from July 2023 to June 2024.
- The monthly average of consultations stood at 31,984 throughout the year.
- While there was a slight decrease in consultations compared to the peak COVID period (2021-2023), the numbers remain substantially higher than pre-pandemic levels.
- There was a 51% increase in the number of consultations delivered by the RAPHs network compared to FY2018-2019.
- 679,645 Prescriptions issued to 49,622 ESU.

Enrolled service users (ESU) statistics:

- June 2019: Average consultations 3.45 per ESU per annum
- June 2024: Average consultations increased to 5.43 per ESU per annum

RAPHs General Practice Consults FY18/19 to 23/24



RAPHs General Practice Consults 23/24 – age group and ethnicity



Rate of General Practice Consults 23/24 – per 1000 Enrolled Service Users (ESU)



Extended Community Care

Community-based services, as an alternative to (and prevention of) hospital presentation and admission, are delivered across the RAPHS Network linking General Practice, After Hours, Community Pharmacy, and Radiology providers.

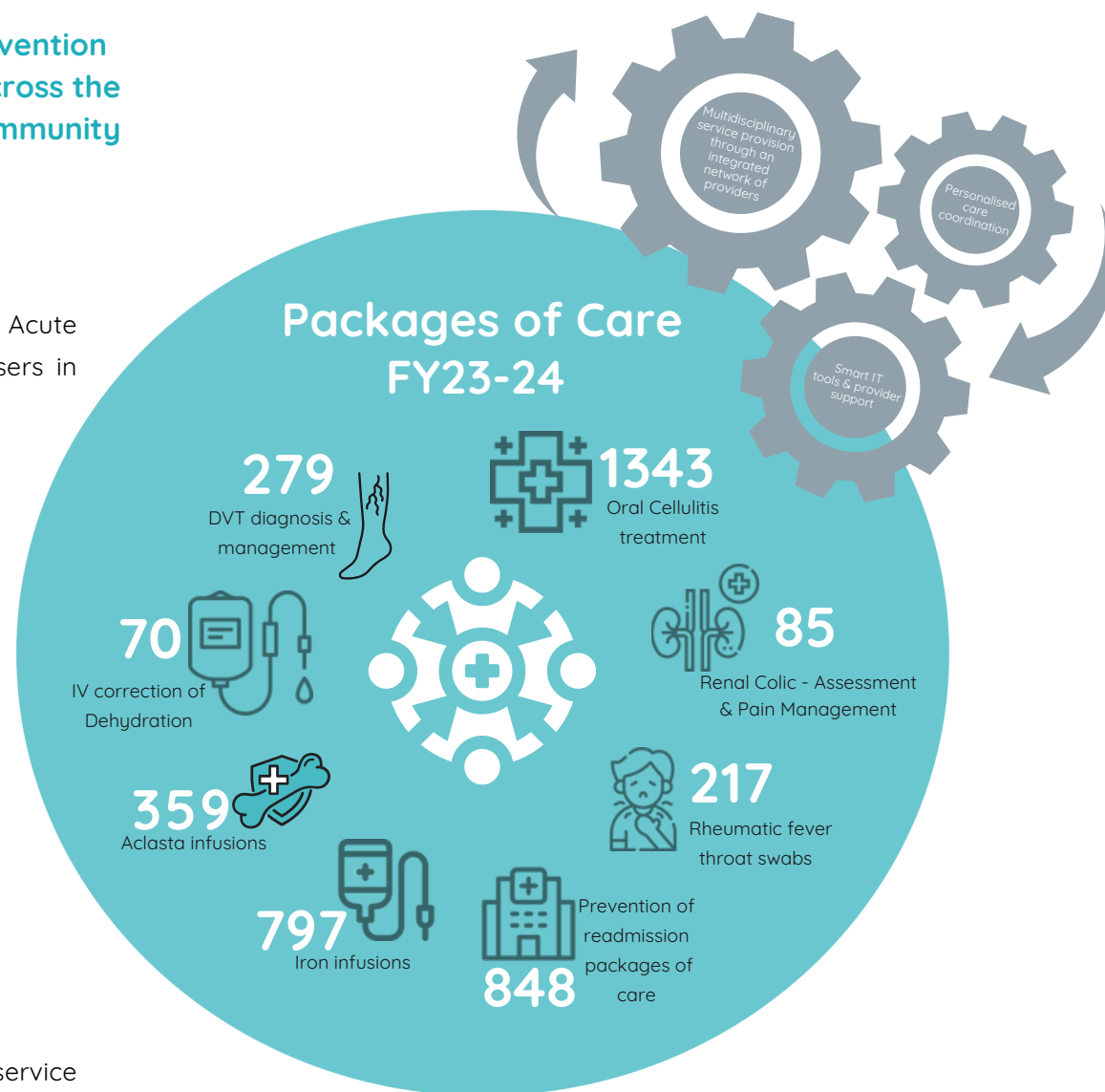
Funded Packages of Care

Services to be funded are outlined by Te Whatu Ora in RAPHS Acute Demand contract schedule and are available to enrolled service users in RAPHS plus non-RAPHS practices across the Rotorua District.

Funded packages include diagnostic and treatment options for:

- Cellulitis
- Deep vein thrombosis
- Aclasta infusions for osteoporosis
- Iron infusions for anaemia
- IV correction of dehydration
- Renal Colic
- Sore throat (rheumatic fever)
- Prevention of readmission
- ECG
- Spirometry
- Winter Wellness
- Direct referral to radiology (ACC)

RAPHS co-ordinates claiming and payment mechanisms to support service delivery. A number of other Fee for service initiatives are supported across the life stages including, maternal packages of care, contraception and sexual health, and palliative care.



Koiora: A High-Level Overview

Koiora is an innovative, community-based model of care designed to address the complex health and social needs of Rotorua's most vulnerable populations, particularly Māori.

The service operates as a wrap-around care initiative, complementing general practices by providing tailored, culturally responsive support for individuals and whānau with unmet health needs and particularly those without a GP.

Key Features

- **Holistic and Integrated Care:** Koiora brings together an interdisciplinary team—including clinical pharmacists, community nurses, Paeārahi (navigators), social workers, GP, retinal screening, and mental health professionals—to deliver comprehensive care that addresses both medical and social determinants of health.
- **Culturally Responsive Services:** Grounded in Te Ao Māori, Koiora ensures that care is culturally safe, respects mana and incorporates tikanga to support whānau wellbeing.
- **Access and Equity Focus:** The service prioritises reducing barriers to care, such as cost, transport, and enrolment, particularly for unenrolled individuals or those without a GP, ensuring equitable access to health services.
- **Collaboration with General Practices:** Koiora works in partnership with general practices to enhance service delivery, optimise consultation efficiency, and provide additional capacity to manage complex cases.
- **Community-Driven Design:** Developed in collaboration with local stakeholders, the service is responsive to the specific needs and aspirations of Rotorua's diverse community.



Koiora: Impact

Koiora exemplifies a person-centered, whānau-focused approach to healthcare, delivering meaningful impact through its integrated model of care.

In FY23-24, Koiora supported 4,631 service users and their whānau, achieving a total of 15,657 recorded service encounters. With 51% of service utilisation by Māori, the service demonstrates its commitment to reducing inequities and achieving equity of access across every life stage.

