MANATÚ HAUORA

133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

ct 1987

15 June 2020

Ailsa Claire Chief Executive Auckland District Health Board Level 7, 214 Green Lane West Auckland 1051

Dear Ailsa

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

The Auckland District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Auckland District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$8,343,698 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

Funding Detail

2.1 The components of the funding package are summarised below.

eled

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

- 3.1.1.1. This fund of \$761,379 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- 3.1.2.1. This fund of \$2,759,679 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- 3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

0,02

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- 3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3.1.3. Sub-Initiative 3 - CBAC Establishment

- 3.1.3.1. This fund of \$3,114,734 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
- 3.1.3.2. The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - ili. community facilities
 - iv. supported general practice
 - v. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
- 3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
- *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

- 3.1.4. Sub- Initiative 4 Enhanced Support for Community Pharmacy
 - *3.1.4.1.* A community pharmacy funding support package of \$1,707,906 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
 - *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
 - 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
6	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
S.	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Eight Million Three Hundred and Forty-Three Thousand Six Hundred and Ninety-Eight Dollars (\$8,343,698) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Auckland DHB	\$3,114,734	\$761,379	\$2,759,679	\$1,707,906	\$8,343,698

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken

ele2

- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

ОНА	Primary Care
	Response
	and Virtual
	Consultations
And bud	CION ANA SN
AUCNIALIU FILO	00.100.100
Procare	\$2,565,074.50



Document 1



s 9(2)(b)(ii)

the street

D

*

Red

s 9(2)(b)(ii)

Ki Oli

, the

Ļ

s 9(2)(b)(ii)

5

è

s 9(2)(b)(ii)

COCK HILL





HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND acting by and through the Deputy Director Gen	
DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).	Bras 1982
	Signature
	(Authorised Signatory)
	Jess Smaling
	Name
	21 July 2020
	Date
AND	
AUCKLAND DISTRICT HEALTH BOARD	
a District Health Board established under section	on
19 of the New Zealand Public Health and	
Disability Act 2000	
	auna
	Signature
	(Authorised Signatory)
	AILSA CLAIRE CHIEF EXECUTIVE OFFICER AUCKLAND DHB
S	Name
eleased under the	<u>15/6/20</u> Date

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

, ct, 982

6 April 2020

Simon Everitt Chief Executive Bay of Plenty District Health Board Cameron Road Gate Pa Tauranga 3112

Dear Simon

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

The Bay of Plenty District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Bay of Plenty District Health Board

- 1. Background
- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$3,678,699 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.
- 2. Funding Detail
- 2.1 The components of the funding package are summarised below.
- 3. Service Description and Requirements

Document 2

eles

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1 Sub-Initiative 1 - General Practice based COVID-19 Assessments

- 3.1.1.1 This fund of \$402,955 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2 Sub-Initiative 2– Enhanced Primary Care Support

- 3.1.2.1 This fund of \$834,650 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- 3.1.2.1 The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
 - ii. \$1.50 for other enrolled service users
 - iii. \$2,500 minimum payment for each practice

- iv. \$5,000 additional payment for practices with 50% or more high needs.
- 3.1.2.2 This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.3 DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3 Sub-Initiative 3 CBAC Establishment
 - 3.1.3.1 This fund of \$1,648,451 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - 3.1.3.2 The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - y. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - 3.1.3.3 Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - 3.1.3.4 The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.4 Sub- Initiative 4 Enhanced Support for Community Pharmacy

- 3.1.4.1 A community pharmacy funding support package of \$792,644 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- 3.1.4.2 The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
- iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
- iv. increased workload due to volume
- v. other reasonable costs related to COVID-19
- 3.1.4.3 DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5 All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2 The purchase codes that applies to this service are as follows:

	DUO	DU		Farmer
	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
eler	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4 Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5 Term

5.1 This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6 Funding

- 6.1 The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2 The Ministry will pay the DHB Three Million Six Hundred and Seventy-Eight Thousand Six Hundred and Ninety-Nine Dollars (\$3,678,699) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Bay of Plenty DHB	\$1,648,451	\$402,955	\$834,650	\$792,644	\$3,678,699

- Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 5.4 The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5 The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6 The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7 Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7 Reporting

- 7.1 In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2 Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8 Variation

eleasedun

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Sub -initiative two - Enhanced Primary Care Support - Detailed Funding Allocation

