Whakarongorau Aotearoa// New Zealand Telehealth Services//

Virtual Care in Aotearoa
Our insights 2026

Evidence from 1.1 million contacts across Whakarongorau Aotearoa // New Zealand Telehealth Services

1 July 2025 to 30 June 2026

How virtual care connects with the wider health system

We are seeing a change in the role virtual care plays in the health system.

Virtual care is critical national health infrastructure. Its value extends beyond providing another way to reach support. It brings clinical judgement earlier into a person's journey, helps connect them with the right next step, and allows scarce in-person services to focus on the people who need them most.

Across Whakarongorau services, this takes different forms. Clinical judgement can help determine whether a person needs an ambulance, can safely stay at home, should see a general practitioner, or needs another form of care.

It can support a paramedic making a decision on scene, help a person move from assessment to an appointment, reconnect them with planned care, or prompt them to complete a screening test.

This connected national capability operates across primary care, ambulance, mental health, planned care and screening.

The FY26 evidence shows what this infrastructure makes possible: more ways for people to reach support, clinical advice earlier in their journey, support to continue through care, and stronger connections between services.



1.1 million

1.1 million contacts across Whakarongorau services



728,625

728,625 people supported, around **14%** of the population



2,000

Every day, around **2,000 people** received support through Whakarongorau services.



35%

Demand more than **35% above funded levels**

Four findings

Across the 35 services run by Whakarongorau Aotearoa // New Zealand Telehealth Services, four findings show how virtual care is connecting more closely with the wider health system.



Connecting access with what happens next

People need different ways to reach clinical support. Depending on what they need, the right response may be self-care, further clinical advice, a callback, a booked appointment, connection to another service, specialist support, or an emergency response.



Bringing clinical advice into decisions earlier

Clinical advice does not need to be limited to the point where in-person care is delivered. Across urgent care, ambulance, and mental health pathways, clinicians are helping to inform decisions earlier. This helps people receive an appropriate response and allows scarce in-person services to focus on those who need them.



Helping people remain connected with care

A referral, waitlist placement or screening invitation does not always lead smoothly to the next step. People can encounter practical barriers, lose momentum or be left unsure about what happens next. Planned care follow-up, screening outreach, addiction support and supported booking show how virtual care can reduce some of this burden. Instead of waiting for a person to re-enter the system, the system can make contact and help restore the connection.



Connecting care across the health system

Integration is not a single handover at the end of a contact. It includes the information, clinical relationships, records, routing, governance, and partner pathways that allow care to continue across services. These connections operate across Whakarongorau services, although their form and extent vary between pathways. There is also more to learn, particularly about what happens after a person is referred, transferred, or booked into another service.

1. Access becomes more useful when it connects with care

People need to be able to reach support in a way that works for them. When they need further care, they also need a clear and practical next step.

Healthline supported more than 363,000 contacts in FY26. Four out of five callers stayed safely at home or received care in the community, and 84% of people surveyed reported following the advice they received.

The ways people reach Healthline are also changing. Some begin with a phone call. Others use the online symptom navigator or request a callback. Images and video can now form part of the clinical assessment.

These are not separate versions of Healthline. They are different ways of reaching the same clinical expertise.

Healthline in FY26

- **363,711** contacts
- **261,515** people supported
- **4 in 5** callers stayed safely at home or received care in the community
- **84%** of people surveyed reported following the advice they received
- **14%** of contacts included an image or video, up from 11%

Digital access is growing, but the significance of this change is not simply that people are moving from phone to digital channels.

People access Whakarongorau services in different ways. Someone may begin online, request a callback and then speak with a nurse or paramedic. Others may find text-based support easier, particularly when distressed. The channel shapes how people reach the service. Clinical judgement shapes what happens next.

For some people, that next step will require further support. Recommending a general practice appointment does not mean one is available or easy to access.

Supported booking can help bridge the gap between a clinical recommendation and the care a person needs. In FY26, around 2,000 general practice appointments were booked through the GP Booking Service.

When supported by a Healthline kaimahi, 70% of recommendations resulted in an appointment.