By strengthening connections between primary care services and the communities they serve, Koiora showcases the transformative potential of integrated care models to improve health outcomes and foster equity within Aotearoa New Zealand's healthcare system.

What brings people into Koiora

No GP - Support to enrol
Health support
Psychological support
Referring NGO
Referred by GP
Retinal screening
Word of Mouth
Walk-In
Medical certificate
Immunisation
Good Relationships
Te Whatu Ora
New to Rotorua
Hospital referral

Koiora
Care | Good Health | Life



Demographic Profile of Koiora Clients: Ethnicity & Deprivation Quintile



Koiora service encounters July 23-Jun 24 by age: rate per 1000 population



A wonderful community service. Welcoming and friendly. Super helpful and understanding. Awesome. Mauri Ora. Mana tu mana ora.

I would like to thank you deeply from the bottom of my heart, the welcome and the service from the Nurses, Doctors and all staff involved. Most thanks go to you all. Arohamai, arohanui

Feelz of non-judgement

Thank you so much for all your service and support! I really appreciate you and yes will probably bring baby in for his immunisations after he is done being sick. But thank you again for everything, honestly means a lot and wish you all the best

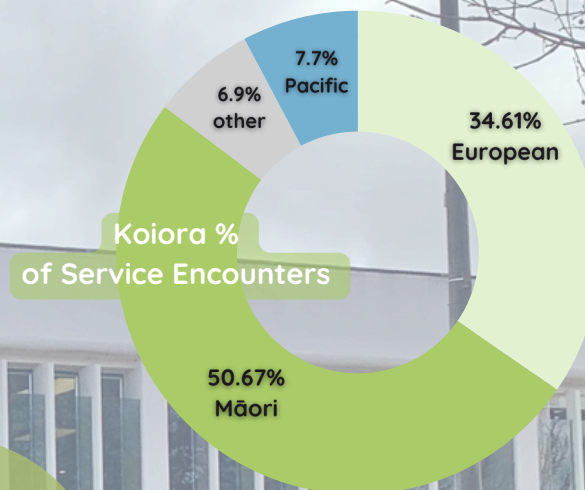
Love you Auntys. Thank you for looking out for us for real. From the moment I arrived I felt relaxed and comfortable. A wonderful team. Thank you. Awesome service, lovely people. Good coffee

I am writing to you, to thank you and your management and all staff for the wonderful service you provide our clients. Our clients come from prison and the community with no GP's, and some have major health issues. With our GP crisis it is impossible to enroll our clients with a GP. But your service provides GP care in the interim. Your service is a life saver for our clients and has literally saved lives. Your reception staff, nurses and doctors are wonderful. Again, thank you so much for your service and care.

Koiora: Service User Profile



46%
live in deprivation
quintile 5



15,657
recorded service
encounters
FY23-24

Steady increase in
utilisation over the
first year of
operating

8%
of service users are
Pacific or
Cook Island Māori

51%
of services users
are Māori

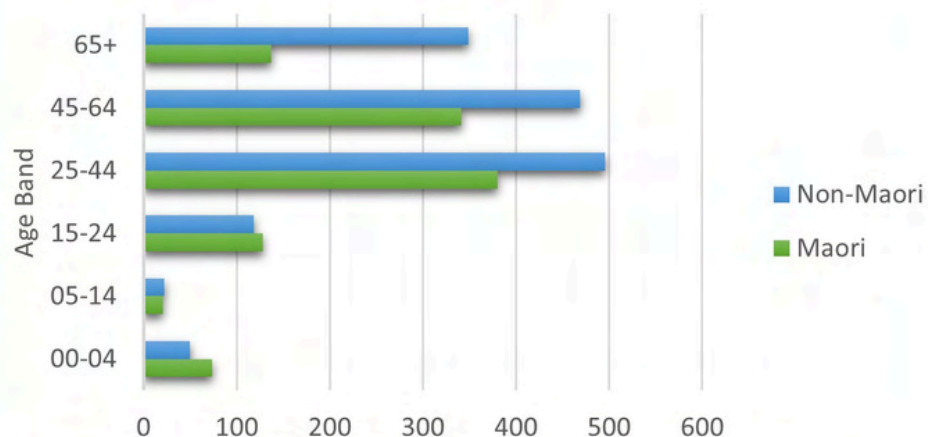
4,631
people and their
whānau accessed
services FY23-24

