

# Health New Zealand – Te Whatu Ora Commissioner

## Advice on Waitlists Reduction Scenarios

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<b>For your:</b>	Information	<b>Approved by:</b>	Dr Dale Bramley - National Director Planning, Funding and Outcomes
<b>Seeking funding:</b>	Yes	<b>Funding implications:</b>	Yes
<b>To:</b>	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' waitlists 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
<b>Total</b>	<b>34,602</b>	<b>15,147</b>

## 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.





## Appendix Two: Modelling Methodology

s 9(2)(b)(ii)