Not every virtual contact needs to end in a booking or referral. The right response may be reassurance, self-care, further advice, an appointment, or emergency care. What matters is that the person receives an appropriate response and can act on it.

More ways to reach care

- **16.5%** of Healthline contacts began through digital channels
- Around **46,000** people used the Healthline Online symptom navigator
- Around **38,000** people used the callback option
- Across digitally enabled mental health and addiction services, **64%** of contacts used digital channels
- Around **64,000** mental health contacts were by text

Connecting assessment with care

- **2,089** general practice appointments booked
- **70%** conversion when booking was supported by Healthline
- **25%** of people using the service identified as Māori or Pacific

2. Clinical judgement before the next step

Clinical advice shapes a decision before an ambulance is dispatched, a person is taken to an emergency department, or another response is put in place.

Clinical judgement means understanding symptoms in context, assessing risk and deciding what response is appropriate. It includes recognising when reassurance is safe, when another form of care is suitable, and when escalation cannot wait.

One of the earliest decisions can be whether an ambulance needs to be dispatched. Whakarongorau clinicians work with Hato Hone St John and Wellington Free Ambulance to assess lower-acuity 111 calls before that decision is made.

Clinical judgement also shapes what happens after an ambulance has arrived. In FY26, 6,511 patients were assessed with ambulance attendance and then treated on site or supported into community care rather than being transported to an emergency department.

These decisions matter at scale. In FY26, around 18,670 ambulance dispatches were avoided through emergency triage, helping direct emergency resources to the people who needed them most.

Emergency Triage



- Around **41,000** calls
- **47%** supported without an ambulance being dispatched
- **18,670** ambulance dispatches avoided
- Around **11,900** emergency department attendances avoided

Earlier Mental Health Response brings mental health expertise into that decision. It helps determine whether the person needs an ongoing emergency response or whether their needs can be met through a health-led response.

These services operate at different points in the pathway. In each case, clinical expertise is available before the next decision is made.

This matters when ambulance services and emergency departments are under pressure. Earlier clinical assessment can identify the people who need an emergency or in-person response, while giving others a safe alternative.

The purpose is to make better-informed decisions. In some cases, clinical assessment confirms that urgent escalation is needed. In others, it identifies that the person can safely receive support somewhere else.

The information, and clinical decision support available to the clinician, also matter. Healthline nurses can increasingly combine what a person tells them with images, digital symptom information and other available clinical information.

Where an image or video formed part of a Healthline assessment, around 10% of contacts were referred to 111 or an emergency department, compared with around 18% across Healthline overall.

These figures do not establish that the image or video caused the different outcome. They show how virtual assessment can become more informed as clinicians gain access to relevant information.

Virtual care gives people access to clinical judgement, not only health information. When that judgement is available earlier, it can help determine what care is needed, where it can safely be provided, and whether an in-person response is required.

Earlier Mental Health Response



- **9,299** contacts from Police and ambulance services
- **86%** received a health response without Police or ambulance continuing to be involved
- The proportion assessed at the most acute level increased from **10% to 14.6%**

3. Supporting people to continue through care

People do not always make it through a care pathway without further contact. A call, message or conversation can help them understand and complete the next step.

People waiting for planned care may experience a change in their health, circumstances, or need for treatment. Their contact details may also change while they wait. Unless the health service reconnects with them, the information held on the waitlist may no longer reflect what they need.

Whakarongorau teams contacted people on hospital waitlists to check whether their details were current and whether they still needed the care they were waiting for.

The contact allows the person to clarify what is happening with their care and update their information. It also gives health services a clearer view of who is still waiting, what care is needed and where capacity can be directed.

Making care available does not always mean a person can complete the next step.

Bowel screening begins with access to a screening kit, but the pathway is not complete until the test is returned. A person may have questions, the kit may have been misplaced, or other priorities may have taken over. Sometimes another conversation is needed.

Planned care

- Around **27,200** people contacted
- **2,067** people subsequently removed from a waitlist because their circumstances had changed
- **7.6%** reduction in waitlist volumes

Bowel screening follow-up

- **241,481** follow-up calls
- **38.4%** completed their screening test following contact, up from **35%** the previous year
- **37%** completion following contact for Māori

Some pathways require support over a longer period. Changing an established behaviour, for instance, may take more than one conversation.

