

Information Request

Health New Zealand
Te Whatu Ora

Method for counting in Elective Boost and FSA recovery programmes

To:	Hon Simeon Brown, Minister of Health		
From:	Jason Power, Acting National Director of Planning, Funding and Outcomes		
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Security level:	In Confidence	HNZ reference:	HNZ00086736

Purpose

1. At the Health New Zealand Officials' Meeting on 7 April 2025, you requested clarification of the modelling and definitions used in the Electives Boost initiative and First Specialist Assessment Recovery Plan (FSA Recovery Plan).
2. The information contained below has been provided to the Ministry of Health and they will look to provide advice to you separately.

Electives boost – method for establishing the baseline

3. The Electives Boost will be achieved through both insourcing in public hospitals (Totara Haumaru in Auckland and Burwood in Christchurch) and outsourcing suitable elective treatments to private hospitals; and includes treatments delivered across Surgical and Paediatric services.
4. Before the introduction of the Electives Boost initiative, the planned volumes for 2024/25 for elective treatments was 322,000, comprised of approximately 158,000 elective surgical discharges and 164,000 planned care minor procedures.
5. To identify the number of additional elective treatments required, we count the 2024 electives waiting list exits via treatment (exits). This means we are then able to calculate what additional treatment volumes are required, above current delivery, to meet the health target milestone.
6. The 2024 waiting list exits data was refined to identify those procedures that could be outsourced to the private sector under elective surgery outsourcing contracts, a “baseline” annual value of 165,024 treatments across 12 surgical specialties was established (HNZ00079260 refers). This “baseline” excluded non-surgical specialties, arranged events, and those procedures not outsourced e.g. transplant.
7. The electives waiting list was then analysed to identify additional volumes required to achieve the health target milestone of 63% for 30 June 2025 for people waiting longer than 120 days (10,579 additional electives treatments), assuming patients were removed from the end of the waitlist.

8. Bringing the “baseline” to the additional outsourced volumes brings the treatment service delivery expectation to 175,603 elective treatments across minor procedures and planned care discharges in 2024/25. This is a 6.4% increase on 2023/24 delivery.
9. It is important to note that this electives treatment value (175,603) is a subset of the total treatment waitlist exits (207,567 – 2024 baseline and elective boost requirement) as some patients receive more than one treatment (for example eye injections for macular degeneration), and some elective treatments are not as a result of a waiting list event.
10. Finally, the treatment exits are a subset of the total treatment service delivery expectation of 332,579 (planned baseline plus electives boost) elective treatments across minor procedures and planned care discharges in 2024/25.
11. Table 1, below, shows historic service delivery over time of elective treatment volumes; as provided to the Health Assurance Unit on 16 April 2024.
12. The 2024/25 forecast delivery is 332,579 across both elective discharge and minor procedures. The split will be completed at year end.

Table 1. Elective treatment volumes by financial year, across elective discharges and minor procedures.

Financial year	Elective Discharges	Minor Procedures
2014/15	157,596	68,404
2015/16	158,735	75,063
2016/17	158,818	79,554
2017/18	159,860	86,603
2018/19	154,190	96,439
2019/20	142,829	113,527
2020/21	160,212	142,442
2021/22	133,772	140,429
2022/23	144,803	151,746
2023/24	154,951	155,518

First Specialist Appointments – method of counting

13. We deliver Planned Care FSAs across 43 specialties (see **Appendix 1**), covering Medical Services, Surgical Services, Paediatric care, and Specialist Cancer Services.
14. Formal performance on a quarterly and annual basis is evaluated against the Statement of Performance Expectations and the Activity Schedule set internally by Health NZ that underpins those commitments.
15. To meet the volumes-based targets Health NZ had planned to need to undertake 625,000 FSAs in 2024/25¹.
16. Using data available on 7 March 2025 (i.e. compliant wait list data as this date is approximately 120 days before 30 June 2025) the FSA waiting list was analysed to identify the additional FSAs (events) required to achieve the 30 June 2025 health target milestone of 63%.
17. An assessment was then undertaken of the previous ten-week rolling average up to 7 March 2025, of actual delivery. This assessment identified a likely deficit of 21,361² actual delivered events vs the required events to meet the 30 June 2025 target.

