5 May 2025

Health New Zealand
Te Whatu Ora

Withheld to
protect privacy

Your request for official information, reference: HNZ00081584

Thank you for your email on 7 March 2025, asking Health New Zealand | Te Whatu Ora for the following under the Official Information Act 1982 (the Act):

> *"Can I please get all documents related to the **strategy** to outsource elective treatments to the private sector for the time period of November 2023 to now.*
>
> *Could I please also get the data depicted in this story : https://www.rnz.co.nz/news/national/498919/data-shows-increase-in-publicly-funded-surgery-in-private-hospitals-in-recent-years updated to the most recent full year.*
>
> *Publicly funded surgical planned care interventions (inpatient) from the National minimum dataset*

- *Number of discharges from public hospital (in patient) for 2023/2024*
- *Number of discharges from private hospital (in patient) for 2023/2024*
- *Total number of discharges from public and private hospitals (in patient) for 2023/2024*
- *Percentage of discharges where facility is a private hospital (in patient) for 2023/2024"*

Response

> *"Can I please get all documents related to the **strategy** to outsource elective treatments to the private sector for the time period of November 2023 to now.*

Please see **Appendix One** below for the documents in scope of this part of the request. The documents available for release are attached as **Appendix Two**. Please note that we have provided the information up to 07 March 2025.

Where information has been withheld this has been noted in the document schedule and is listed below:

- 9(2)(a) to protect the privacy of others
- 9(2)(f)(iv) to maintain the constitutional conventions for the time being with protect the confidentiality of advice tendered be Ministers of the Crown and officials
- 9(2)(b)(ii) to protect information where making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information.

I have considered the public interest in releasing the information; however, I do not consider that this public interest outweighs the harm identified.

> *Could I please also get the data depicted in this story : https://www.rnz.co.nz/news/national/498919/data-shows-increase-in-publicly-funded-surgery-in-private-hospitals-in-recent-years updated to the most recent full year.*

Publicly funded surgical planned care interventions (inpatient) from the National minimum dataset

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- *Total number of discharges from public and private hospitals (in patient) for 2023/2024*

Please see Table One below in response to the above request. Table One includes counts of publicly funded casemix hospital discharges with a Diagnosis Related Group (DRG) category code of Surgical or Other (prior to 2023/24) or Intervention (2023/24 onwards), and an Admission type of Elective. Table One includes how many of these discharges were from public or private facilities, and the percentage from private facilities, by financial year.

Table One: counts of publicly funded hospital discharges, by private or public hospital type over time.

2011/12 = 133746 public facility, 12646 private facility, 8.6% private
2012/13 = 136990 public facility, 12407 private facility, 8.3% private
2013/14 = 139131 public facility, 14034 private facility, 9.2% private
2014/15 = 144997 public facility, 13584 private facility, 8.6% private
2015/16 = 147973 public facility, 11315 private facility, 7.1% private
2016/17 = 147348 public facility, 13432 private facility, 8.4% private
2017/18 = 147966 public facility, 15452 private facility, 9.5% private
2018/19 = 140216 public facility, 17212 private facility, 10.9% private
2019/20 = 127499 public facility, 18159 private facility, 12.5% private
2020/21 = 143596 public facility, 20832 private facility, 12.7% private
2021/22 = 121700 public facility, 17539 private facility, 12.6% private
2022/23 = 126681 public facility, 23226 private facility, 15.5% private
2023/24 = 132976 public facility, 26668 private facility, 16.7% private

Please note the following about this data:

- This data does not perfectly match the methods used for the news article you referenced - the data provided in this response is not directly comparable with that provided in the news article.
- In 2023/24 a change was made to the coding of hospital events so that the DRG categories Surgical and Other were combined into one category of Intervention. We have included Surgical and Other categories in data prior to 2023/24 to keep the coding consistent.

- There are some facilities where the distinction between public and private facility is not clear, for example some charitable trusts operate hospitals which for the most part undertake work under contract from Health NZ.
- If you would like to understand more clearly the hospitalisation types and facilities included in this data, you are welcome to contact us at data-enquiries@health.govt.nz

How to get in touch

If you have any questions, you can contact us at hnzOIA@tewhatuora.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

Rachel Haggerty

Director of Funding, Hospitals

Planning Funding and Outcomes

Appendix one HNZ00081584

Document number	Date	Titles	Comments
1	10 February 2025	HNZ00078198 Accelerating performance against the elective treatment Health Target via outsourcing to June 2026	Some information withheld under section • 9(2)(a), • 9(2)(f)(iv) and • 9(2)(b)(ii).
2	12 December 2024	Health New Zealand – Te Whatu Ora Executive Leadership Team Surgical Outsourcing Strategy / Procurement	Some information withheld under section • 9(2)(b)(ii)
3	30 January 2025	Health New Zealand – Te Whatu Ora Commissioner Advice on Waitlists Reduction Scenarios	Some information withheld under section • 9(2)(b)(ii)
4	19 February 2025	HNZ00079260 Aide-Mémoire Regional Information - Accelerating performance against the elective treatment Health Target via outsourcing to June 2026	Some information withheld under section • 9(2)(a), • 9(2)(f)(iv) • 9(2)(b)(ii).
5	28 January 2025	HNZ00077475 Aide-Mémoire Private Sector Relationships	Some information withheld under section • 9(2)(a) • 9(2)(b)(ii).

Document 1

Aide-Mémoire

Health New Zealand
Te Whatu Ora

Accelerating performance against the elective treatment Health Target via outsourcing to June 2026

Due to MO:	10 February 2025	**Reference**	HNZ00078198
To:	Hon Simeon Brown, Minister of Health		
From:	Professor Lester Levy, Commissioner		
Security level:	In Confidence	**Priority**	Routine
Consulted	N/A		

Contact for further discussion (if required)

Name	Position	Phone	1st contact
Professor Lester Levy	Commissioner	S9(2)(a)	X
Dr Dale Bramley	Interim Chief Executive Officer		
Martin Keogh	Deputy Chief Executive, Te Waipounamu		

Purpose

1. This aide memoire outlines how Health New Zealand (HNZ) will accelerate performance against the elective treatment Health Target through increased outsourcing to the private sector.

Background

2. You requested that HNZ explore ways to accelerate performance against the elective treatment Health Target: that 95% of patients wait less than four months for elective treatment.