Quitline supports people over time rather than relying on a single interaction. It works alongside local face-to-face services, recognising that sustained change is often supported through a combination of virtual and in-person care.

These services show different reasons a care pathway may lose momentum. Information may be out of date. A person may have questions or face a practical barrier. The next step may require support over time.

In each case, virtual care gives the health system another way to make contact, understand what may be needed and help the person continue. There is an important equity dimension to this.

Health services can be difficult to navigate. A system that relies on every person having the time, confidence, information, and resources to manage each next step will not work equally well for everyone. This burden may be greater when people are also managing poor health, financial pressure, transport difficulties, or caring responsibilities.

Proactive contact does not create capacity or remove every barrier. It gives the health system another way to identify when someone may need support to continue through care.

Quitline

- **15,196** people supported
- **41%** of people enrolled in the Quit Smoking programme were smokefree at four weeks
- **28%** of people enrolled identified as Māori, up from 23% the previous year

4. Care continues across services

A person may receive support from several services. Their care still needs to feel clear and connected as they move between them.

They may move between a national service, a general practice, an ambulance service, a community health provider, or a district mental health team. They may already have support from whānau, peers, or a kaupapa Māori provider.

The experience of care depends not only on what happens within each service, but also on how those services work together.

For people with complex or repeated needs, it also depends on whether relevant information and agreed next steps can follow them over time.

Virtual care already operates across many parts of the health system. Some of those connections are visible to the person receiving care. Others take place across the services, systems and relationships that support their care.

Whakarongorau clinicians provide after-hours mental health crisis support across most districts. We provide out-of-hours support for general practices and after-hours services for Women's Refuge. Healthline connects with general practice, ambulance, and mental health services.
The connections begin within the contact itself.

NHI lookup supports identification and access to relevant information. Healthline consultation summaries can be sent into primary care. In district mental health crisis services, Whakarongorau clinicians work as an extension of the district team, with information from interactions recorded in district systems.

For Women's Refuge, Whakarongorau provides after-hours support as an extension of the partner service, with information transferred into the partner CRM.

Integration already in place



- **13 districts** covered by after-hours mental health crisis support
- **86,154** after-hours crisis calls
- **36,820** people supported through those services
- **46** Women's Refuges supported after hours
- **104** general practices supported with out-of-hours services

Integration is broader than a formal warm handover. It also includes information moving between services, clinicians working across organisational boundaries, appointments being booked, and people being routed into specialist and partner services. These connections are already part of how care is delivered, although formal warm-handover volumes remain relatively low.

> **Prompt sharing of info with my GP so when I went in the next morning it was already received there.**

National capability can provide consistent access, clinical expertise and coverage across the country. Local, specialist and kaupapa Māori services bring relationships, knowledge and models of care grounded in the people and communities they serve.

Connected care depends on appropriate information sharing, systems that can work together, clear clinical responsibility, reliable routing and escalation, accessible records, and trusted relationships between services.

Organisational boundaries will remain. Their complexity does not need to become the responsibility of the person seeking care. There is still an important gap in what the health system can see. Individual services record the part of the journey for which they are responsible, but it is not always possible to know what happened after a referral, transfer or booking.

Integration already in place:



- **NHI lookup** within contacts
- Healthline **consultation summaries** into primary care
- **Information shared** into district and partner systems
- **General practice booking** and ambulance pathways

Better visibility across services could show whether the person reached the next service, whether the connection was completed and, where the information is available, what happened next.

Shared capability and clear connections can bring together the strengths of national, local, specialist, community and kaupapa Māori services around the person.

Clinical governance and quality

The clinical decisions and connected pathways described in this publication are supported by established clinical governance, quality assurance and telehealth-specific clinical decision support.