	Primary Care Response and Virtual Consultations
Eastern Bay Primary Health Alliance	\$153,931.00
Nga Mataapuna Oranga PHO	\$54,470.50
Western Bay of Plenty PHO	\$626,248.00

s 9(2)(b)(ii)

66'

Document 2



HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

Signature (Authorised Signatory)

Date

Name

AND

BAY OF PLENTY DISTRICT HEALTH BOARD a District Health Board established under section 19 of the New Zealand Public Health and Disability Act 2000

unde

Signature (Authorised Signatory)

MIKE AGIVEW Acting General Manager Planning and Funding Name

Planning and Funding BOPDHB

<u>6/4/20</u> Date

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

, ct 1982

6 April 2020

David Meates Chief Executive Canterbury District Health Board Riccarton Hospital Christchurch 8140

Dear David

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

The Canterbury District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Canterbury District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$7,724,278 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

Funding Detail

2.1 The components of the funding package are summarised below.

Document 3

eled

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

- 3.1.1.1. This fund of \$892,564 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- 3.1.2.1. This fund of \$1,394,177 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- *3.1.2.3.* This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$3,651,399 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - 3.1.3.2. The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv, supported general practice
 - V. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - 3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

Document 3

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

- *3.1.4.1.* A community pharmacy funding support package of \$1,786,139 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
- 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
eleio	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Seven Million Seven Hundred and Twenty-Four Thousand Two Hundred and Seventy-Eight Dollars (\$7,724,278) (excluding GST) to provide the Services under this Schedule ("the Funding").

рнв	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Canterbury DHB	\$3,651,399	\$892,564	\$1,394,177	\$1,786,139	\$7,724,278

- 6.3 Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Sub -initiative two - Enhanced Primary Care Support - Detailed Funding Allocation Appendix Two:

OHA	Primary Care Response and Virtual Consultations
Christchurch PHO	\$88,892.00
Pegasus Health (Charitable) Limited	\$1,183,450.00
Waitaha Primary Health	\$121.834.50

s 9(2)(b)(ii)

s 9(2)(b)(ii)

CFFICI2

Document 3

s 9(2)(b)(ii)

FICI



ct 1982

HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

Signature (Authorised Signatory)

Date

Name

AND

CANTERBURY DISTRICT HEALTH BOARD

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

Signature (Authorised Signatory)

MEATE DAVID Name

VI 202 Date

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

Ct 081

Fionnagh Dougan Chief Executive Capital and Coast District Health Board Riddiford Street Wellington 6021

Dear Fionnagh

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

The Capital and Coast District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Capital and Coast District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$4,286,097 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

- *3.1.1.1.* This fund of \$495,936 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- *3.1.2.1.* This fund of \$914,081 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- *3.1.2.3.* This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$2,028,827 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - *3.1.3.2.* The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv, supported general practice
 - v. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - *3.1.3.3.* Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.4. Sub- Initiative 4 Enhanced Support for Community Pharmacy

ele

- *3.1.4.1.* A community pharmacy funding support package of \$847,253 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- 3.1.4.2. The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
- 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
2	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Four Million Two Hundred and Eighty-Six Thousand Ninety-Seven Dollars (\$4,286,097) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Capital and Coast DHB	\$2,028,827	\$495,936	\$914,081	\$847,253	\$4,286,097

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- · Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

3102

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

on Act Aoort Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

РНО	Primary Care Response and Virtual Consultations
Cosine PHO	\$81,760.50
Ora Toa PHO	\$75,711.50
Tu Ora Compass Health Capital and Coast	\$756,609.00

s 9(2)(b)(ii)





HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

	Signature
	(Authorised Signatory)
	Name
	- Ca
	Date
HEALTH	
under sect	ion
hand	

AND

CAPITAL AND COAST DISTRICT HEALTH BOARD

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

Signature (Authorised Signatory)

Name

Date

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

, ct, 082

3 April 2020

Fepulea'l Margie Apa Chief Executive Counties Manukau District Health Board South Auckland Mail Centre Manukau 2240

Dear Margie

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

The Counties Manukau District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Counties Manukau District Health Board

- 1. Background
- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$8,132,668 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.
- 2. Funding Detail
- 2.1 The components of the funding package are summarised below.