3. The FY 2024/25 performance milestone for this Health Target (to be achieved in June 2025) is 63%, increasing to 67% in FY 2025/26 (to be achieved in June 2026). As at the end of Quarter 2 2024/25, our performance is at 60%.

Plans to deliver additional elective treatment

Regions are negotiating additional outsourced and insourced treatment for 2024/25 and 2025/26

4. Regions are planning to improve their performance against the elective treatment Health Target to **67% by 30 June 2025**, and then up to **70% by 30 June 2026**.

5. To achieve this level of improvement, each region has a plan to increase its delivery of elective treatment by both:

   a) **Outsourcing** elective treatment to the private sector, and

   b) **Insourcing** agreements to make better use of Totara Haumaru (Auckland) and Burwood Hospital (Christchurch) by expanding the elective treatments they are funded to provide.

6. Regions are planning to deliver 22% more treatments between now and 30 June 2025 compared to our planned activity for this period, and an additional 19% over FY 2025/26 (compared to the 2024 calendar year).

7. s 9(2)(b)(ii)

8. s 9(2)(b)(ii)

9. To achieve greater volumes with the private sector longer term agreements are required (i.e., 2 – 3 years). Therefore, the plans are for increased volumes in two tranches overall

through to 30 June 2026. S9(2)(b)(ii)

.

10. The additional volumes to be delivered – both via insourcing and outsourcing – are subject to negotiations currently under way with the private sector and the senior clinical workforce (including surgeons and anaesthetists). Regional Deputy Chief Executives (DCEs) are monitoring two key factors in these negotiations:

    a) Increased availability of the senior clinical workforce is necessary to provide the additional work, whilst ensuring Health NZ remains able to safely manage the clinical workload of our public hospitals.

    b) The risk that capacity in the private sector may be insufficient to meet these volumes due to physical constraint and the available clinical workforce in New Zealand who work both in public and private.

11. **Appendix 1** provides the additional volumes that are expected to be delivered by surgical specialty from 1 March 2025 to 30 June 2025, and then further additional volumes for the following year 1 July 2025 to 30 June 2026.

Work is also under way to improve how we work with the private sector in the longer term

12. Longer term arrangements, as noted in the aide memoire to you last week (HNZ00077475 refers), are being created through panel agreements with private providers. This is more cost-efficient than previous arrangements (which varied significantly between providers, surgeons and districts) and allows for agreements to be on equitable terms across providers. Panel Agreements include:

    a) Clinical pathways and service specifications, developed with clinical experts and approved by the Clinical Networks Group for surgical services.

    b) An initial term of two years, with one right of renewal of 12 months, which aligns the timeframes with the existing Northern region panel agreements.

    c) Standard terms and conditions, including strengthened monitoring and reporting.

13. Increased insourcing of elective treatments will be achieved by incentivising our existing clinical workforce to expand internal capacity through evening and weekend operating theatre sessions, and the extended development of dedicated elective surgical centres. This includes the expanded use of Totara Haumaru and Burwood Hospital as Elective Surgical Centres.

14. Elective Surgical Centres improve productivity and protect the delivery of planned care from acute demand. They are most effective where there are large volumes, so are suitable for our main metropolitan areas. Plans are being developed for Hamilton and Wellington.

15. Clinical priority informs all decision making related to the treatment of patients through internal, insourcing and outsourcing mechanisms. The Health Target and patient prioritisation process mechanisms ensure that the target can only be improved through patients being treated in order of priority.

Next steps

16. Regional DCEs are negotiating the additional volumes with local private providers for immediate volumes and seeking two- or three-year agreements for future volumes to provider longer-term certainty.

17. Regional DCEs are working closely with our clinical leaders to determine which patients can be appropriately outsourced and ensure senior clinicians are expanding overall capacity, ensuring the continue delivery of public hospital treatments.

18. We are working with the Ministry of Health to determine how our commitment to deliver these additional elective treatment volumes should be factored into its setting of volume-based targets for FSA and elective treatment (*H2025060008* refers).

s 9(2)(b)(ii), s 9(2)(f)(iv)

Health New Zealand – Te Whatu Ora

Executive Leadership Team

Surgical Outsourcing Strategy / Procurement

Date:	12 December 2024	**Author:**	Rachel Haggerty, Director, Funding – Hospitals
For your:	Action	**Approved by:**	**Andy Windsor, National Director, Procurement and Supply Chai r**
Seeking funding:	Yes	**Funding implications:**	Yes
To:	Executive Leadership Team		

Purpose

1. This paper provides an update on the Surgical Procurement work programme to deliver three-year panel agreements for the three regions outside Northern, and it seeks agreement to execute it. The proposed agreements have been endorsed by the Regional Deputy Chief Executives.
2. The paper also outlines the additional volume of surgical outsourcing required to achieve health target milestones. There is no identified funding source for this activity.
3. Further papers on endoscopy and ophthalmology will be available in March 2025 as procurement processes are completed.

Recommendations

4. It is recommended that the Executive Leadership Team:

   a) **Note** surgical panel agreements for Te Manawa Taki, Central and Te Waipounamu will be operational by the end of December - replicating the benefits of the existing Northern panel agreements.

   b) **Note** these panel agreements replace multiple contracts, providing a nationally consistent and administratively efficient process for outsourced surgical services.

   c) **Note** by including volume commitments, aligned to the activity plans and health targets, Health NZ has successfully reduced the RFP prices submitted by providers. To retain these prices, Health NZ needs to meet these volume targets.

   d) s 9(2)(b)(ii)

   e)

s 9(2)(b)(ii)

f)

g) **Note** the Commissioner wishes to review the Panel Agreements prior to execution.

h) **Endorse** the continued execution of panel agreements with the providers summarised in Appendix A subject to Commissioner advice.

i) **Note** that a consolidated 'Recommendation to Endorse and Execute' document will be approved by the delegated authority holder, the Director, Procurement, Supply Chain and Health Technology Management.

s 9(2)(b)(ii)

j)

k)

l) **Discuss** options for funding the additional outsourcing of up to $51 million.

Introduction

5. The four regions have been improving planned care delivery and productivity in the publicly provided system. The Northern Region is increasing its insourcing work to utilise Tōtara Haumaru. This is built on positive experiences of insourcing. The other regions are considering insourcing approaches where feasible.