37%
Koiora service
users were not
enrolled
with a GP

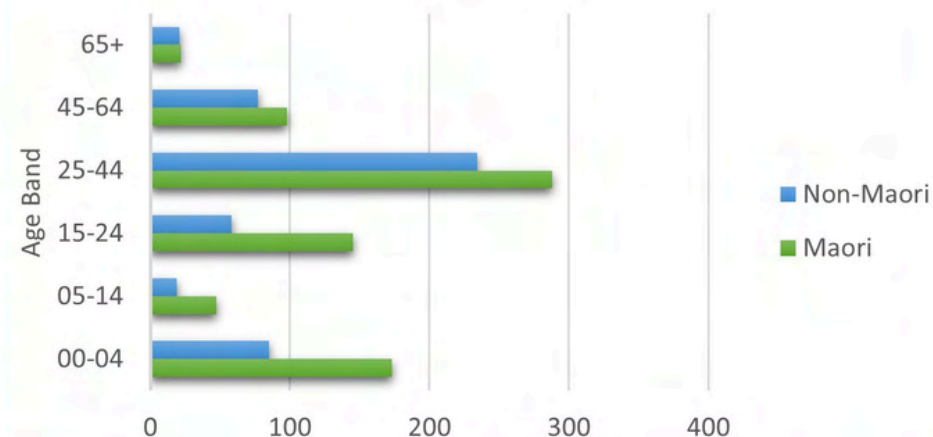
62%
in deprivation
quintile 4+5

Koiora: Encounter Enrolment Summary

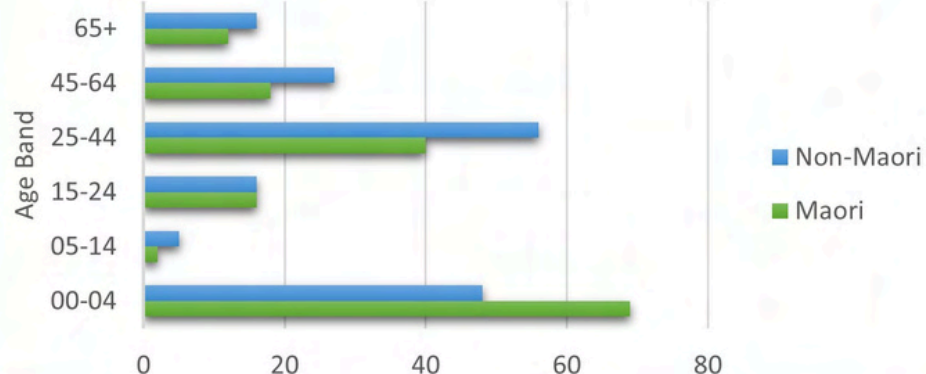
Enrolled Full Year



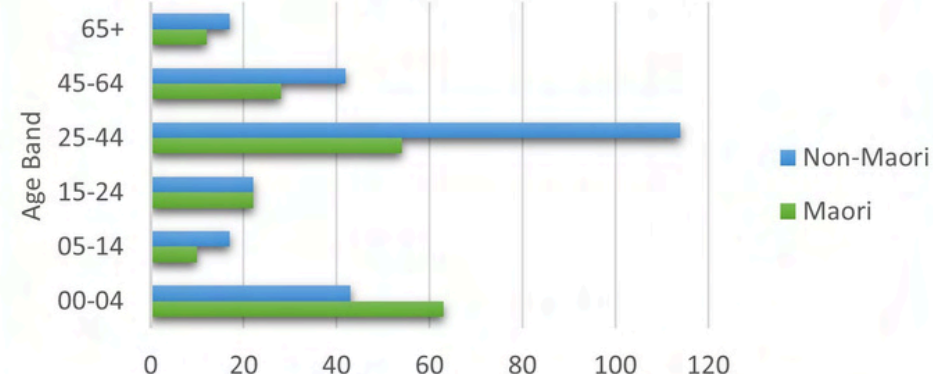
Never Enrolled



Partial Year Enrolment (Enrolled Before First Encounter)



Partial Year Enrolment (Enrolled After First Encounter)



Note:
 Enrolled = Enrolled in a RAPHS Practice
 Never Enrolled = Includes enrolled in a practice elsewhere in New Zealand; not enrolled anywhere, or not eligible to be enrolled.

Health Improvement Guidance

The Health Improvement Practitioner (HIP) team play a vital role in enhancing community mental health support. Health Improvement Practitioners serve 14 practices within the RAPHs Network, including Mangakino and Murupara. The Kōiora site offers HIP services daily. The HIP team's initiatives are dedicated to improve mental health outcomes and support resilience among Whāiora. The team recorded 3,543 encounters and hosted 22 Whānau Support Group events, providing both in-person and virtual support tailored to whānau's individual needs. Their collaboration with various organisations reflects the commitment to holistic care. Aiming for 80% of first encounters to occur within one week highlights their dedication to urgent community needs.

Scope of Work

- In-practice HIP encounters
- Virtual HIP encounters
- Participation in Kōiora Interdisciplinary team and HIP encounters
- HIP and PRIMHIS triage encounters
- Referrals to other agencies to assist Whāiora in navigating health needs
- Facilitation of Whānau Support Groups
- Maintenance of networking relationships
- Attendance at the IPMHA forum
- Coordination, support, and facilitation of Te Pou Practicum training for new recruits
- Adaptation of practice to meet the mental health target of 80% for first encounters within one week

Networks

HIP networks encompass a diverse range of NGOs, primary, and secondary agencies, collaborating to provide comprehensive services to Whāiora within the primary health sector.



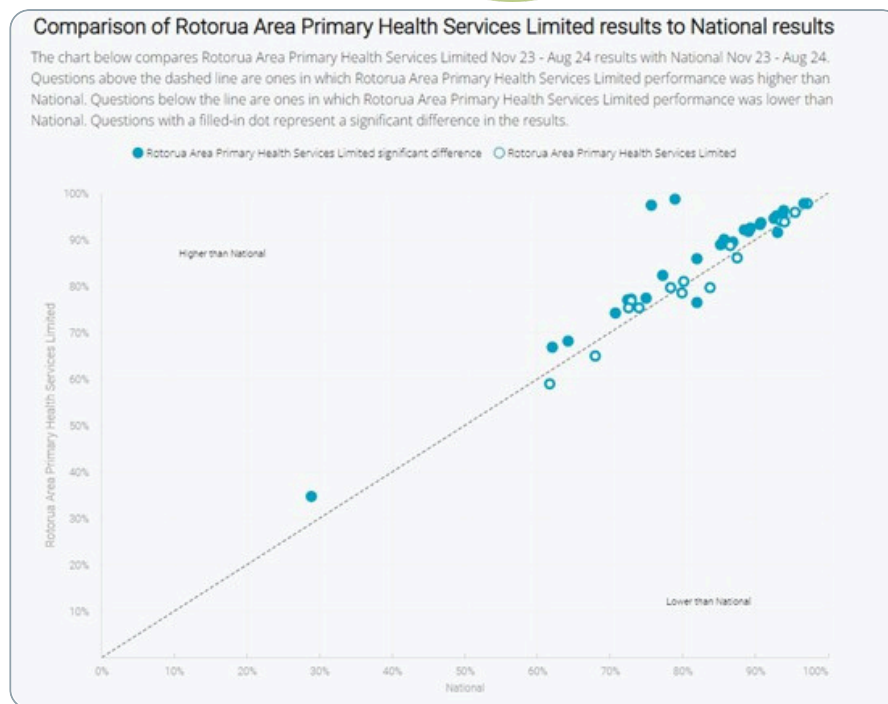
Patient experience is a good indicator of the quality of care being provided.

The reported results are utilised by the RAPHS team in collaboration with our Community and Clinical Advisory boards to promote continuous service improvement.

- 35% Māori
- 2% Pacific
- 63% Other

Ethnicity	Percentage
Māori	38%
other	59%
Pacific	3%

Results for RAPHs in which Māori results were significantly higher than non-Māori or non-Pacific results:



RAPHS Practice Feedback

“

I was received with kindness and respect. Any worries I had at that time when visiting were dealt with very well. I came away feeling a lot more confident than I was going in.”

“

Of all the years we have been a patient at the surgery we cant speak highly enough of the excellent service and care”

”

“

I can't think of anything else that would have made it better as my appointment was dealt with professional care and compassion”

”

“

My GP always listens to what I say. It is hard to diagnosis odd things that are ongoing and it's positive that he keeps working through things with me.”

”

“

The nurse was very kind and caring and the treatment was very good as all of my wounds have all healed with very little scaring and the treatment was painless I could not have asked for anything more.”

”

“

I believe the nurse or available doctor at the times of my calls to the Medical Centre were very professional and addressed my request with respect, honesty and trust”

”

“

I had no problems with any of my visits so cannot recommend anything to make it better. The doctor was friendly, knew my health history and was easy to talk to.”

”

Primary Care Workforce and Development

There is a significant decline in both the number and percentage of General Practitioners (GPs) working in general practices throughout the industry. This trend underscores the importance of focusing on the development of nursing and non-traditional roles to increase service capacity. The workforce within the RAPHS practice network reflects these challenges. The RAPHS Service Support and Extended Care Teams play a crucial role in enhancing this capacity.

RAPHS, as the Workforce Development Lead for the Rotorua Lakes CPCT, manages a Te Whatu Ora Kaimahi Development fund to strengthen local health staff in Rotorua's community and primary care. This fund supports training for essential clinical and community health roles through postgraduate or vocational education. The aim is to enhance hauora workforce capabilities for local whānau. The CPCT partners include Manaaki Ora, Te Runanga o Ngati Pikiao, RAPHS, Korowai Aroha, and Western Heights Health Centre, with RAPHS leading the workforce development fund and providing 0.55 Pharmacist for the CPCT Kaimahi Workforce programme.