Document 5

eles

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

- 3.1.1.1. This fund of \$930,803 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- **3.1.2.1.** This fund of \$1,740,427 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
 - ii. \$1.50 for other enrolled service users

eler

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- 3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$3,807,830 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - 3.1.3.2. The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - v. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - 3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

Document 5

de

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

- *3.1.4.1.* A community pharmacy funding support package of \$1,653,609 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
- 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure	
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service	
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service	
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service	
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service	

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Eight Million One Hundred and Thirty-Two Thousand Six Hundred and Sixty-Eight Dollars (\$8,132,668) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Counties Manukau DHB	\$3,807,830	\$930,803	\$1,740,427	\$1,653,609	\$8,132,668

- Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

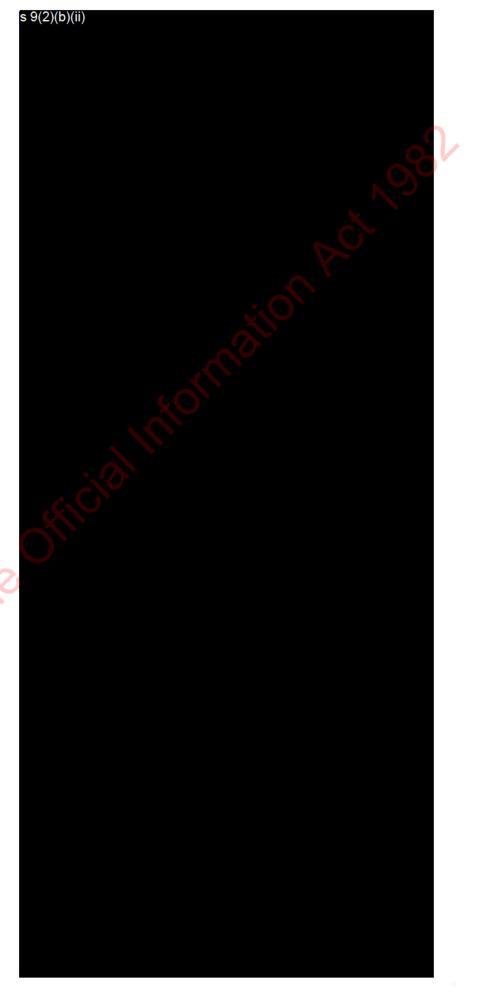
- No co-payment
- No clawback

81635

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Sub -initiative two - Enhanced Primary Care Support - Detailed Funding Allocation

e E	Primary Care Response and Virtual Consultations
Alliance Healthcare	\$525,283.00
East Health Management Ltd	\$214,308.00
National Hauora Coalition - Counties	
Manukau	\$334,344.00
Total Healthcare CMDHB	\$666,491.50



s 9(2)(b)(ii)

REICH

D

s 9(2)(b)(ii) 382



HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

Signature (Authorised Signatory)

Smal Name

Date

AND

218.25

COUNTIES MANUKAU DISTRICT HEALTH BOARD

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

11

Signature (Authorised Signatory)

Margie Apa

Name

22 April 2020 Date

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

, ct, 082

Craig Climo Chief Executive Hawke's Bay District Health Board Private Bag 9014 Hastings 4156

Dear Craig

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

The Hawke's Bay District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Hawke's Bay District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$2,599,801 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

- *3.1.1.1.* This fund of \$273,613 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- **3.1.2.1.** This fund of \$589,461 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
 - ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- *3.1.2.3.* This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$1,119,326 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - *3.1.3.2.* The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - v. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - **3.1.3.3.** Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

e)(

- 3.1.4. Sub- Initiative 4 Enhanced Support for Community Pharmacy
 - *3.1.4.1.* A community pharmacy funding support package of \$617,402 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
 - *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
 - 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure		
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service		
3	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service		
	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service		
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service		

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Two Million Five Hundred and Ninety-Nine Thousand Eight Hundred and One Dollars (\$2,599,801) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Hawke's Bay DHB	\$1,119,326	\$273,613	\$589,461	\$617,402	\$2,599,801

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- · Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

3/62

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

РНО	Primary Care Response and Virtual Consultations
Health Hawkes Bay	\$589,460.50