6. Where physical capacity is available the lowest cost for addition planned care is through improved productivity of internal provision, the second lowest costs is the marginal cost of insourcing and then outsourcing.

7. Privately provided surgical services play an important role in Health NZs ability to manage health service delivery and meet health targets by ensuring outsourcing is affordable and complements our public capacity.

8. Currently, Health NZ does not have the capacity to meet the 2024/24 elective health target milestones from productivity gains or insourcing approaches especially in Te Manawa Taki and the Central Region.

9. The historic approach to outsourcing has been fragmented and resulted in lost opportunity to manage price, quality and the complexity of the work outsourced. Procurement, Finance, Regions, and the Hospital Funder have worked together to improve delivery by implementing panel agreements.

10. This Panel Agreement approach is embedded in a strategic outsourcing plan to improve the relationship with the private sector to drive better value for money and performance from the relationship.

11. A high quality and professional procurement approach has been managed by the Clinical Outsourcing Team within Procurement Services. Full reports on the procurement process are available. These confirm that all providers meet the quality and safety requirements, the professional standards and the reporting and performance requirements of the Panel Agreements. They also include the necessary declarations for probity purposes.

12. Panel Agreements are contractual arrangements with a panel of pre-approved suppliers that GDOs can access via statements of work and purchase orders. They include clinical pathways and service specifications, which have been drafted with clinical experts and approved by the Clinical Networks Group for Surgical services. Nationally consistent prices are negotiated, enabling Health NZ to leverage its size and manage cost.

13. The panels have been agreed at the national level with DCE endorsement. The Regional DCEs sought confirmation that they have at least quarterly review requirements and the mechanisms to support more complex work should this be required.

The Outsourcing Agreement

14. Working with the Deputy CFOs and the Planned Care representatives, Clinical Procurement supported by the Hospital Funder has been working to achieve the best prices through panel agreements and negotiated pricing. Outsourcing volume requirements to meet health targets and potential expenditure is also outlined.

Three Region Panel Agreements and Negotiated Pricing

15. Three regional surgical panel agreements for Te Manawa Taki, Central and Te Waipounamu will be ready for execution the week of 16 December. They have an initial term of two years, with one right of renewal of 12 months, which aligns the timeframes with the existing Northern region panel agreements.

16. The approach for the panel agreement negotiations is premised on:

    a) Longer term agreements – to provide certainty and enable us to negotiate reduced prices.

    b) A commitment to volumes – to achieve the elective health target milestones and enable us to negotiate the best prices.

    c) Balancing the complexity of work outsourced – to ensure equity of outcomes, optimal efficiency, and the sustainability of public clinical training and capacity.

s 9(2)(b)(ii)

s 9(2)(b)(ii)

22. Benefits realisation requires the regions to manage the complexity of volumes done in private and the utilisation of provider capacity as a regional entity, not just at district level. The procurement process assumes high complexity work will be completed in-house and medium/lower complexity work is outsourced.

Activity Required to Achieve 2024/25 Elective Health Target Milestones

23. The 2024/25 Activity Schedule, which was built before the health target milestones were set, planned for 209,000 caseweights across 16 specialties. Of this, 29,000 caseweights were planned to be outsourced. In addition, we planned on 238,000 elective outpatient appointments, of which 27,000 were planned to be outsourced.

24. Working with the Regions, the Hospital Funding Team have modelled the additional activity required to meet the Health Target milestones in 24/25. Year to date planned care activity has fallen behind plan, and recovery plans are being implemented.

25. Further work has been completed with the three regions to understand the additional outsourced volumes required to meet the 2024/25 elective health target milestones. These are outlined in the table below. The FSAs will be managed internally by Health NZ as per the 'Planned Care Taskforce - Reset and Restore Plan'.

Table Two: Additional volumes required to meet Health Target Milestones

Procedure	Te Manawa Taki	Central	Te Waipounamu	Total
Surgical FSAs (ESPI 2)	2,500	1,700	2,900	7,000
Surgical Treatments (ESPI 5)	1,100	1,000	1,700	3,800

Financial Implications

26. We have worked with the national finance team on the analysis below and final endorsement will be provided at the meeting.

27. Final advice from finance will be provided as an addendum to this paper .

Financial Resources Available for Surgical Outsourcing

28. The funding of the volumes required for outsourcing is impacted by the budget setting process for 2024/25, savings targets embedded in outsourcing budget, expenditure to date and the need for additional volumes to meet the waiting list demand and achieve Health Target milestones.

29. It is important to note that Regional Deputy CFOs and national finance have identified that account coding of outsourcing expenditure is variable as Districts have not consistently allocated costs to the appropriate account code. The table below makes consideration of these issues and are the best estimates available.

s 9(2)(b)(ii)

Resources to Achieve 2024/25 Elective Health Target Milestones

32. We have estimated the costs to outsource the additional volumes required to meet the 2024/25 elective health target milestones, based on the RFP response prices.

s 9(2)(b)(ii)

Next Steps

37. The Commissioner will, on the advice of ELT, review the proposed agreements.

38. Approval of the consolidated 'Recommendation to Endorse and Execute' document by the delegated authority holder, the Director, Procurement, Supply Chain and Health Technology Management will occur after this review.

39. The CE, CFO and Regional Deputy CEs will advise on the approach to supporting the additional funding required for outsourcing to achieve health target milestones.