RAPHS is an accredited provider of continuing education for healthcare professionals, offering multidisciplinary sessions for various practitioners. Key offerings include:

- Cultural Responsiveness Training: Focuses on respectful care in diverse communities, including Te Reo courses for better care and communication with Māori clients and their whānau.
- Support for Nurse Practitioners: Aids in certification portfolio submissions and funding for continuing education.
- Postgraduate Education: Emphasis on managing long-term conditions to enhance health outcomes.
- Local Conference Participation: Supports nurses in attending annual Continuing Medical Education (CME) events for networking and knowledge exchange.

These initiatives aim to improve the skills and cultural competence of the workforce, enhancing care quality in our community.

1557

Education Hours
facilitated by
RAPHS

69

General
Practitioners

(42 FTE)

8

Nurse
Practitioners

(5.3 FTE)

4

Community Nurse
Prescribers

28

Kaiāwhina/
HCA/
Paeārahi

(20.1 FTE)

69

Registered
Nurses

(50.8 FTE)

15

Nurse
Prescribers

Priority Health Outcomes

RAPHS actively supports providers in improving health targets by delivering tailored tools and funding initiatives designed to enhance service delivery and address care gaps. All practices receive funding to implement practice-based service improvement projects, with funding weighted to the proportion of high-needs priority patients enrolled with the practice, ensuring a pro-equity approach. Additionally, RAPHS provides dynamic online disease registers, empowering practices to identify priority cohorts and address care gaps in real time. This approach ensures that practices have the resources and insights needed to optimise health outcomes, particularly for priority populations, while driving progress on key health targets across the network.

RAPHS consistently achieved a QED rate per population that ranked among the top 3 of all PHOs in NZ every week of the FY23/24 year

RAPHS Practice Improvement vs Population Outcomes Targets FY23-24



Note:
QED = Qualifying Encounter Date (consults). The number of practice consults as per National Enrolment Service delivered by practices.

Examples of Impact

Reconnected and at ease

Te Akatea supported a 50-year-old female living in Kainga Ora Housing. She presented to ED and was admitted for 12 days with severe hypothyroidism. The referral stated she was at high risk for readmission to secondary care as she was disengaged from the health care system and needing help to navigate the system and enrol with a primary health provider.

Her goal was to 'find a doctor she liked, to gain weight and feel better'. The Te Akatea team 'walked alongside' her to support this goal.

Key support provided by Te Akatea included:

- Ordering a birth certificate and Kiwi Access Card for GP enrolment.
- Advocating for a Supported Living Allowance and Disability Allowance from MSD.
- Funding medications and blister packs until they became subsidised.
- Offering health education for self-management of conditions.
- Facilitating a personal alarm application for safety during travels.
- Supporting initial contacts and communication with her new GP.
- Regular communication with the GP and supporting vaccinations.

Te Akatea has helped her achieve her goal of feeling comfortable with her GP practice and the staff. She is gaining weight and has more energy to enjoy her every day activities. We recently sat waiting for her scheduled appointment and she commented how much she enjoyed hearing their morning karakia and waiata.

Returned from the edge

Male, mid-20s sought help at Koiora due to isolation and income difficulties, no GP in Rotorua, and medical condition needing follow-up. He was living in a backpacker, financially strained, and had a history of health concerns and possible methamphetamine use. The Health Improvement Practitioner referred him to a nurse for assessment, resulting in overdue tests and a follow-up appointment with a doctor.

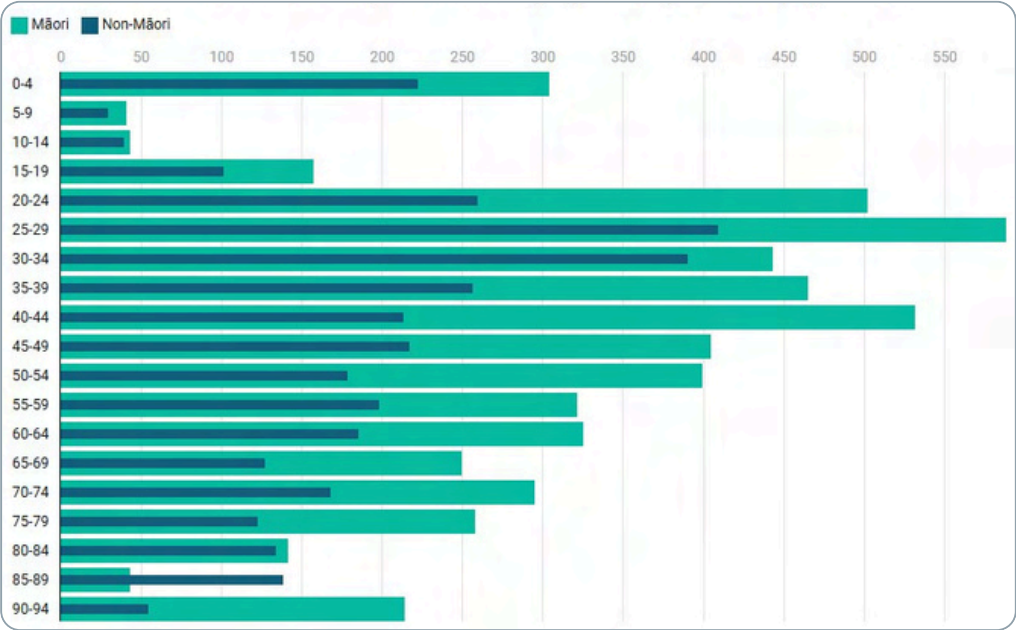
He also met with a Te Akatea nurse for assistance with a benefit application, as he lacked ID and was not known to MSD. The nurse contacted his mother for support, rebuilding their relationship. After going uncontactable, he returned a week later, expressing emotional challenges but feeling better and ready to sort his ID.

However, he later arrived distressed and dishevelled, confirming recent drug use and significant withdrawal symptoms. He agreed to support from AOD services, who responded quickly. Continued communication with his mother helped with ID support. Koiora facilitated a bus trip to visit her, leading to positive outcomes. He is now doing well, maintains a support plan, and continues to reach out for help as needed, with plans for GP enrolment.

Equity of Access to RAPHS Services

RAPHS is deeply committed to achieving equity of access and outcomes for Māori, recognising the importance of culturally responsive care and addressing systemic disparities. Our approach involves actively monitoring service utilisation to ensure Māori are accessing RAPHS services at equitable rates compared to non-Māori, and adjusting services to improve based on feedback and insights. Using a methodology developed in collaboration with our Alliance partners Te Arawa Whanau Ora and Lakes DHB prior to the transition to Te Whatu Ora, we measure equity through the ratio of service access per population cohort, with a ratio greater than 0.9 indicating statistically equivalent equity. This robust monitoring framework enables us to identify and address gaps proactively, ensuring Māori receive timely, high-quality care. By embedding equity as a core principle in our operations, RAPHS aims to contribute to improved health outcomes and reduce inequities across all services.

