

Meeting with Whakatāne Grey Power

Due to MO:	5 August 2025	Reference	HNZ00093581
To:	Hon Simeon Brown, Minister of Health		
From:	Cath Cronin, Executive Regional Director, Midland Te Manawa Taki		
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Contact for further discussion

Name	Position	Phone	1st contact
Dr Derek Sherwood	National Lead, Planned Care, Nelson & Marlborough Hospital, Health NZ	[Redacted]	
Mike Agnew	GM, Office of the Regional Director, Planning, Funding & Outcomes		X
Dr Victor Luca	Chair, Grey Power Whakatāne & Mayor of Whakatāne		
Pauline McGrath	General Director of Operations, Hauora a Toi BOP		

Attachments

Appendix 1: Runsheet and location map

Appendix 2: Bios

[Redacted]

Appendix 3 withheld in full.

About the meeting

Purpose	The Minister has been invited to meet with Whakatāne Grey Power committee members to discuss how surgical outsourcing, and other planned care will improve timely access to care, promote equity and reduce wait lists.
Date	Thursday, 7 August 2025
Time	11:00am to 11:30am
Venue	Auckland Policy Office (APO), Victoria Street, Auckland CBD
Grey Power attendees	<ul style="list-style-type: none">• Dr Victor Luca, Mayor of Whakatāne & Whakatāne Grey Power President• Raewyn Kingsley-Smith, Grey Power member & former teacher• Sandy Milne (MBE), Grey Power member & former manager of Whakatāne Pathology Laboratory• Vern Scheffer, Member of Grey Power• Suzanne Williams, Member of Grey Power Biographies for attendees that were available are included in Appendix 2
Health New Zealand Te Whatu Ora officials	<ul style="list-style-type: none">• Dr Derek Sherwood, National Lead, Planned Care, Health NZ (<i>joining virtually from Nelson</i>)• Nicola Ehau, Regional Director, Planning, Funding & Outcomes (PFO), Te Manawa Taki, (<i>joining virtually</i>)
Media	No media in attendance
Topic for discussion proposed by Grey Power	<p>Discussion topics</p> <ul style="list-style-type: none">• Grey Power Committee member Raewyn Kingsley-Smith damaged her hip a decade ago. She is still on the public waiting list and has not had her First Specialist Appointment (FSA). Why is this the case?• New Zealand has a two-tier health system, a private alongside a public system. How will directing people to private providers shorten waiting lists?• How long will it take for waiting lists to be shortened for those with no private health insurance?• How can people access emergency care and elective surgeries in a reasonable time in comparison to the OECD average?• What is happening in the health prevention area to lighten the load on primary care and other services? <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>

Background and context

About Grey Power

1. Grey Power is a national advocacy organisation with regional groups such as Whakatāne Grey Power. Their aim is to promote the welfare and well-being of the 50-plus age group.
2. They are politically active and closely monitor how government policy and decisions affect the lives of their members. They are particularly active on activities that they believe have adverse impacts, and they like to front-foot issues that can enhance member welfare and wellbeing.
3. Grey Power Whakatāne has an active advocacy history. The current chair, Dr Victor Luca, is also Mayor of Whakatāne.
4. They have concerns about privatisation of Health Services and the perceived diminution of rural hospitals. Chair Dr Victor Luca is a retired scientist who holds strong views about privatisation of Health services based on his overseas experience.

Matters for discussion

Urban / rural health divide

5. Dr Sandy Milne is a former Laboratory Services Manager at Whakatāne Hospital. He has raised concerns in the past about diminution of rural health services through urban health facilities being advantaged at the expense of rural hospitals. In particular, he raised concerns about access to urgent lab tests as a result of some lab samples now being sent to Tauranga for processing.

Health NZ response

6. Access to tests and test results has not been adversely affected by the change in processing. There continues to be good access to urgent tests in Whakatāne.

Health NZ Response

8. Health NZ Hauora a Toi is unable to provide patient information without the patient's formal consent. Therefore, we are unable to respond to this specific case.

How will clinical prioritisation for First Specialist Assessment and treatment for patients be made more fair?

9. Health NZ's clinical networks have been tasked with developing national criteria, so it takes a consistent approach to assessing and prioritising patients for treatment across New Zealand. We want people to be able to access the same standard of care, consistently, no matter where they live.

A two-tier health system?

10. Grey Power claim that New Zealand has a two-tier health system, with the private system alongside the public system. They are seeking assurance that increasing the level of outsourcing to the private system – as is currently happening – will improve access and health equity because they can see how it might.