Document ownership

Andy Windsor
National Director, Procurement and Supply

Signature

APPENDIX A: LIST OF SURGICAL PANEL PROVIDERS

Provider	Facility	Cardiothoracic	Breast	ORL & ENT	General Surgery	Gynaecology	Orthopaedic	Urology	Vascular	Paediatric	Plastics	Neurosurgery	Additional Services	Wet Lease	Region
Southern Cross Healthcare	Hamilton		✓	✓	✓	✓	✓	✓				✓		✓	Te Manawa Taki
	New Plymouth			✓	✓		✓	✓							Te Manawa Taki
	Rotorua		✓	✓	✓	✓	✓								Te Manawa Taki
	Wellington				✓	✓	✓	✓		✓		✓		✓	Central
	Christchurch		✓		✓	✓	✓	✓						✓	Te Waipounamu
	Invercargill				✓	✓	✓	✓						✓	Te Waipounamu
	Ormiston			✓	✓	✓	✓	✓					✓	✓	All
Evolution Healthcare	Wakefield / Bowen Hospital	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	Central
	Royston Day Surgery						✓								Central
	Royston Hospital		✓		✓	✓	✓	✓	✓	✓	✓			✓	Central
	Anglesea Hospital		✓	✓	✓	✓	✓	✓		✓	✓			✓	Te Manawa Taki
Grace Hospital (Evolution/Southern Cross Ltd)	JV - Evolution / Southern Cross		✓	✓	✓	✓		✓	✓	✓	✓			✓	Te Manawa Taki
Braemar Hospital Limited		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	Te Manawa Taki
Orthopaedic Services Ltd							✓						✓		Te Manawa Taki
Chelsea Hospital					✓	✓	✓							✓	Te Manawa Taki
Eastbay Specialists Centre Ltd							✓								Te Manawa Taki
Tauranga Eye Specialists														✓	Te Manawa Taki
Boulcott Pulse Health Ltd			✓		✓		✓				✓				Central
Kaweka Health Ltd			✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	Central
Crest Hospital	JV - Southern Cross / Aorangi		✓	✓	✓	✓	✓	✓		✓				✓	Central
Wairarapa Hospital OPCO Limited						✓	✓						✓		Central
Kapiti Day Hospital						✓									Central
Manuka Street Hospital	JV Southern Cross		✓	✓	✓	✓	✓	✓					✓	✓	Te Waipounamu
Southern Cross Central Lakes Trust	JV Southern Cross		✓	✓	✓	✓	✓	✓	✓		✓			✓	Te Waipounamu
Churchill Hospital					✓		✓								Te Waipounamu
Forte Health			✓	✓		✓	✓	✓		✓	✓				Te Waipounamu
St George's Hospital Inc		✓	✓	✓	✓				✓	✓	✓	✓		✓	Te Waipounamu
Bidwill Trust Hospital				✓	✓		✓	✓	✓				✓		Te Waipounamu
Nelson Day Surgery				✓			✓				✓				Te Waipounamu
Tasman Day Surgery					✓	✓	✓				✓		✓	✓	Te Waipounamu
Intus Dunedin			✓		✓	✓	✓	✓			✓		✓	✓	Te Waipounamu
Mercy Hospital Dunedin		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			Te Waipounamu
Mercy Ascot		✓			✓	✓	✓						✓		All
Mobile Health (Nationwide)					✓	✓	✓	✓			✓				All

Document 3

Health New Zealand – Te Whatu Ora Commissioner

Advice on Waitlists Reduction Scenarios

Date:	30 January 2025	**Author:**	Rachel Haggerty, Director, Funding – Hospitals Delwyn Armstrong, Director of Health Analytics
For your:	Information	**Approved by:**	Dr Dale Bramley - National Director Planning, Funding and Outcomes
Seeking funding:	Yes	**Funding implications:**	Yes
To:	Professor Lester Levy, Commissioner		

Purpose

1. This paper outlines the volumes of planned care procedures required to improve compliance by either improving compliance by reducing those waiting over 120 days, or a total waitlist reduction. These additional volumes have been priced using ACC, Southern Cross and Health NZ negotiated prices.

Introduction

2. This paper builds on the previous analysis provide to the Commissioner on options for reducing the waitlists by increased outsourcing of high-volume low-cost procedures waiting over 120 days. This paper builds on that work, building a forecasted impact of waitlist reduction, addressing the intake and exits for the waitlists therefore improving the forecast accuracy.

3. The scenarios to increase volumes, reduce waitlists and improve ESPI 5 health target compliance are:

   a) Compliance Improvement: reducing the elective surgical 'over 120 days' waitists by 100%, 75%, 50% and 25% by 30 June 2025, or 31 December 2025.

   b) Waitlist Reduction: reducing the whole elective surgical waiting list by 75%, 50%, and 25% by 30 June 2025, or 31 December 2025.

4. The cases prioritised for removal from the waitlist, in all options are the high-volume lower cost procedures in the first instance. The movement into more complex procedures increases as the options remove more patients from the waitlist.

5. The ESPI 2 health target for FSAs will be assumed to remain at the current milestone. There is a monthly uplift in the waitlist that comes from FSA acceptance. This increase is adding almost 15,000 people each year to the waitlist. The changing of thresholds for FSAs, and treatment thresholds will alter these numbers, and the costs required to achieve the objective.

6. s 9(2)(b)(ii)

7. There are two timeframes for delivery: a four-month period, 1 March to 30 June 2025, or a ten-month period to 31 December 2025. The spread of work to 31 December is more feasible, and potentially more affordable being across two financial years.

8. Finally, it is expected that the current level of activity for each Region is delivered within the baseline budget. This baseline activity is a 10% increase on the 2023/24 elective services delivery and requires ongoing operational efficiency.

Patient Mix and Complexity

9. The patient mix is based off the normal mix of patients that are treated from our waitlists. In the lower volume scenarios, the assessment assumes that lower complexity/higher volume patients, reducing the average outsourcing costs per patient.

10. S9(2)(b)(ii)

Table One: The low complexity waitlist by procedure with the longest waits

Procedure	Waitlist	Waiting > 4 months
Phacoemulsification of crystalline lens	10,088	3,852
Removal of unspecified number of teeth or part(s) thereof	3,241	1,969
Excision of lesion of skin and subcutaneous tissue of other site	3,174	1,043
Tonsillectomy with adenoidectomy	2,017	939
Release of carpal tunnel	1,294	533
Tonsillectomy without adenoidectomy	1,020	515
Laparoscopy	958	493
Comprehensive oral examination	912	492
Repair of inguinal hernia, unilateral	1,065	458
Septoplasty	710	448
Laparoscopic cholecystectomy	1,232	433
Endoscopic resection of prostate	837	377
Repair of umbilical hernia	778	349
Other extraction of crystalline lens	582	339
Removal of vitreous, pars plana approach	727	334
Metallic restoration of tooth, 1 surface, direct	426	297
Insertion of myringotomy tube, bilateral	978	292
Myringotomy, bilateral	551	288
Diagnostic hysteroscopy	949	270
Sinoscopy	438	263
Cystoscopy	574	262
Ureteroscopy	681	238
Adenoidectomy without tonsillectomy	439	237
Myringoplasty, postaural or endaural approach	355	223
Laparoscopic repair of inguinal hernia, unilateral	576	203
Total	34,602	15,147

The Findings

11. In the table below we outline each scenario, and the additional volumes required to achieve the objective, by the 30 June scenario or the 31 December scenario. S9(2)(b)(ii)

Out of scope

s 9(2)(b)(ii)

Next Steps

15. Feedback from the Commissioner will be incorporated into the plan assumptions and

choices.