Koiora service encounters July 23–Jun 24 by age: rate per 1000 population



RAPHS rate of Qualifying Encounters per 1000 ESU, per week

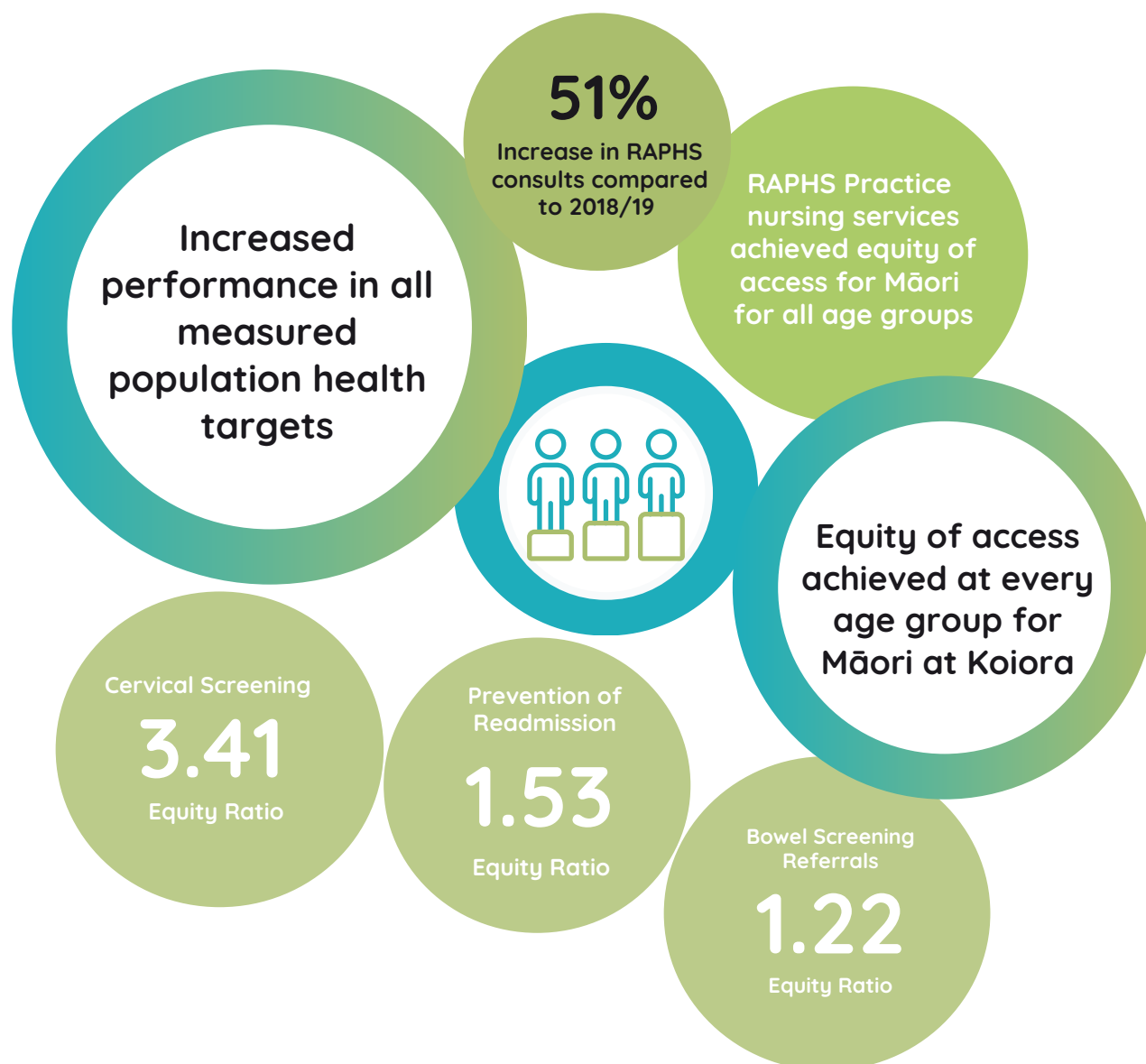


Practice service utilisation rate much higher than national average.

Equity Ratio for RAPHS practice services, per 1000 ESU 23/24

Service Focus	Per Annum Service per 1000 population		FY23-24 Equity Ratio
	Māori	Non-Māori	
Prevention of Readmission	44.52	29.11	1.53
Emergency Department Frequent Attendee	0.56	1.10	0.51
Sore Throat Treatment	44.15	100.81	0.44
Iron Infusions	15.00	13.60	1.10
IV Correction of Dehydration	0.59	1.66	0.36
Oral Cellulitis Treatment	25.68	23.46	1.09
DVT Diagnosis and Treatment	2.75	6.38	0.43
Renal Colic – Assessment and Pain Management	1.43	1.60	0.89
Aclasta Infusions	13.33	35.08	0.38
Cervical Screening	173.90	50.94	3.41
Insulin Initiation	192.31	205.48	0.94
Long Term Contraception and Sexual Health (CASH)	408.45	423.02	0.97
Advanced Care Plan	4.19	9.85	0.43
Palliative Care	69.40	64.35	1.08
Maternal Packages of Care	26.78	30.55	0.88
Bowel Screening Referrals	6.94	5.69	1.22
Free After Hours for U14	324.81	655.10	0.50
Diabetes Annual Review	715.64	793.80	0.90
Retinal Screening	422.93	447.12	0.95
Respiratory	6.94	6.23	1.11

Equity of Access to RAPHS Services



Total Consults per 1000 ESU				
Age	Māori	Non-Māori	Total Population	Equity Ratio
Under 5 yrs	4103	4779	4397	0.86
5 to 14 yrs	2189	2641	2401	0.83
15 to 24 yrs	2089	2890	2465	0.72
25 to 44 yrs	3665	3790	3739	0.97
45 to 64 yrs	5947	5164	5432	1.15
65 and over	8781	8839	8826	0.99

Nurse Consults per 1000 ESU				
Age	Māori	Non-Māori	Total Population	Equity Ratio
Under 5 yrs	1437	1315	1384	1.09
5 to 14 yrs	736	750	742	0.98
15 to 24 yrs	694	734	713	0.95
25 to 44 yrs	1248	1025	1116	1.22
45 to 64 yrs	1749	1274	1437	1.37
65 and over	2466	2484	2480	0.99

GP Consults per 1000 ESU – by ethnicity				
Age	Māori	Non-Māori	Total Population	Equity Ratio
Under 5 yrs	2667	3464	3012	0.77
5 to 14 yrs	1453	1891	1658	0.77
15 to 24 yrs	1395	2156	1752	0.65
25 to 44 yrs	2417	2765	2623	0.87
45 to 64 yrs	4198	3890	3996	1.08
65 and over	6315	6356	6346	0.99

GP Consults per 1000 ESU – by CSC Status				
Age	CSC Yes	CSC No	Total Population	Equity Ratio
Under 5 yrs	2500	3377	3012	0.74
5 to 14 yrs	1532	1748	1658	0.88
15 to 24 yrs	1706	1777	1752	0.96
25 to 44 yrs	3041	2445	2623	1.24
45 to 64 yrs	5206	3639	3996	1.43
65 and over	7368	5592	6346	1.32
Total Population	3844	3132	3369	1.23

Primary Health Support: Enabling Excellence in 2023/24

RAPHS facilitates the coordination of service delivery and workforce support for primary care services among its member and affiliated providers through a comprehensive service network. Additionally, RAPHS offers technology and information systems as a managed service to assist primary care providers throughout the Rotorua district.