	2
Appendix Two:	<u>5</u> 0.
Sub -initiative two - Enha	nced Primary Care Support – Detailed Funding Allocation
PHO	Primary Care Response and Virtual Consultations \$589,460.50
Health Hawkes Bay	\$589,460.50
s 9(2)(b)(ii)	
20	



HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

Α	Ν	D

HAWKE'S BAY DISTRICT HEALTH BOARD

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

Signature (Authorised Signatory)

Name

Signature

Name

Date

(Authorised Signatory)

Date

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

, ct, 082

Fionnagh Dougan Chief Executive Hutt Valley District Health Board 638 High Street Lower Hutt 5010

Dear Fionnagh

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

The Hutt District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Hutt Valley District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$2,142,462 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):

3.1.1. Sub-Initiative 1 - General Practice based COVID-19 Assessments

- 3.1.1.1. This fund of \$247,685 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- **3.1.2.1.** This fund of \$402,920 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
 - ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- *3.1.2.3.* This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$1,013,256 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - *3.1.3.2.* The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - V. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - *3.1.3.3.* Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

- 3.1.4. Sub- Initiative 4 Enhanced Support for Community Pharmacy
 - *3.1.4.1.* A community pharmacy funding support package of \$478,602 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
 - *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
 - 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
108	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Two Million One Hundred and Forty-Two Thousand Four Hundred and Sixty-Two Dollars (\$2,142,462) (excluding GST) to provide the Services under this Schedule ("the Funding").

	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Hutt DHB	\$1,013,256	\$247,685	\$402,920	\$478,602	\$2,142,462

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- · Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

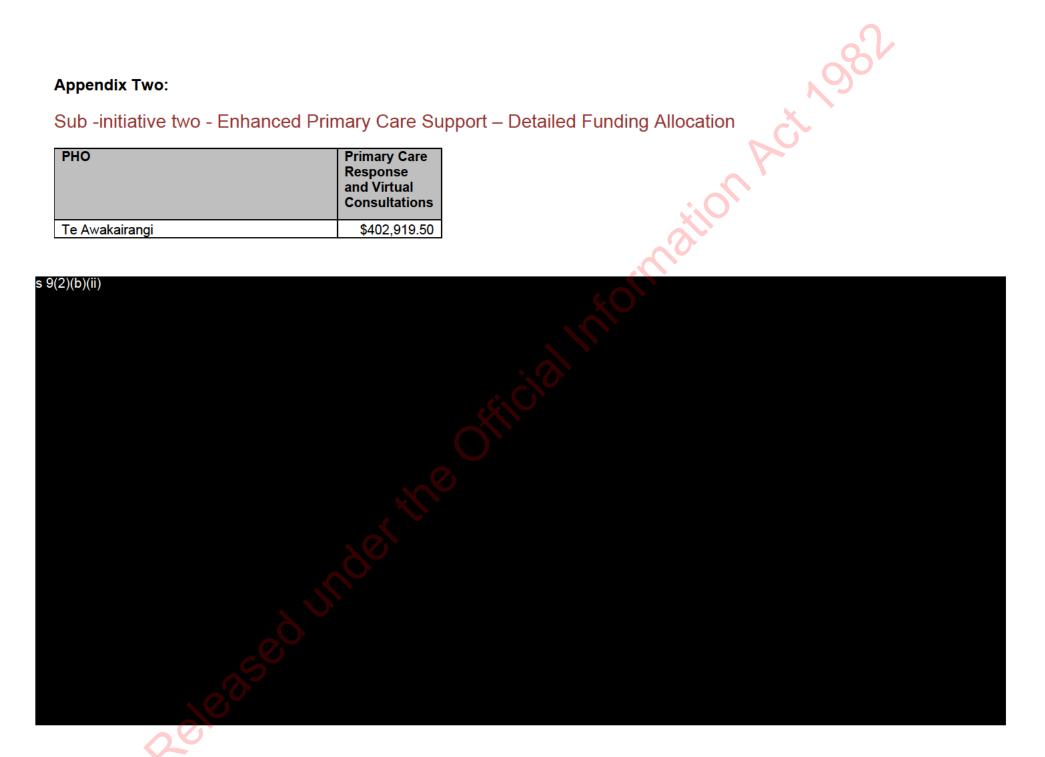
3/62

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Appendix Two:

Sub -initiative two - Enhanced Primary Care Support – Detailed Funding Allocation

РНО	Primary Care Response and Virtual Consultations
Te Awakairangi	\$402,919.50





HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

HUTT DISTRICT HEALTH BOARD

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

Signature (Authorised Signatory)

Name

Signature

Name

Date

(Authorised Signatory)

Date

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

Document 8



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

, ct 1982

3 April 2020

Nick Saville-Wood Chief Executive Lakes District Health Board Rotorua Hospital Arawa Street Rotorua 3010

Dear Nick

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

The Lakes District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Lakes District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$1,692,382 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

- 3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):
 - 3.1.1. Sub-Initiative 1 General Practice based COVID-19 Assessments
 - 3.1.1.1. This fund of \$179,880 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- 3.1.2.1. This fund of \$469,564 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)

2

- ii. \$1.50 for other enrolled service users
- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- 3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$735,872 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - 3.1.3.2. The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - v. Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - 3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

3

Document 8

24

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

- *3.1.4.1.* A community pharmacy funding support package of \$307,067 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
- *3.1.4.3.* DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

PU Code	PU Description	PU Definition	PU Measure
PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB One Million Six Hundred and Ninety-Two Thousand Three Hundred and Eighty-Two Dollars (\$1,692,382) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Lakes DHB	\$735,872	\$179,880	\$469,564	\$307,067	\$1,692,382

05

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

6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

eleas

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Sub -initiative two - Enhanced Primary Care Support - Detailed Funding Allocation

Midlands Health Network - Lakes	and Virtual Consultations \$168,565.00
Rotorua Area Primary Health Services	
imited	\$300 999 00





	HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND acting by and through the Deputy Director O	
	DHB Performance, Support and Infrastructu Ministry of Health (Ministry).	Amali A
		Signature (Authorised Signatory)
		Jess Smaling Name
		Date
	AND	
	a District Health Board established under se 19 of the New Zealand Public Health and Disability Act 2000	ection
		Alutrand
	A UN	Signature (Authorised Signatory)
	Sev	N. Saville Wood Name
0	elec	3,04,2020 Date

N. Saville Wood

٦

3.04.2020

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

Ct 1982

30 April 2020

Kathryn Cook Chief Executive MidCentral District Health Board 50 Ruahine Street Roslyn Palmerston North 4442

Dear Kathryn

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

The MidCentral District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support MidCentral District Health Board

1. Background

- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.
- 1.2 This variation confirms the immediate roll out of \$2,551,050 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

3. Service Description and Requirements

- 3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):
 - 3.1.1. Sub-Initiative 1 General Practice based COVID-19 Assessments
 - 3.1.1.1. This fund of \$284,262 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- *3.1.2.1.* This fund of \$562,141 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- *3.1.2.2.* The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
 - ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- *3.1.2.3.* This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - *3.1.3.1.* This fund of \$1,162,890 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - 3.1.3.2. The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - Community Based Assessment Centres (CBACs)
 - vi. some combination of the above.
 - 3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.4. Sub- Initiative 4 Enhanced Support for Community Pharmacy

- *3.1.4.1.* A community pharmacy funding support package of \$541,758 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
- 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
00	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Two Million Five Hundred and Fifty-One Thousand Fifty Dollars (\$2,551,050) (excluding GST) to provide the Services under this Schedule ("the Funding").

0

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
MidCentral DHB	\$1,162,890	\$284,262	\$562,141	\$541,758	\$2,551,050