Health NZ response: Outsourcing public health services

11. Outsourcing is a crucial tool for Health NZ to meet patient need, achieve health targets, reduce wait times, and use public funds efficiently.
12. Planned care has been outsourced in New Zealand for a long time, but we have increased the volume this year to help reduce elective care waiting times.
13. We are focusing on people who have the greatest need and those who have been waiting the longest for common procedures such as hip and knee replacements, cataract surgeries, hernia repairs, tonsillectomies and ear operations.
14. This is one of a number of initiatives underway to improve access to planned care. We have also expanded access to elective surgical centres such as Tōtara Hamaru, Manukau Health Park and Burwood Hospital as part of our electives uplift approach.
15. Increasing both the number of dedicated elective surgical centres and outsourced electives is enabling us to successfully deliver greater volumes of elective care.
16. The use of outsourcing varies across the country, with some districts relying on it more due to limitations in resources and infrastructure.

Surgical waitlists

17. Grey Power are asking:
 - How long will it take for emergency care and elective surgery waitlists to be shortened for ordinary kiwis, noting that 65% have no private health insurance?
 - What is a reasonable time frame to be on a waitlist, in comparison with the OECD average?

Health NZ response: Waitlist for surgery

18. New Zealanders expect to receive clinical assessment and treatment within a reasonable time.
19. People on our waitlists for surgery aren't worried about who will deliver it – they just want it done as quickly as possible.
20. Long waitlists put pressure on patients, their families and health providers including primary care and hospitals, so it's important to reduce them over time as resources allow.
21. Health NZ is working with clinical networks to standardise existing criteria for assessing people on waitlists across New Zealand. We want everyone to have the same access to care, no matter where they live.
22. In addition to meeting urgent need, Health NZ has focused on seeing patients who have waited the longest for planned care. This year Health NZ has focused on patients waiting more than two years for treatment and, as of 30 June 2025, no patients are waiting without confirmed plans.

23. Health NZ will now shift its focus to ensuring that no patients are waiting more than one year for treatment as we continue to bring our waitlists and reduce the number waiting too long for treatment.

24. This progress gives us confidence that we can continue to reduce our waiting list.

25. With regard to comparing New Zealand waitlists with an OECD average, given that no two countries' health systems are the same – particularly with regards to public vs private provision and access to publicly-funded health – and that there is no uniformity in terms of waitlist data provided, no meaningful average OECD waitlist lengths statistics are readily available.

Health NZ response: Outsourcing oversight mechanisms in place

26. The Electives Governance Group, which includes senior leaders from Health NZ and private hospitals, has been established to support implementation of a shared public/private surgical planned care work programme and provide strategic guidance and oversight. This is one of five workstreams overseen by a Health NZ Planned Care Programme Steering Group. The other four programmes are:

- Clinical Optimisation (Harmonisation)
- First Specialist Assessments
- Diagnostic Services; and
- Planned Care Performance

27. Grey Power want to know how directing people to private providers shortens waiting lists.

Health NZ response re how much care is being outsourced

28. In the 12 months to 30 June 2026 Health NZ expects to deliver 215,000 planned care surgical treatments, of which 38,000 will be outsourced to the private sector.

29. Health NZ has typically outsourced between 10-12% of planned care. The elective boost will increase that number by a further 5%.

Health NZ response: how outsourcing relates to the Health Targets?

30. Increased outsourcing will support Health NZ to meet the following two national targets:

a. Shorter wait times for elective services:

- By 2030, 95% of patients get treatment within four months;
- Milestones: 63% by 30 June 2025, 67% by 31 August 2025 and 70% by 30 June 2026.

b. Shorter wait times for first specialist assessment:

- By 2030, 95% of patients will be waiting less than four months for a first specialist assessment;
- Milestones: 62% by 30 June 2025, and 67% by 30 June 2026.

Primary care and ED

31. Grey Power are asking what is happening in the prevention area to lighten the load on primary care and other services.