- Every Whakarongorau service operates within an established clinical governance and quality framework.
- Nine external clinicians and seven Whakarongorau clinical leaders oversee clinical governance across every service we deliver.
- The committee is supported by a monthly Quality Forum and the Learning and Healing from Harm framework.
- Whakarongorau has held ISO 9001 certification since 2017.
- Healthline uses Odyssey, a telehealth-specific clinical decision-support tool that enables clinicians to assess risk, determine the appropriate response and provide evidence-based self-care advice when it is safe to do so.
- Earlier Mental Health Response and Mental Health and Addiction Helpline services use the UK Mental Health Triage Scale to support consistent assessment, prioritisation and decision-making across mental health presentations.



Journey map

Ways people enter	Shared national capability	Immediate response	Care beyond the contact
Voice	Clinical judgement and triage	Resolved during contact	Primary care and allied health
Text	Peer and non-clinical support	Self-care and navigation	Urgent and emergency services
Web	Routing and scheduling	Clinical advice and support	Mental health and addiction support
Callback	Technology and data	Booked appointment	Screening and prevention
Proactive outreach	Clinical governance and assurance	Connection to another service	Planned care
	Workforce and partner coordination	Emergency escalation	Local specialist and kaupapa Māori services

Opportunity: outcome visibility, better handover, system learning, better health outcomes.

Flexible national foundations: access, workforce, routing, technology, data, governance, partner pathways.

What this means for the sector

The FY26 evidence points to a clear opportunity for Aotearoa. Virtual care forms part of the health system's critical national infrastructure, connecting people with clinical judgement, the right next step and ongoing support.

This connected national capability already operates across primary care, urgent and emergency care, mental health and addiction services, planned care and screening. It brings together access, workforce, clinical expertise, technology, information, routing, governance and partner pathways to help care continue beyond the first contact.

The opportunity now is to strengthen these connections further. Clear responsibility, appropriate information sharing and reliable pathways can help people move between services without having to repeat their story, work out who is responsible, or coordinate the next part of their care alone

Better visibility of what happens after a referral, transfer or booking would also help the health system understand whether people ultimately received the care they needed.

National capability and local, specialist, community and kaupapa Māori services bring different strengths. When the health system connects these strengths around the person, it can make care easier to reach and navigate, support better-informed clinical decisions, and use scarce in-person capacity more effectively.

Virtual care provides a critical national service, connecting people with clinical judgement and the right next step in their care, while helping reduce avoidable pressure on in-person services.

Glossary

- **Contact**: A single episode in which a person seeks or receives support through a Whakarongorau service, via phone, text, chat or another digital channel.
- **Digital channel:** A way of accessing support using text, online chat or an online service. The channels included may differ between services and measures.
- **GP Booking Service conversion rate:** The proportion of eligible Healthline-supported booking recommendations that resulted in a GP booking.
- **High-risk mental health contact:** A contact involving suicide, self-harm or harm to others.
- **Interaction:** Each discrete exchange within a contact, including transfers, escalations or follow-ups, as counted in operational reporting.
- **Monthly unique count:** A person is counted once within a month but may be counted in more than one month across the year. The annual total may therefore include people counted in more than one month.
- **National capability:** The workforce, technology, routing, information, operational support and clinical assurance that can support different services, programmes and delivery partners at a national level.
- **National Telehealth Service (NTS):** The group of nationally commissioned telehealth services delivered under the NTS arrangement. This publication has a wider scope and includes evidence from other services delivered by Whakarongorau.
- **Net Promoter Score:** A measure based on how likely respondents are to recommend a service.
- **Planned care:** Hospital assessment or treatment arranged in advance, rather than emergency care. In this publication, planned-care activity includes contacting people to check whether their waitlist details and need for care remain current.

Resolved at the point of contact: A contact in which the person's need was addressed without requiring a referral or transfer to another service.
Resolved without referral to 111 or an emergency department: A contact that did not result in referral to 111 or an emergency department. This does not necessarily mean that no other care or follow-up was recommended.
Safely diverted: A person was supported without referral or transfer to an emergency pathway that might otherwise have been used.
Satisfaction: The proportion of respondents who reported a positive experience through feedback from people using Whakarongorau-run services. The FY26 result draws on more than 18,000 pieces of feedback.
Voice channel: Support accessed through a telephone conversation, rather than text, online chat or a self-guided digital service.



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