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

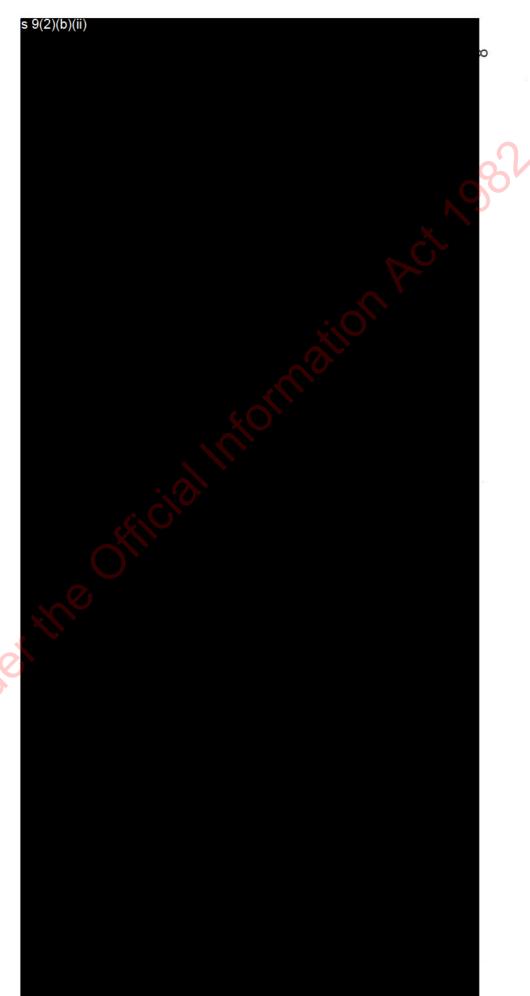
- No co-payment
- No clawback

eler

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.

Sub -initiative two - Enhanced Primary Care Support - Detailed Funding Allocation

30	OH9 Ho
----	-----------



8,

è

s 9(2)(b)(ii)

6

HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND

acting by and through the Deputy Director General, DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).

Signature (Authorised Signatory)

Jess Smaling

Name

8 May 2020 Date

AND

1825

MIDCENTRAL DISTRICT HEALTH BOARD

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

Signature (Authorised Signatory) Craig Johnston General Manager Strategy, Planning & Performance

Name

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



133 Molesworth St PO Box 5013 Wellington 6145 New Zealand

ation Act 1982

3 April 2020

Peter Bramley Chief Executive Nelson Marlborough DHB Wairau Hospital PO Box 46 Blenheim 7240

Dear Peter

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

The Nelson / Marlborough District Health Board ("the DHB") and the Minister of Health ("the Minister") entered into a Crown Funding Agreement ("the Principal Agreement") which commenced on 1 October 2012.

This variation by way of letter is pursuant to clause A.6.4 of the Principal Agreement. The Parties wish to vary the Principal Agreement by inserting the following schedule:

Schedule H10: COVID-19 Primary Care and Pharmacy Funding Support Nelson / Marlborough District Health Board

- 1. Background
- 1.1 On 17 March 2020 Government announced a new \$500m funding package to support the Health Sector to respond to COVID-19, including an initial support package of \$50M for primary and community care.

1.2 This variation confirms the immediate roll out of \$2,128,912 funding to your DHB to support general practices, contracted community pharmacy providers (primary care) and DHBs regional response to COVID-19. This is for use by 30 June 2020.

2. Funding Detail

2.1 The components of the funding package are summarised below.

eled

3. Service Description and Requirements

- 3.1 The DHB must, during the term of this Schedule, provide the following services ("the Services"):
 - 3.1.1. Sub-Initiative 1 General Practice based COVID-19 Assessments
 - 3.1.1.1. This fund of \$249,690 is provided to your DHB for regional distribution via the Primary Options for Acute Care (POAC) mechanism (or other PHO payment mechanisms) to reimburse practices for COVID-19 assessment and testing. This is to remove any financial barriers to patient access and will be paid on a fee for service basis.
 - i. DHBs must hold funding for sub-initiative 1. for the purpose of general practice claims for COVID-19 testing.
 - ii. DHBs must communicate to PHOs and general practices the process for reimbursement for COVID-19 testing.
 - iii. The fund covers enrolled, eligible and non-eligible populations meeting the case definition for testing.
 - iv. The patient co-payment will be zero.
 - v. DHBs and the Ministry of Health have agreed that general practicebased COVID-19 assessments will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment (see Appendix One for detail).
 - vi. The funding has been calculated on an enrolment basis for each general practice using the National Enrolment Service (NES) snapshot enrolment information for 1 March 2020.
 - vii. If there is any underspend for the community-based assessments (sub-initiative 1) at the end of the pandemic, then this must be provided to general practice as a bulk payment

3.1.2. Sub-Initiative 2– Enhanced Primary Care Support

- 3.1.2.1. This fund of \$412,659 is provided to your DHB for immediate distribution to support capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.
- 3.1.2.2. The payment is equity weighted and will be distributed as follows (See Appendix Two for detailed funding):
 - i. \$4.50 per high needs enrolled service user (Māori, Pacific, Dep Q5 and/or over 65s)
 - ii. \$1.50 for other enrolled service users