Payments & Assurance

RAPHS service contracts are delivered through a network of community providers, this involves:

- Provider payments processing and calculations
- Audit and assurance of claims made versus contract criteria
- Reporting to funder
- Supporting audit by funder



Infrastructure & System Support

RAPHS delivers and supports infrastructure across the local provider network including:

- Fully funded vaccine fridge calibration
- Information sharing initiatives
- IT hardware, networking, and support services
- Development and management of accreditation policy and processes
- Provision of clinical resources and localised guidelines
- Annual fee review processes for providers



PMS Migrations

Key initiatives in FY 23-24:

- Mangakino on Boarding and Migration to Medtech Evolution
- Korowai Indici Migration
- 28x Profile Updates

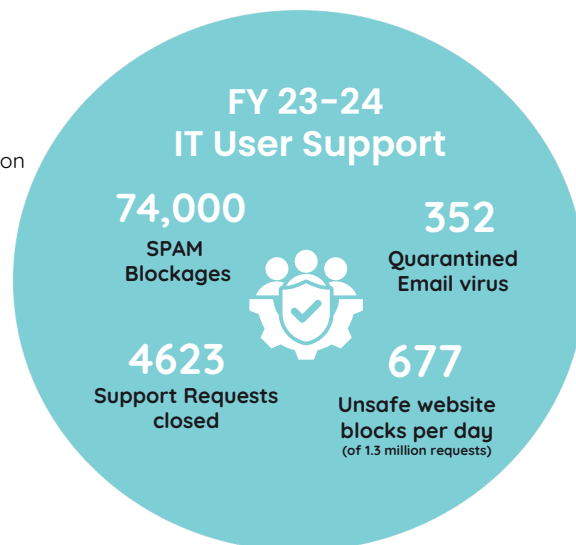
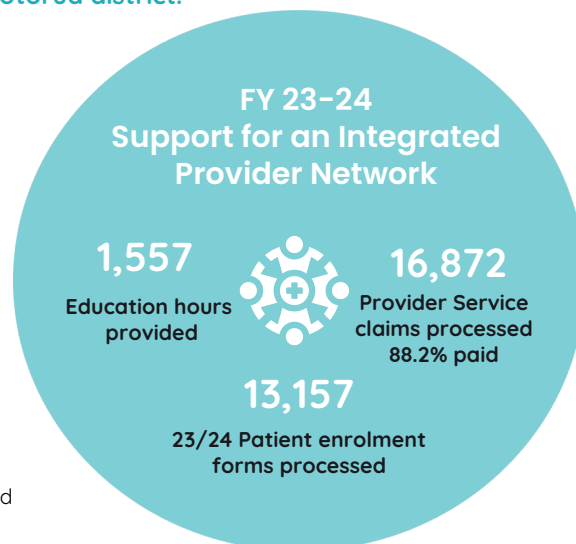


Cyber Security

RAPHS provides cyber security systems and scanning for provider clinical information and PHO and practice management systems.

Firewall:

- Approx. 10 million scans per day
- Approx. 18.3 thousand Botnet detections per day (DDoS attacks)
- 677 unsafe Website blocks per day out of 1.3 million requests.



Education

RAPHS is an accredited provider of continuing education, delivering multidisciplinary learning sessions. Attended by:

- RAPHS staff
- General Practitioners (GPs)
- Nurses
- Nurse Practitioners
- Pharmacists
- NGO providers
- Core offerings include:
 - Cultural responsiveness training
 - Te Reo language courses
- Supports Nurse Practitioner portfolio submission, including funding.
- Offers postgraduate education for nurses on long-term conditions.

Facilitates local conference attendance for at least two nurses from each practice, typically during an annual CME event.



Enrolment

RAPHS validates all service user enrolment forms to support accuracy of claiming, data integrity, ethnicity data, privacy management, and support for audit and funding calculations.



Change Support

- Local, regional, and national stakeholder group participation
- Community Advisory Group
- Complaints Officer
- Network communications and localised clinical guidelines
- Practice Manager Forum



Analytics

RAPHS provided all RAPHS practices with a dynamic clinical dashboard to monitor and benchmark service outcomes, and assist prioritisation of services to those most in need.



Sector Representation

RAPHS subject matter experts participate in a number of national forums including Cyber Security, Data Analytics, Governance and Sovereignty, and Digital Enablement for Regions.

Looking Ahead: Building on Our Foundation for a Healthier Future

RAPHS is entering the year ahead with a clear focus on equity, innovation, and collaboration, underpinned by key strategic initiatives designed to meet the evolving needs of our community.

The following highlights our priorities and activities for FY24-25:

1. Enhancing Service Delivery

- We will prioritise supporting practices to achieve the childhood immunisation health target through data validation for the AIR system and providing a new dynamic dashboard for providers. This will enable real-time tracking and targeted interventions to improve immunisation rates, particularly for Māori and high-needs populations.
- Ongoing improvement of Koiora services, including comprehensive care planning and coordinated health navigation, will provide wrap-around support for those with complex unmet needs, ensuring better access to culturally responsive, integrated care.

2. Advancing Equity and Accessibility

- RAPHS remains committed to monitoring equity of access and outcomes, leveraging our robust data systems to track equity ratios for Māori versus non-Māori service utilisation, and using both quantitative and qualitative data to respond to whānau voice and community stakeholder views to improve services.
- Equity-focused initiatives, such as weighted funding allocations based on population needs, will drive resource allocation to where it is most needed, enhancing outcomes for priority groups.

3. Strengthening Infrastructure and Technology

- A major project to migrate practice IT systems to the cloud will be a cornerstone of our technology transformation, ensuring that practices benefit from enhanced security, reliability, and scalability. This initiative will support streamlined workflows, improved data access, and reduced infrastructure costs for practices, setting the foundation for long-term digital sustainability.
- The cloud migration project for RAPHS IT services will further modernise our internal infrastructure, enabling efficient support for our providers and expanding our capability to manage innovative data solutions.
- Dynamic disease registers and advanced analytics will continue to support practices in identifying care gaps and delivering data-driven, patient-centered care.

4. Collaboration and Community Engagement

- RAPHS is committed to strengthening the relationship with the Te Arawa IMPB, working collaboratively to share data and insights that support their leadership in advancing Māori health outcomes and achieving equity
- Participation in Hauora outreach days and community-led initiatives will strengthen relationships with local providers, iwi, and other stakeholders.



Looking Ahead: Building on Our Foundation for a Healthier Future

5. Workforce Development and Support

- We will roll out the Comprehensive Primary Care Team (CPCT) workforce development fund, ensuring providers have the skills and support needed to deliver culturally competent, high-quality care.
- Ongoing professional development opportunities, including Treaty of Waitangi and Te Reo training, will strengthen cultural responsiveness across the network.

6. Innovation and Sustainability

- RAPHs will explore innovative models of care, including introduction of new packages of care, to address specific population health needs and align service access to Te Manawa Taki and local priorities.
- Sustainability initiatives, such as aligning reporting and service delivery with national standards, will ensure RAPHs continues to deliver efficient, high-impact services.

