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## **GPs scratching their heads about Government's \$164 million urgent care promise**

The government has completely missed the point, says General Practitioners Aotearoa (GPA).

Health Minister Simeon Brown has announced a \$164 million announcement over four years for urgent care and after hours care.

That money is earmarked for opening new 24-hour urgent care services in five cities, as well as expanding daytime and after-hours services in other places.

"The very first thing the Government needs to be asking," says GPA chair Dr Buzz Burrell, "is why do so many people go to urgent care facilities?"

### **Not addressing the root cause**

Aotearoa New Zealand's desperate need for urgent care services is a symptom of an underlying cause: long-term, systematic under-investment in general practice.

"When people can't see their GP, small health issues turn into big ones," Burrell says.

"Think about someone struggling to manage their asthma. Instead of seeing their GP and trying out a new inhaler, they end up in urgent care three weeks later unable to breathe."

There are not enough GPs to see every New Zealander who needs healthcare in a timely manner.

"Family health clinics are downsizing staff while they increase their patient roll, just so they can make enough money to keep the lights on," Burrell says.

"Everyone agrees we need urgent care facilities, but unless some money is put towards fixing general practices and making it an attractive career for doctors, the problem will keep getting worse."

### **Where are the doctors coming from?**

GP clinics around the country are struggling to hire GPs.

"So where are these new 24-hour services going to find doctors?" Burrell asks.

"I've got two main concerns: siphoning of clinic funding, and using other medical professionals instead of doctors."

GP clinics are funded by a system called "capitation" – the government gives primary care organisations

(PHOs) money to dish out to clinics for each patient enrolled.

Many PHOs run their own urgent care facilities, and use a portion of capitation funding for their operating costs.

“Redirecting money from clinics to urgent care is robbing Peter to pay Paul, if you assume that Paul is more expensive and does a worse job than Peter,” Burrell says.

His other concern is that nurses, nurse practitioners, physician associates and other medical professionals may be pushed to do work they are not trained for in urgent care.

“Getting other people to do doctor’s work, such as diagnosing difficult illnesses, is bad for the patient, it’s a waste of taxpayer money, and it’s potentially devastating for medical professionals put in a situation where they can make career-ending errors,” Burrell says.

“Unless New Zealand recruits more GPs, the proposed system just isn’t going to work.”

### **Hitting the patient in the pocket**

Patients do not like urgent care because it is expensive.

“If you think GP appointments are pricey these days, wait until you see the bill for turning up at a 24-hour clinic in the middle of the night,” Burrell says.

“And all you’re likely to get for your money is band-aid care and sent home to see your GP the next day.”

Even given the option of after-hours care, many patients still prefer to wait at hospital emergency departments for free healthcare.

“So this may make a small dent in reducing the workload on ED, but it’s not solving the problem,” Burrell says.

“The only thing that can do that is getting more GPs in clinics, opening up more appointments, and giving us the funding to deliver high-quality healthcare.”

### **Stretching the budget**

Urgent care facilities need buildings, x-ray machines, laboratories and other expensive infrastructure that costs millions of dollars.

“\$41 million per year won’t go far, especially when you add wages and operating costs,” Burrell says. “My question to the Minister would be: can we please have some more details?”

Burrell says he suspects the Government is planning to deliver these services in partnership with corporate healthcare providers to make the budget work.

“If that’s so, there may be a decent business case for it. I just think we need that information up front so we can understand what urgent care is going to look like, how much it’s going to cost patients, and how it will be staffed.”

ENDS

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## **Contact for comment**

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We may also be able to connect you with our members who wish to comment on relevant stories – email [communications@gpaotearoa.co.nz](mailto:communications@gpaotearoa.co.nz) for more information.

## **About General Practitioners Aotearoa**

General Practitioners Aotearoa (GPA) is the only independent organisation exclusively representing the voices of doctors working in general practice. We represent GPs who are clinic owners, employees, contractors and trainees. We are member-funded and receive no government money. GPA formed after the demise of the New Zealand Medical Association to independently advocate for GPs. [gpaotearoa.co.nz](http://gpaotearoa.co.nz)