- iii. \$2,500 minimum payment for each practice
- iv. \$5,000 additional payment for practices with 50% or more high needs.
- 3.1.2.3. This funding will be calculated nationally and provided to PHOs. PHOs will be required to pass on 100 percent of this funding to their general practices
- 3.1.2.4. DHBs must require PHOs to pass on 100 percent of the funding specified as part of sub-initiative two in this schedule to the general practices affiliated with the PHO(s) in the district.
 - i. The allocation for each PHO has been calculated and provided for each general practice affiliated with the PHO using the NES enrolment information (see Appendix one).
 - ii. The funding must be passed on by PHOs to general practices by 3 April 2020.
 - iii. The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.
- 3.1.3. Sub-Initiative 3 CBAC Establishment
 - 3.1.3.1. This fund of \$1,021,457 is provided to your DHB to ensure an enhanced regional primary care response to COVID-19. The fund will be distributed at a flat rate based on the number of enrolled service users.
 - 3.1.3.2. The fund will contribute to an enhanced regional response via:
 - i. designated practices
 - ii. mobile services
 - iii. community facilities
 - iv. supported general practice
 - v. Community Based Assessment Centres (CBACs)
 - Vi. some combination of the above.
 - 3.1.3.3. Each DHB region is required to establish a minimum of one CBAC. Regional needs above this will be dependent on local planning. Needs are expected to differ in scale and timing.
 - *3.1.3.4.* The funding has been calculated on an enrolment basis for each general practice using the NES snapshot enrolment information for 1 March 2020.

Document 10

3.1.4. Sub- Initiative 4 – Enhanced Support for Community Pharmacy

- *3.1.4.1.* A community pharmacy funding support package of \$445,106 to be distributed to contracted providers via:
 - i. a 50 percent flat payment to recognise fixed costs, and
 - ii. a 50 percent volume-based payment to recognise the demand some pharmacies are experiencing
- *3.1.4.2.* The funding will be used at the discretion of the community pharmacy provider to recognise the following costs:
 - i. safety equipment for staff (not PPE)
 - ii. items to enable operation of pharmacies safely by controlling contact with patients (doors, barriers, phones, laptops)
 - iii. out of pocket expenses for patients that cannot visit the pharmacy (ie: delivery costs)
 - iv. increased workload due to volume
 - v. other reasonable costs related to COVID-19
- 3.1.4.3. DHBs will distribute the pharmacy funding (sub-initiative 4) via Letters of Offer under the Integrated Community Pharmacy Services Agreement (ICPSA).
- 3.1.5. All services across the above funding streams should be able to be terminated at a month's notice.
- 3.2. The purchase codes that applies to this service are as follows:

	PU Code	PU Description	PU Definition	PU Measure
	PHO19-01	COVID-19 GP assessments	Primary health care assessment for people with Covid-19 like symptoms. Excludes treatment provided at a Community Based Assessment Centre (CBAC) for COVID-19. Excludes personal protection equipment, this is funded separately.	Service
0	PHO19-02	COVID-19 enhanced primary health care	Support for capacity and capability in all general practices (including for virtual consultations) to respond to COVID-19.	Service
_	COOC1901	COVID-19 regional community care	Enhanced regional primary care response to COVID-19, eg through Community Based Assessment Centres (CBAC) mobile clinics or designated practices.	Service
	PH-1901	COVID-19 Community Pharmacy	Funding for Community Pharmacy for Covid-19 response.	Service

4. Assumptions

- 4.1 The following assumptions have been made and further detail will be formalised in individual agreements.
 - This is first tranche of funding is to provide a consistent base across the country. The Ministry and DHBs' primary care leads are meeting regularly to assess volumes and identify any gaps.
 - Funding is expected to flow directly and quickly to frontline service provision via PHOs, and for pharmacy via DHBs.
 - The funding is provided based on a high trust model with DHBs and PHOs working closely and cooperatively to support general practice, pharmacies and the development of CBACs outside of a general practice setting if required.
 - Flexibility of implementation is expected in line with the above service description with detailed operational guidance to be set at a local level between individual DHBs and their local PHOs and providers.