16. An action plan will be developed with the Regional DCEs to implement the Commissioners preferred option.
17. The Regional DCEs will revise their Regional Outsourcing Plans to incorporate the increased activity required by District and Region to achieve the intended result.

s 9(2)(b)(ii)

s 9(2)(b)(ii)

Appendix Two: Modelling Methodology

s 9(2)(b)(ii)

Aide-Mémoire

Health New Zealand
Te Whatu Ora

Regional Information - Accelerating performance against the elective treatment Health Target via outsourcing to June 2026

Due to MO:	19 February 2025	**Reference**	HNZ00079260
To:	Hon Simeon Brown, Minister of Health		
From:	Professor Lester Levy, Commissioner Dr Dale Bramley, Interim Chief Executive Officer		
Security level:	In Confidence	**Priority**	Routine
Consulted	N/A		

Contact for further discussion (if required)

Name	Position	Phone	1st contact
Professor Lester Levy	Commissioner	S9(2)(a)	X
Dr Dale Bramley	Interim Chief Executive Officer	S9(2)(a)	

Purpose

1. With reference to the briefing "Accelerating performance against the elective treatment Health Target via outsourcing to June 2026" (HNZ000078198) this paper provides updated analysis of the additional activity required to achieve 70% of the shorter waits for elective surgery performance target by 30 June 2026.

2. The analysis is provided from a national and regional perspective. The activity levels in this Aide Memoire are derived from a model which considers factors such as procedure complexity, waitlist mix, demand, capacity and current prices. Should these underlying assumptions materially alter during delivery implementation plans will need to be reviewed to ensure performance is maintained.

Background

3. You requested Health NZ explore accelerating performance against the elective treatment Health Target.

4. The initial advice provided showed Regions improving their performance against the elective treatment Health Target by up to 70% by 30 June 2026.

Revised Regional Plans

5. After assessing feasibility with the private sector, the approach has been updated into three time periods – March to June 2025; July to August 2025 and September 2025 to June 2026.

6. In the period March to August 2025 regions will deliver 18.7% more treatments compared to the baseline period March to August 2024.

7. In the period September 2025 to June 2026 the regions will deliver 19.2% more treatments compared to the baseline period of 2024 actuals. The baseline is the 2024 calendar year to take account of increased performance in the current financial year.

8. To achieve these new milestones each region is planning to increase its delivery of elective treatment by both outsourcing elective treatment to the private sector, and insourcing to make better use of Tōtara Haumaru (Auckland) and Burwood Hospital (Christchurch) by expanding the elective treatments they provide.

9. The table below summarises the additional elective procedures that will be provided, through both outsourcing and insourcing and shows the total cost of providing these elective procedures and the percentage increase anticipated over similar time periods in 2024. Insourcing is the use of private clinicians in public facilities using equivalent pricing to panel agreements and is used as an additional option to improve capacity.

10. The cost is split in the appendices between financial years to ensure clarity of the financial choices in 2024/25 and 2025/26.

11 S9(2)(b)(ii), S9(2)(f)(iv)

12. Noting modelling assumes improvements to performance will be maximised by completing lower complexity procedures in the March to August 2025 period.

Table one: Regional and National Uplifts in Elective Treatments

		Northern	Te Manawa Tak	Central	Te Waipounamu	Health NZ
Additional Treatments						
	Tranche 1 March to June 2025	5,719	1209	1,533	2,118	10,575
	Tranche 2 July to August 2025	2,244	823	840	1,366	5,273
	Tranche 3 September to June 2026	5,497	2,902	2,644	4,713	15,756
	Total additional Treatments	13,460	4,934	5,017	8,197	31,608
Cost of Additional		s9(2)(b)(ii)				

13. The greatest uplift in activity is proposed to be in the Northern region where there is the greatest available private sector capacity.

14. Nationally the largest percentage increases in activity in the March to August 2025 period and again in the September 2025 to June 2026 are Ear, Nose & Throat, Cardiothoracic, Ophthalmology, Dental and Orthopaedic procedures.

15. Attached as Appendices 2 to 5 are the regional breakdowns of the additional treatments planned by specialty. The movements in each region reflect the number of patients waiting more than 120 days and an assessment of the available insourced and outsourced private capacity to provide additional treatments.

16. This assessment of capacity remains subject to negotiations on additional volumes with private providers. This process has already commenced under the panel agreements.

Risks

17. The successful implementation of this plan relies on:

- Capacity of the private sector to absorb the volumes in each region.
- Health NZ having suitable mechanisms in place to undertake the outsourcing activity in each region, including setting longer term contracts in place.
- Clinical support for appropriate prioritisation and allocation of patients.
- Appropriate and effective monitoring and tracking of patient outcomes.
- Retaining focus on delivering acute and sub-acute surgery in a timely way.
- No unforeseen problems to normal production planning.
- Negotiating acceptable pricing.

Risk mitigation

18 s 9(2)(b)(ii)

19 s 9(2)(b)(ii)

20. The risk reserve to be held centrally and only able to be released by the Commissioner and Chief Executive jointly.

21. Clinical sponsorship of the programme by the Chief Clinical Officer.

Appendix 1: Nationwide Health NZ - Additional volumes to be delivered by specialty