¹ HNZ Activity Schedule 2024/25 as loaded in the Activity Schedule app

² Referenced in HNZ00080273 Recovery Plan: First Specialist Assessments

18. Analysis was undertaken to determine the impact of waiting list data validation on the number of FSA events that would be required. Wait list validation is estimated to reduce the waiting list by about 5%.
19. Based on this evaluation the total Planned Care FSA service delivery expectation is therefore 655,293 First Specialist Appointments required to be delivered in 2024/25³.
20. Table 1 shows service delivery over time; as provided to the Health Assurance Unit on 16 April 2024, with the addition of the 2024/25 total service delivery expectation.

Table 2. FSA volumes by financial year.

Financial year	FSAs delivered
2014/15	516,364
2015/16	533,025
2016/17	567,115
2017/18	585,934
2018/19	586,666
2019/20	565,865
2020/21	614,612
2021/22	561,134
2022/23	580,316
2023/24	605,377
2024/25 expectation	625,293

Monitoring and Reporting against Delivery

21. Performance is monitored weekly using operational data. In the case of FSAs exits from the FSA waiting list is tracked on a weekly basis.
22. The number of private provider treatments that should be considered within the electives boost by analysing those patients who received treatment after waiting for more than 120 days via private providers or insourcing.

Next steps

23. The ASMS Senior Doctor strike on 1 May 2025 will have an impact the Electives Boost. The definition of Life Preserving Services (LPS) has been dynamically negotiated, and we have previously provided our indications of the impact of the strike on FSA and treatment delivery. The impact of the strike will be considered the week following the strike.

³ Planned Care FSA Purchase Units are provided in the appendix.

Appendix 1 – Data definitions for FSA volumes

Purchase Unit Code & Description

M00002 - General Medicine - 1st attendance
 M00010 - Medical non-contact First Specialist Assessment - Any health specialty
 M10002 - Cardiology - 1st attendance
 M10006 - Specialist Paediatric Cardiac - 1st Attendance
 M15002 - Dermatology - 1st attendance
 M20002 - Endocrinology - 1st attendance
 M20004 - Diabetes - 1st attendance
 M20008 - Specialist Paediatric Endocrinology - 1st attendance
 M25002 - Gastroenterology - 1st attendance
 M30002 - Haematology - 1st attendance
 M40002 - Infectious Diseases (incl HIV/Aids) - 1st attendance
 M45002 - Neurology - 1st attendance
 M45009 - Metabolic Services- secondary health facility - 1st Attendance
 M49002 - Specialist Paediatric Neurology Outpatient 1st attendance
 M50020 - Medical Oncology 1st Attendance
 M50022 - Radiation Oncology 1st Attendance
 M54002 - Specialist Paediatric Oncology - Outpatient 1st attendance
 M55002 - Paediatric Medical Outpatient - 1st attendance
 M60002 - Renal Medicine - 1st attendance
 M65002 - Respiratory - 1st attendance
 M65008 - Specialist Paediatric Respiratory 1st attendance
 M70002 - Rheumatology (incl immunology) - 1st attendance
 M70005 - Immunology (excludes rheumatology) - 1st attendance
 NS10010 - National Services Clinical Genetics First Attendance
 NS10012 - National Services Clinical Genetics Counselling First Attendance
 NS10031 - National Services Paediatric and Adult Metabolic First Attendance
 NS10040 - National Services Specialist Paediatric Cardiac First Attendance
 PC0001 - Pain Specialist assessment
 S00002 - General Surgery - 1st attendance
 S00009 - Breast Op Proc - 1st Attendance
 S00011 - Surgical non-contact First Specialist Assessment - Any health specialty
 S15002 - Cardiothoracic - 1st attendance
 S25002 - Ear Nose and Throat - 1st attendance
 S30002 - Gynaecology - 1st attendance
 S35002 - Neurosurgery - 1st attendance
 S40002 - Ophthalmology - 1st attendance
 S45002 - Orthopaedics - 1st attendance
 S50005 - Spinal - 1st attendance
 S55002 - Paediatric Surgery Outpatient - 1st attendance
 S60002 - Plastics (incl Burns and Maxillofacial) - 1st attendance
 S70002 - Urology - 1st attendance