5. Term

5.1. This Schedule commences upon signing and, unless terminated earlier in accordance with the Principal Agreement, will expire on 30 June 2020.

6. Funding

- 6.1. The DHB agrees that it will only use the Funding for the purposes of performing the Services.
- 6.2. The Ministry will pay the DHB Two Million One Hundred and Twenty-Eight Thousand Nine Hundred and Twelve Dollars (\$2,128,912) (excluding GST) to provide the Services under this Schedule ("the Funding").

DHB	CBAC Establishment @ \$6.75 per ESU	General Practice- Based COVID-19 Assessments @ \$1.65 per ESU	Enhanced Primary Care Support	Enhanced Support for Community Pharmacy	Total
Nelson Marlborough DHB	\$1,021,457	\$249,690	\$412,659	\$445,106	\$2,128,912

- 6.3. Options below for payment by invoice, payment on performance, and payment via Schedule B, respectively:
- 6.4. The DHB will pay the PHO from the funding provided through the Ministry's Health System Improvement and Innovation Directorate Cash Profile, in accordance with the PHO Services Agreement, and

- 6.5. The Ministry will provide the cash payment to the DHBs through the Ministry's Health System Improvement and Innovation Directorate Cash Profile. The Ministry will work on early payments and advise once confirmed. This payment will enable DHBs to make payments to their PHOs to pass onto their general practices.
- 6.6. The Funding will be included in monthly updates to Schedule B of the Principal Agreement and will be paid during the term of this Schedule.
- 6.7. Notwithstanding this Schedule, in accordance with section 10 of the Public Finance Act 1989 (or any amended or substituted section which is of the same effect), both Parties acknowledge that future agreements and payments to the DHB for services of the type covered by this Schedule beyond the current financial year is contingent upon the appropriation of adequate levels of funding under an Act of Parliament for that financial year.

7. Reporting

- 7.1. In addition to the reports required under the Principal Agreement, the DHB will report to the financial report template "COVID-19 DHB tracker.
- 7.2. Further reporting on non-financial activity (volumes, approach etc) may be requested by the Ministry in the future (if required) to further inform planning and support of DHBs.

8. Variation

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

Appendix One:

Sub-initiative one - General Practice based COVID-19 Assessments

DHBs and the Ministry of Health have agreed that community-based assessments in general practice will be funded on a two-tier rate of \$120 for a simple assessment and \$250 for a full assessment. The service expectations of these two assessments are shown below. It is proposed that DHBs and PHOs include these service expectations within their Primary Options for Acute Care-like service schedule and be paid on a Fee For Service basis to general practice. This will minimise the need for a separate payment process being established. It is recommended that further detail be worked through between individual DHBs and their local PHOs.

Simple Assessment (\$120)

- No co-payment
- No clawback
- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has mild symptoms
- Visual check and basic observations
- Swab, if indicated (eg in a carpark)
- 1 or 2 people in PPE (funded separately)
- Patient sent home and provided with recommendations (eg self-isolating)
- Patient advised of test results

Full Assessment (\$250)

- No co-payment
- No clawback

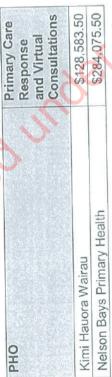
81635

- Patient meets the Ministry of Health's Case Definition (as it stands at any given point in time)
- Patient has moderate or severe symptoms
- Chest exam in the practice
- Swab undertaken)
- Patient may require a follow-up check (not separately claimed for)
- Appropriate practice decontamination undertaken
- 1 or 2 people in PPE (funded separately)
- Patient advised of test results.





Sub -initiative two - Enhanced Primary Care Support - Detailed Funding Allocation





Document 10

s 9(2)(b)(ii)

cial mornation Act vost

HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND acting by and through the Deputy Director Gen DHB Performance, Support and Infrastructure, Ministry of Health (Ministry).	eral,
	Signature (Authorised Signatory)
	Tess Smaling Name 105020 Date
AND	
NELSON MARLBOROUGH DISTRICT HEAL a District Health Board established under section 19 of the New Zealand Public Health and Disability Act 2000	TH BOARD on
nderthe	Signature (Authorised Signatory)
23580 UNC	P. M Brunles Name 6/4/2020 Date
Made under section 10 of the New Zealand P	ublic Health and Disability Act 2000.

10