Response

32. This year, the government is actively working to enhance primary care services to reduce the burden on primary care and hospital ED services. Key initiatives in the prevention space include increased funding, workforce development, and digital access to care. These efforts aim to improve access to general practitioners (GPs), reduce wait times, and ultimately improve health outcomes for all New Zealanders.
33. *Increased Funding:* The government is providing a significant boost to primary care funding through Budget 2025, aiming to ensure more New Zealanders can access timely care and to reduce unnecessary hospital visits.
34. *Workforce Development:* Strengthening the primary care workforce by increasing the number of training placements for doctors (we recently announced we will be establishing our third medical training school: two new facilities based in Hamilton), Primary care settings, and investing in nurse practitioner training. This includes initiatives to support registered nurses to pursue advanced education and become registered nurse prescribers or nurse practitioners.
35. *Digital Access:* A new 24/7 digital health service is being launched, enabling New Zealanders to access virtual consultations with registered doctors and nurses anytime, anywhere. This aims to provide convenient access to medical advice and treatment, especially when in-person appointments are difficult to obtain.
36. *Performance-Based Funding:* General practices are being incentivized to improve access and patient outcomes, with a focus on areas such as vaccination rates and supporting family doctors in providing minor planned services.
37. *Rethinking Funding Models:* Health NZ is actively working to redesign primary care funding models to make them faster, more accessible and more sustainable.
38. *Reducing Pressure on EDs:* By strengthening primary care services, the government aims to reduce the burden on hospital emergency departments (EDs) by ensuring more patients can receive appropriate care in the community.

Immediate challenges for Whakatāne Hospital O&G services

Maternity Services Whakatāne

39. In late 2024, Obstetrics and Gynaecological services at Whakatāne Hospital were reduced due to the resignation of several Senior Medical Officers (SMOs) and the inability to secure locums.
40. Interim measures saw complex cases managed at Tauranga Hospital with mothers supported with assisted travel. At the same timeline, community co-design workshops have been held across the Eastern Bay of Plenty with key maternity providers. The insights shared have helped contribute to the re-design of the new models of maternity care and services for Whakatāne.
41. A Medical Lead for Obstetrics and Gynaecological Services Bay of Plenty is now in place and Recruitment of four FTE SMOs has been confirmed. The new care models are expected to be operational by March/April 2026.

Appendix 1: Runsheet for meeting with Grey Power Whakatāne, 7 August

Time	Details	Minister's office notes
11am	<p>Minister Brown arrives at the Auckland Policy Office (APO), Victoria Street, Auckland CBD, and greets Grey Power Whakatāne Chair Dr Victor Luca (who is also the mayor of Whakatāne) and Grey Power members able to travel up to Auckland.</p> <p>Health official Clinical Lead Dr Derek Sherwood, National Lead, Planned Care, Health NZ and Regional Director, Planning, Funding & Outcomes (PFO) Nicola Ehau will be joining the meeting virtually from different parts of the country.</p>	<p>Parking – Grey Power members will park in a public carpark close by.</p> <p>APO Office, please send virtual meeting link to:</p> <p>Dr Derek Sherwood derek.sherwood@nmdhb.govt.nz</p> <p>and</p> <p>Nicola Ehau nicola.ehau@tewhatauora.govt.nz</p>
11.30am	<p>Grey Power to depart from the meeting with Minister Brown at APO.</p>	

Appendix 2: Biographies



Dr/Prof Victor Luca (President) & Mayor of Whakatāne

Whakatāne born and raised, he is the current Mayor of Whakatāne. He holds a Science degree and PhD and spent two years as a research associate at the University of Houston in Texas and six years as a researcher at top Australian Universities.

He has been a research leader and lecturer at the Australian Nuclear Science and Technology Organisation and then spent a decade at the Argentine Atomic Energy Commission. He moved home in 2019. He joined Grey Power because he has impressed by what they had achieved. He is hopeful that he can help to make positive contributions going forward.



Raewyn Kingsley-Smith is a former teacher and current Grey Power member.

She joined Grey Power as she has impressed by its wealth of experience and wisdom and believes she has a responsibility to future generations to be the 'Guardians of Integrity and Good Sense'.

"I believe that we will need to speak up! We have the votes and should care".



Dr Derek Sherwood, National Clinical Lead, Planned Care/Planning Funding and Outcomes, Health NZ

Derek trained at Otago University. Based in Nelson, he works clinically as an Ophthalmologist specialising in Paediatric Ophthalmology.

He has previously been involved in systems improvement in eye health care. He has Chaired the Council of Medical Colleges and was the Lead the Choosing Wisely Program. He has been a member of the Health Workforce Taskforce Governance Group and the MCNZ Recertification Advisory Group.



Nicola Ehau (Ngāti Porou), Regional Director, Planning, Funding & Outcomes, Health NZ Te Manawa Taki

Nicola Ehau oversees regional primary and community health services and funding. She has spent over 40 years providing support and expertise in mental health, Māori health, and workforce planning. She has worked in a commissioning capacity for several District Health Boards, including Hawkes Bay, Hutt Valley, Wairarapa, and Nelson Marlborough. Nicola is a trained psychiatric nurse who has worked in Carrington Hospital and in Whakatāne after graduating. She lives in Tairāwhiti and is passionate about rural health services that meet community need and aspirations.

Appendix 3 withheld in full.