National	BASELINE TREATMENTS 2024		ADDITIONAL TREATMENTS PLANNED					PERCENTAGE INCREASE ACTIVITY OVER BASELINE ACTIVITY	
	Treatments for March to August 2024	Treatments full year January to December 2024	*March to June 2025*	*July to August 2025*	**March to August 2025**	*September 2025 to June 2026*	**March 2025 to June 2026**	March to August 2025 percentage increase over March to August 2024 baseline	September 2025 to June 2026 percentage increase over January to December 2024 actual treatments
Indicative Health Target for Elective Treatment < 120 days		**60%**	***63%***		**67%**		**70%**		
Total for New Zealand	**84,591**	**165,024**	*10,579*	*5,273*	**15,851**	*15,757*	**31,608**	**18.7%**	**19.2%**
Dental	5,446	10,438	*1,068*	*386*	**1,454**	*857*	2,311	26.7%	22.1%
General Surgery	16,958	33,486	*502*	*473*	**975**	*1,862*	2,837	5.7%	8.5%
Gynaecology	7,855	15,396	*391*	*330*	**721**	*1,256*	1,977	9.2%	12.8%
Neurosurgery	1,352	2,655	*22*	*16*	**38**	*60*	98	2.8%	3.7%
Ophthalmology	13,126	25,245	*2,593*	*1,185*	**3,778**	*3,329*	7,107	28.8%	28.2%
Urology	6,174	12,188	*423*	*338*	**760**	*1,264*	2,024	12.3%	16.6%
Cardiothoracic	1,509	3,015	*276*	*157*	**433**	*509*	942	28.7%	31.2%
Ear, Nose & Throat	7,502	14,545	*2,364*	*950*	**3,314**	*2,383*	5,697	44.2%	39.2%
Orthopaedics	10,634	19,928	*1,756*	*897*	**2,653**	*2,723*	5,376	24.9%	27.0%
Paediatric Surgery	4,255	8,510	*354*	*110*	**464**	*195*	659	10.9%	7.7%
Plastics	6,163	11,904	*468*	*275*	**743**	*904*	1,647	12.1%	13.8%
Vascular	3,857	7,714	*362*	*156*	**518**	*415*	933	13.4%	12.1%

Appendix 2: Northern Health NZ - Additional volumes to be delivered by specialty

Northern	BASELINE TREATMENTS 2024		ADDITIONAL TREATMENTS PLANNED					PERCENTAGE INCREASE ACTIVITY OVER BASELINE ACTIVITY	
	Treatments for March to August 2024	Treatments full year January to December 2024	*March to June 2025*	*July to August 2025*	**March to August 2025**	*September 2025 to June 2026*	**March 2025 to June 2026**	March to August 2025 percentage increase over March to August 2024 baseline	September 2025 to June 2026 percentage increase over January to December 2024 sctual treatments
Indicative Health Target for Elective Treatment < 120 days		**60.4%**	**63%**				**70%**		
Total for Northern	**28,399**	**55,891**	*5,719*	*2,244*	**7,963**	*5,498*	**13,461**	**30.7%**	**24.1%**
Dental	1,401	2,617	*716*	*200*	**916**	*283*	1,199	65.4%	45.8%
General Surgery	6,911	13,821	*183*	*171*	**354**	*670*	1,024	5.1%	7.4%
Gynaecology	2,761	5,521	-	*45*	**45**	*227*	272	1.6%	4.9%
Neurosurgery	784	1,567	-	-	**-**	-	-	0.0%	0.0%
Ophthalmology	4,311	8,621	*1,705*	*582*	**2,287**	*1,203*	3,490	53.1%	40.5%
Urology	2,189	4,283	*204*	*225*	**429**	*923*	1,352	19.6%	31.6%
Cardiothoracic	1,057	2,114	*162*	*108*	**270**	*378*	648	25.5%	30.7%
Ear, Nose & Throat	1,807	3,614	*1,716*	*476*	**2,192**	*663*	2,855	121.3%	79.0%
Orthopaedics	3,239	5,944	*839*	*333*	**1,172**	*825*	1,997	36.2%	33.6%
Paediatric Surgery	1,309	2,617	-	-	**-**	-	-	0.0%	0.0%
Plastics	1,324	2,555	*18*	*41*	**59**	*189*	248	4.5%	9.7%
Vascular	1,309	2,617	*176*	*63*	**239**	*137*	376	18.3%	14.4%

Appendix 3: Te Manawa Taki Health NZ - Additional volumes to be delivered by specialty

Te Manawa Taki	BASELINE TREATMENTS 2024		ADDITIONAL TREATMENTS PLANNED					PERCENTAGE INCREASE ACTIVITY OVER BASELINE ACTIVITY	
	Treatments for March to August 2024	Treatments full year January to December 2024	*March to June 2025*	*July to August 2025*	**March to August 2025**	*September 2025 to June 2026*	**March 2025 to June 2026**	**March to August 2025 percentage increase over March to August 2024 baseline**	**September 25 to June 2026 percentage increase over January to December 2024 actual treatments**
Indicative Health Target for Elective Treatment < 120 days		**63.5%**	**63%**				**70%**		
Total for Te Manawa Taki	**17,739**	**35,219**	*1,209*	*823*	**2,032**	*2,902*	**4,934**	**10.3%**	**14.0%**
Dental	1,365	2,683	*29*	*29*	**58**	*115*	173	4.2%	6.4%
General Surgery	3,226	6,656	*156*	*116*	**272**	*426*	698	8.4%	10.5%
Gynaecology	1,390	2,835	*144*	*108*	**252**	*393*	645	18.1%	22.8%
Neurosurgery	128	259	*2*		**2**	*2*	4	1.6%	1.5%
Ophthalmology	3,046	6,008	*305*	*221*	**526**	*800*	1,326	17.3%	22.1%
Urology	1,042	2,125	*72*	*28*	**100**	*68*	168	9.6%	7.9%
Cardiothoracic	72	164	*5*	*2*	**7**	*3*	10	9.7%	6.1%
Ear, Nose & Throat	1,584	2,999	*165*	*122*	**287**	*443*	730	18.1%	24.3%
Orthopaedics	2,398	4,489	*112*	*98*	**210**	*375*	585	8.8%	13.0%
Paediatric Surgery	921	1,841	-	-	**-**	-	-	0.0%	0.0%
Plastics	1,284	2,594	*208*	*95*	**303**	*268*	571	23.6%	22.0%
Vascular	1,283	2,566	*11*	*4*	**15**	*9*	24	1.2%	0.9%