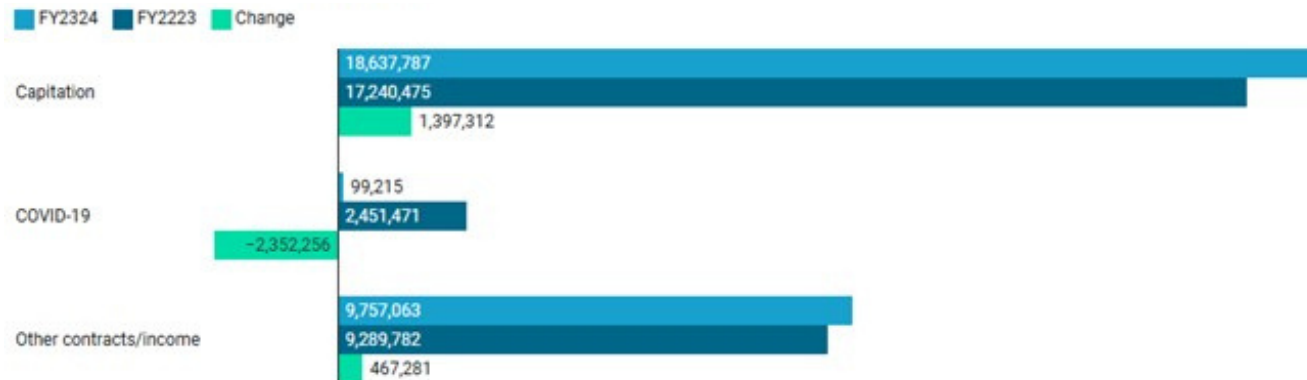
The year ahead is one of opportunity and purpose. By leveraging our innovative tools, strategic partnerships, and equity-focused initiatives, RAPHs will continue to lead the way in delivering person-centered, integrated healthcare. Central to this is our unwavering commitment to supporting member general practices, whose invaluable contribution forms the foundation of service delivery.

Together with our partners, we are dedicated to building a resilient, equitable, and sustainable health system that meets the diverse needs of our community.

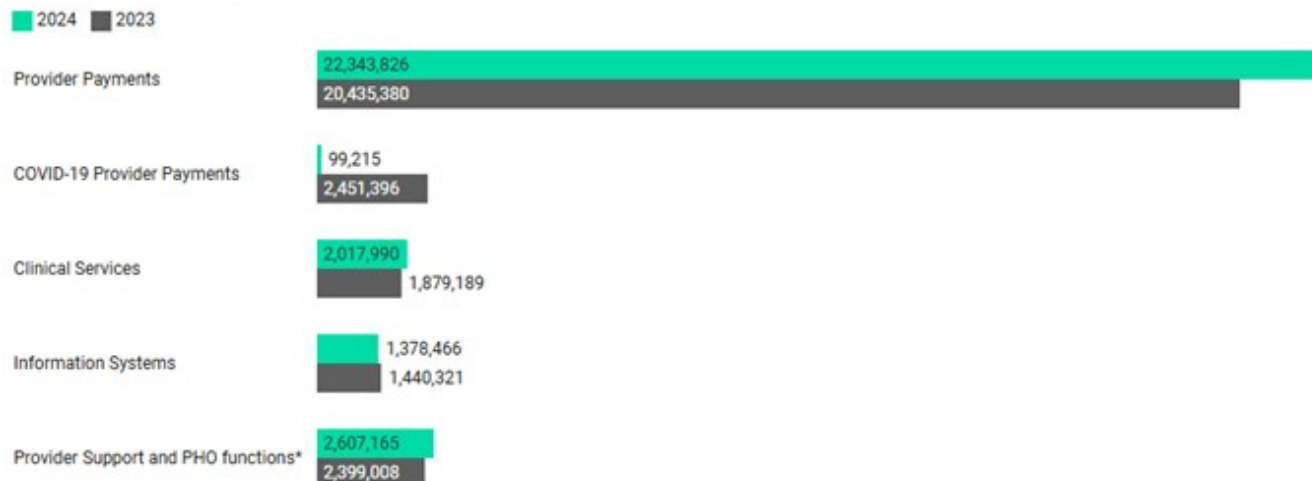


Financial Summary: 1 July 2023 to 30 June 2024

RAPHS Revenue All Sources



RAPHS Expenses



* Provider Support & PHO Functions costs include:
Operations/Management/Audit Fees/Depreciation & Amortization

Highlights

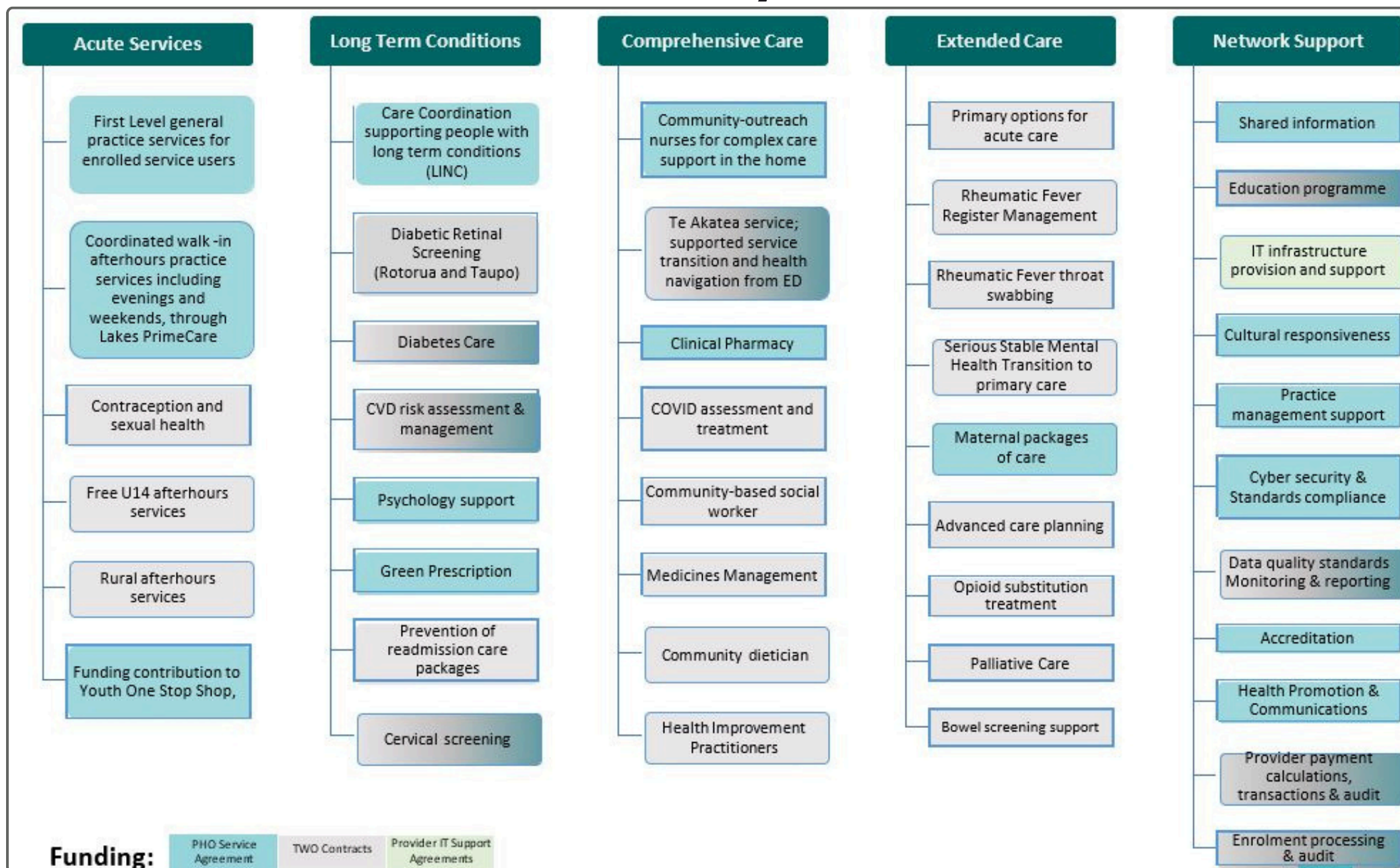
- Official end to COVID-19 pandemic reflected by substantively reduced COVID-19 payments to providers: nearly \$2.4M of funding less than the previous financial year
- 8.1% increase in total capitation paid to RAPHS PHO; reflecting high needs demographic and increased enrolment numbers
- 5% increase in revenue from RAPHS other activities, mostly CPI adjustment on contracts
- Total RAPHS revenue FY2324 of \$28.5M compared with \$29M in FY2223 – a reduction of \$0.5M

Highlights

- Payments to Providers (excluding COVID-19) up by \$1.9M ↑ 9.3%
- PHO total costs (Clinical services, IT, PHO functions) ↑ 5.0% year on year.
- Provider payments in FY23-24 utilise 79% of revenue (excluding COVID-19) received, compared with 77% in FY2223 ↑ 2%

Total Surplus After Tax and Finance Activities: \$78,686 (0.3% of Revenue)

Service and Contracts Summary



Acknowledgements

We extend our heartfelt gratitude to all those who contribute to the success and impact of RAPHs. To our Board of Directors, whose strategic vision guides our work; our Clinical Governance team, whose expertise ensures the highest standards of care; and our Consumer Advisory Group, whose insights ensure our services remain centered on the needs of those we serve—thank you for your invaluable leadership and commitment.

We also acknowledge the vital role of our Finance, Audit, and Risk Subcommittee in maintaining transparency and accountability, and our community partners, who stand alongside us in creating meaningful change. To our dedicated staff, whose hard work and passion drive our mission every day, and to Te Whatu Ora, our funder, whose relationship and support enable us to deliver on our goals—thank you for your trust, collaboration, and shared purpose.

Together, we are building a health system that reflects the values of equity, innovation, and partnership. We look forward to continuing this journey with you all in the year ahead.

Together, we make it better.



Governance 23/24

Board of Directors

Up to 5 elected by Shareholders:

Genevieve Matthews, Erin Turner, Caerlie Picken, Kris Penman, Jo Meyer

Chair appointed by Board: Genevieve Matthews

Balance appointed by Board: Leith Comer

Finance Audit and Risk Subcommittee

RAPHs Board Chair: Genevieve Matthews

Appointed by Board:

FAS Chairman: Peter Spurdle

Another Board member: Erin Turner

RAPHs CEO: Kirsten Stone

In attendance: RAPHs CFO - Nigel Hoare

Clinical Governance Group

Appointed by Board:

Chair: Mike Tustin

RAPHs Board members: Erin Turner, Caerlie Picken

GP: Sharon Lovegrove

Pharmacy: Cameron Monteith

GP Liaison: Lisa Hughes

In attendance: RAPHs Clinical Service Delivery Manager (Vacant FY23/24),

RAPHs Service Development Manager - Nigel Hoare

RAPHs Clinical Facilitator - Anna Brightmore.

Consumer Advisory Group

Appointed by Board from nominees:

Chair: Nigel Hoare (RAPHs)

Te Arawa Lakes Trust: Laurie Watt

Pasifika: Tupou Kaloni (Cook)

Workwise: Nik Andre

Lived Experience: Turei Thompson, Jordy Bealing, Michelle Jackson

In attendance: Workforce and Engagement Specialist - Ariana Storey,
Clinical Facilitator - Anna Brightmore.

Statement of Performance FY23-24

Where are we going?		How are we going to get there?			Monitoring								
Vision	Objectives	Critical Success Factors	Strategies	Key Operational Activities	Performance Expectations	Result							
						FY2223				FY2324			
Our Vision To be an exemplar of person focused, integrated health & wellbeing services; that improve health system outcomes & equity Underlying Values He ora te whakapiri <i>Together, We Make it Better</i> <i>There is strength in unity - By working together we can do great things</i> Whakaaro nui To show respect towards all others Matatika Acting fairly, ethically and with accountability Underlying Behaviours Relationships & partnerships as the foundation for all services Ethical distribution of available resources (prioritised to need) Respect for autonomy (self-determination)	Constitutional Purpose Improving the health status of the enrolled population of Rotorua. Reducing disparities between the health of different groups within the enrolled population of Rotorua. Promoting and developing a fully integrated health delivery system. Promoting good health and the prevention of disease. Supporting the delivery of quality health services through a skilled workforce. Reducing barriers to access to primary health services. Working with other health providers to co-ordinate around population needs Operational Goals RAPHs improves the outcomes of health services: <ul style="list-style-type: none">Equity & quality of servicesExcellent patient & provider experience, andEfficiency, accountability and sustainability of services	Deliver services for high needs patient groups including Deprivation Quintile 5, Māori and Pasifika	Identified community health need is prioritised in service planning and delivery. Support a culturally responsive system of care	Coordinate cultural competency and Te Reo training for service providers Prioritise available funding to high need Support development of models of care incorporating non-traditional workforce	Achieve equity in self-reported experience of Māori vs non-Māori service users via the national Patient Experience Survey	Questions in which RAPHs Māori results:		No. (%)		No. (%)			
		Service configuration and delivery reflects what matters most to whānau and communities	Community leadership on service planning so that consumers, whānau and communities are empowered to drive their own care	Deliver service contracts commissioned by public funders for the local community Co-design supported by Community Advisory Group to develop, monitor and improve services	Demonstrate improved health outcomes over the year <i>(Change in total population LINC targets from Month 1 [July] to Month 12 [June] at year end)</i>	Measure (Total population)		Target	% change		% change		
						Diabetes Annual Review	Start of Year	90%	67.97%	↑ 9.05%	64.80%	↑ 13.69%	
									77.02%		78.49%		
						Cervical Screening	Start of Year	80%	66.91%	↑ 4.31%	66.61%	↑ 6.30%	
									71.22%		72.91%		
		CVDRA	Start of Year	90%	78.30%	↑ 2.27%	79.51%	↑ 3.37%					
					80.57%		82.88%						
		LINC	Start of Year	90%	71.70%	↑ 15.64%	73.25%	↑ 13.49%					
					87.34%		86.74%						
		Quit Smoking	Start of Year	90%	68.92%	↑ 11.52%	74.83%	↑ 9.03%					
					80.44%		83.86%						
RAPHs Clinical Services (delivered by providers) where calculated equity ratio for Māori ≥ 0.9 (No.) Calculated by [Total Service Delivered] / [Average Eligible Population]		11/22 <i>(does not include COVID, OST or Mental Health)</i>		11/20 <i>(does not include COVID, OST or Mental Health)</i>									
Accreditation Status achieved/maintained		Yes		Yes									
Organisation passes solvency test at year end.		Yes		Yes									