Appendix 4: Central Health NZ - Additional volumes to be delivered by specialty

Central	BASELINE TREATMENTS 2024		ADDITIONAL TREATMENTS PLANNED					PERCENTAGE INCREASE ACTIVITY OVER BASELINE ACTIVITY	
	Treatments for March to August 2024	Treatments full year January to December 2024	*March to June 2025*	*July to August 2025*	**March to August 2025**	*September 2025 to June 2026*	**March 2025 to June 2026**	**March to August 2025 percentage increase over March to August 2024 baseline**	**September 2025 to June 2026 percentage increase over January to December 2024 actual treatments**
Indicative Health Target for Elective Treatment < 120 days		**60%**	**63%**				**70%**		
Total for Central	**19,272**	**36,757**	*1,533*	*840*	**2,373**	*2,644*	**5,017**	**12.5%**	**13.6%**
Dental	1,514	2,847	*187*	*89*	**276**	*255*	531	18.2%	18.7%
General Surgery	3,938	7,414	*44*	*65*	**109**	*279*	388	2.8%	5.2%
Gynaecology	1,820	3,513	*95*	*64*	**159**	*222*	381	8.7%	10.8%
Neurosurgery	221	414	*20*	*15*	**35**	*53*	88	15.8%	21.3%
Ophthalmology	2,992	5,415	*290*	*172*	**462**	*567*	1,029	15.4%	19.0%
Urology	1,374	2,707	*31*	*20*	**51**	*66*	117	3.7%	4.3%
Cardiothoracic	142	273	*15*	*13*	**28**	*50*	78	19.7%	28.6%
Ear, Nose & Throat	1,582	3,225	*182*	*101*	**283**	*322*	605	17.9%	18.8%
Orthopaedics	2,416	4,582	*251*	*124*	**375**	*368*	743	15.5%	16.2%
Paediatric Surgery	1,309	2,617	*265*	*69*	**334**	*81*	415	25.5%	15.9%
Plastics	1,402	2,625	*111*	*78*	**189**	*276*	465	13.5%	17.7%
Vascular	563	1,125	*42*	*30*	**72**	*105*	177	12.8%	15.7%

Appendix 5: Te Waipounamu Health NZ - Additional volumes to be delivered by specialty

Te Waipounamu	BASELINE TREATMENTS 2024		ADDITIONAL TREATMENTS PLANNED					PERCENTAGE INCREASE ACTIVITY OVER BASELINE ACTIVITY	
	Treatments for March to August 2024	Treatments full year January to December 2024	*March to June 2025*	*July to August 2025*	March to August 2025	*September 2025 to June 2026*	March 2025 to June 2026	March to August 2025 percentage increase over March to August 2024 baseline	September 2025 to June 2026 percentage increase over January to December 2024 actual treatments
Indicative Health Target for Elective Treatment < 120 days		**55.9%**	***63%***	***1,366***	**2,118**	***4,713***	**70%**		
Total for Te Waipounamu	**19,181**	**37,157**	*2,118*	*1,366*	**3,483**	*4,713*	**8,196**	**17.1%**	**22.1%**
Dental	1,166	2,291	*136*	*68*	**204**	*204*	**408**	17.5%	17.8%
General Surgery	2,883	5,595	*119*	*121*	**240**	*487*	**727**	8.3%	13.0%
Gynaecology	1,884	3,527	*152*	*113*	**265**	*414*	**679**	14.1%	19.3%
Neurosurgery	219	415	-	*1*	**1**	*5*	**6**	0.5%	1.4%
Ophthalmology	2,777	5,201	*293*	*210*	**503**	*759*	**1,262**	18.1%	24.3%
Urology	1,569	3,073	*116*	*65*	**180**	*207*	**387**	11.5%	12.6%
Cardiothoracic	238	464	*94*	*34*	**128**	*78*	**206**	53.8%	44.4%
Ear, Nose & Throat	2,529	4,707	*301*	*251*	**552**	*955*	**1,507**	21.8%	32.0%
Orthopaedics	2,581	4,913	*554*	*342*	**896**	*1,155*	**2,051**	34.7%	41.7%
Paediatric Surgery	718	1,435	*89*	*41*	**130**	*114*	**244**	18.1%	17.0%
Plastics	2,153	4,130	*131*	*61*	**192**	*171*	**363**	8.9%	8.8%
Vascular	703	1,406	*133*	*59*	**192**	*164*	**356**	27.3%	25.3%

Aide-Mémoire

Health New Zealand
Te Whatu Ora

Private Sector Relationships

Due to MO:	28 January 2025	**Reference**	HNZ00077475
To:	Hon Simeon Brown, Minister of Health		
From:	Martin Keogh, Regional Deputy CE – South Island		
Security level:	In Confidence	**Priority**	Routine
Consulted	N/A		

Contact for further discussion (if required)

Name	Position	Phone	1st contact
Martin Keogh	Regional Deputy Chief Executive – South Island	s 9(2)(a)	x
Margie Apa	Chief Executive Officer	s 9(2)(a)	

Purpose

1. This Aide Memoire responds to your request for a strategic approach to partnering with the private sector. This response will be delivered in two parts:

a) Paper One (this paper): provides an overview of the opportunities and challenges in outsourcing.

b) Paper Two (week of 13 February, following decision of Commissioner and confirmation of funding): provides you with the volumes to be procured by region for additional delivery of treatment from private hospitals over the next 6 months and assumptions for 25/26. This will include an assessment of potential impact on wait times and the National Health Targets.

Summary

2. Health NZ sees outsourcing to private hospitals as an important part of the delivery of planned care to help us achieve National Health Targets and shorten wait times to treatment. There are opportunities to accelerate how we create an environment where private hospitals are a central part of our planning in the production of treatment services rather than an adjunct to delivery that results in short-termism and uncertainty of signals. This uncertainty makes it difficult for private providers to plan.

Background

3. Historically District Health Boards provided most of its planned care through insourcing or provided by publicly owned hospitals, with individual districts entering annual outsourcing (contracted from private or other hospitals) agreements with local private providers, based on district demand and capacity constraints. There is opportunity for regions to take a wider view, particularly with private hospitals that provide in multiple districts.

4. Outsourcing volumes varied across the country ranging from 0-17% of the total 200,000 planned care interventions delivered by each district.

5. Experience over the years has shown that short-term “waiting list initiatives” take time to stand up, are not efficient and put pressure on workforce availability for both Health NZ and private providers who are competing for the same limited workforce. Longer term arrangements and partnerships are expected to be more cost-effective in delivering sustained reductions in waiting lists for planned care. This will be a focus of the second paper in this series.

Private Hospitals are a critical part of our delivery

6. There are three major players who make up 70% of the private market:

   a) Evolution Healthcare (12 facilities) mainly Wellington and Auckland

   b) Southern Cross (23 facilities) across NZ

   c) Healthcare Holdings (8 facilities) mostly Northern and South Island

7. s 9(2)(b)(ii)

8. There is variation in access by district and region where some private providers only deliver locally or regionally. Some private providers may also specialise in a narrower range of treatments or diagnostics. There has been limited transfer of patients across a region or nationally but this offers an opportunity in the future again to provide certainty to patients by taking a whole of region or national approach depending on the need.

9. Since its formation, Health NZ has increased the spend on clinical outsourcing from $163M in 2021 to $350M in 2024 in response to increasing demand and limitations in internal capacity. In the 2024/25-year Health NZ planned to outsource is 22,175 cases. Historically, the centre held budgets to purchase additional volumes from districts. This funding does not exist anymore and Health NZ has had to absorb this cost within our baseline.

10. Health NZ currently outsources planned surgical procedures, endoscopy (colonoscopy and gastroscopy), diagnostic procedures and radiology. There is also a small amount of cancer treatment. This includes tonsillectomies, hernias, hip joint replacements, dental surgery, skin lesions and cataracts.

11. The types of surgical procedures outsourced is based on the clinical assessment by the anaesthetist (ASA[2]) and private hospital post operative care capability.

12. In addition, an estimated 140,000 radiology events are outsourced per annum. This includes plain x-ray, ultrasound and CT scanning. These patients are usually selected on the waiting time and managing clinical risk.

13. Panel agreements that establish contract terms and price are set nationally and relationships with hospitals are held at a Regional Deputy CEO level. This relationship is important because, private hospitals need close relationships with referrers to ensure that they have clinical capability to safely manage patients.

14. These relationships are best led regionally because patient referrals can be negotiated at the level where transparency on capacity, capability and cost impact for private hospitals matters most. This is to ensure private hospitals receive referrals that are appropriate for them to treat, and escalation pathways are in place.

More elective surgery is required to keep up with demand and achieve wait times

15. The 2024/25 insourcing & outsourcing activity plan will not keep up with the 7% growth currently occurring in waiting list, which is only partially met by a 5% increase in insourcing delivery through the first 2 quarters of 2024/25. While acute pressures continue to grow crowding out some insourcing capacity, expanding outsourcing to

[1] Private Market Assessments commissioned by Health NZ and completed by Deloitte 2024.
[2] American Society of Anaesthesiology Score

align with rate of growth of capacity in public system (e.g. commissioning of new hospital builds and refurbishments).is a necessary part of our strategy to reduce waiting times. While work continues on internal efficiencies, an estimated additional 10-15% of activity in planned care is required to keep up with estimated growth and to progressively treat more patients who have already waited greater than 120 days.

16. There are too many people waiting for treatment, and they need certainty on when they will get care. The table below shows the people on the treatment waiting list and the type of procedure they are expected to receive. It gives both the total waitlist and those waiting greater than four months. The table also gives the top 15 procedures that accounts for 56% of the total waiting list and 58% waiting greater than four months.

17. Of the current waitlist 40% are waiting over four months and 36,045 procedures are required to clear the long waiters if completed today.

Table one: People on the waiting list, by the intended procedure and the specialty

Procedure	Specialty	Total Waitlist*	Waiting > 4 months	% Waiting > 4 mths
Cataract surgery	Ophthalmology	10,840	4,227	39%
Knee replacement & other knee procedures	Orthopaedics	4,648	2,926	63%
Removal of teeth & other dental procedures	Dental Surgery	4,405	2,460	56%
Hip replacement & other hip procedures	Orthopaedics	3,266	1,864	57%
Tonsillectomy and/or adenoidectomy	Otorhinolaryngology (ENT)	3,477	1,698	49%
Excision of skin lesion (+/- graft)	Dermatology/General Surgery	4,750	1,536	32%
Repair of hernia	General Surgery	3,083	1,334	43%
Myringotomy/ myringoplasty	Otorhinolaryngology (ENT)	2,239	1,012	45%
Hysterectomy	Gynaecology	1,415	721	51%
Release of carpal tunnel	General Surgery	1,303	533	41%
Laparoscopic or open cholecystectomy	General Surgery	1,356	506	37%
Laparoscopy NOS	General Surgery	958	493	51%
Comprehensive oral examination	Dental Surgery	912	492	54%
Septoplasty	Otorhinolaryngology (ENT)	732	448	61%
Diagnostic hysteroscopy	Gynaecology	1,072	317	30%
Other		35,360	15,118	43%
Approximate missing Auckland waitlists		*10,041*	*360*	4%
Total waiting (early Jan 2025)		**89,857**	**36,045**	**40%**

18. Paper two will provide the additional surgical capacity/volumes required to reduce those waiting greater than four months and improve health target performance by 30 June and 31 December 2025. The work is to align bottom-up regional demand (including clinical advice on complexity) against available private hospital capacity and available funding.

19. This plan will account for the increasing number of people being placed on waiting lists, the complexity of the care provided and the internal and outsourced capacity. This assessment will include internal delivery opportunities and efficiencies.

20. s 9(2)(b)(ii)

21. Importantly, the cost of procedures is normally distributed. In other words, the costs to private hospitals are sensitive to patient complexity. At a regional and local level, working together to ensure appropriate patient selection is important so that private hospitals do not take on patients they may not be equipped to support and, consequently take on costs that may not be reflected in price. Analysis to determine the cost-efficient points for different procedures is a critical part of the decision-making process, hence, why longer-term relationships are important.

22. Longer term agreements with private providers will provide greater ability for Health New Zealand to negotiate on price and private providers can plan their activity (including investments) with greater confidence.

23. We need to work together on growing workforce. Longer term agreements and increased activity in the private sector means we can work together more closely on workforce issues that have a broader system impact. For example, as part of outsourcing arrangements we aim to negotiate that private hospitals also provide training opportunities to grow workforce. We also need to work together to enable transparency in employment arrangements where health professionals work in both public and private hospitals sometimes providing the same range of services.

Next steps

24. Health NZ will provide you with advice in the week of 13 February following consideration by the Commissioner when we can confirm funding, on our approach to securing additional delivery of treatment from private hospitals over the next 3-6 months. These opportunities to improve waiting times for elective care via longer term partnerships with private providers in conjunction with improved insourcing delivery.