

Overview of Stem Cell Transplant plan

Due to MO:	9 October 2025	Reference	HNZ00097373
To:	Hon Simeon Brown, Minister of Health		
From:	Jason Power Acting National Director, Planning, Funding and Outcomes		
Copy to:	N/A		
Security level:	In Confidence	Priority	Routine
Consulted	N/A		
Proactive Release:	This title is proposed by Health NZ for proactive release		

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Attachments

Appendix 1: Implementation Plan – Expansion of Allogeneic Stem Cell Transplant Service

Purpose

1. This advice responds to your request for a clear plan to increase investment in allogeneic stem cell transplant (SCT) services, including actionable next steps, assurance of 2024/25 investments, resources required for 2025/26 (phase two), and resolution of Wellington Hospital's capacity issues.

Summary

2. The plan to expand the delivery of allogeneic transplants includes:
 - a) Expansion of the number of allogeneic transplants at Auckland, Wellington and the Christchurch Hospital sites from 116 to between 148 and 161, an increase of between 27 and 38 percent, depending on complexity.
 - b) Recruitment of 80 new FTEs, mainly nursing, allied health and senior medical staff across the three centres, with most roles filled by January 2026.
 - c) [REDACTED]
 - d) Development of a physical solution for Wellington Hospital in early 2027 as the copper pipe programme is completed.
3. The plan has been developed in collaboration with clinical leaders from Health NZ's SCT units. An implementation plan is attached as **Appendix 1**.
4. Note that interim private hospital leasing is not recommended for safety reasons as the skills and associated clinical support costs would make this a high-cost option.
5. The Funding Board of Health NZ has endorsed budget increases for allogeneic stem cell of \$4.6 million in 2025/26, \$10.7 million in 2026/27, and \$11.8 million in 2027/28, to increase delivery as described above. and reduce patient harm.
6. [REDACTED]
7. Oversight will be provided by an Implementation Oversight Group, with regular progress reports to ELT and quarterly updates to your office. The Group will also track progress key performance indicators. Key milestones include investment approval, recruitment, digital waitlist rollout, service expansion, and facility upgrades.
8. The Oversight Group will identify and mitigate risks such as workforce shortages, facility upgrade delays, funding shortfalls, IT system delays, and stakeholder resistance.

Background

9. Stem cell transplant (SCT) is a life extending and saving therapy provided to people with haematological malignancies and related diseases. Growth in demand has outstripped supply for allogeneic stem cell transplants and all opportunities for efficiency and transfer of patients between centres have been exhausted.

10. In 2024/25 Health NZ increased the investment in Stem Cell Transplant numbers by investing \$6.11 million in allogeneic transplant capacity in Auckland and Christchurch. Wellington had no physical capacity to expand the service. Health NZ can confirm that the investment was made, and additional allogeneic transplants were provided.
11. **Auckland Hospital:** Received funding for 32 FTE, mostly nursing and medical roles. Twenty-six FTE were appointed, with 6 FTE expected to be filled by January 2026. This recruitment improved safety and supported an outpatient model for autologous transplant and increasing allogeneic transplants from 56 to 62 in 2024/25.
12. **Christchurch Hospital:** Recruited 18 FTE including medical and nursing roles. Three are yet to be appointed. Allogeneic transplants increased from 22 to 32 in 2025.
13. **Wellington Hospital:** Despite no new investment made in 2024/25, service delivery of allogeneic transplants increased from 24 in 2023/24 to 30 in 2024/25 by reallocating senior medical officers (SMOs) from other duties.

Stem Cell Transplant Investment Planning

14. The plan endorsed by Health NZ supports investment across the three centres. The approach is phased for Wellington Hospital as facility options are developed. The investment also supports improved nationwide consistency with a single electronic waitlist and implementation of an outpatient model for the lower risk autologous transplant.

Table One: Investment in Allogeneic Transplants and Increased Delivery

Allogeneic Transplants	2024/25	2025/26	2026/27	2027/28
Increased Investment in the year		\$4.6 m	\$6.1	\$1.1 m
Increase compared with 2025/26		\$4.6 m	\$10.7 m	\$11.8m
Additional (FTE)		62	78	80
Allogeneic transplants	116	130	144-157	148-161

Auckland – Te Toka Tumai

15.

Auckland SCT Centre	2024/25	2025/26	2026/27	2027/28
Funding (\$ million)		\$1.399 m	\$3.358 m	\$3.358 m
Additional (FTE annualised)		21	23	23
Allogeneic transplants	62	66	72-80	72-80

Wellington Hospital

16. Health NZ is developing options for a cascade of relocations that will enable provision of the space required at Wellington SCT from January 2027. The increase in 2026/27 will support the phasing in of SMO roles from July 2026 with further investment at the beginning of 2027 when physical capacity is available.

Wellington SCT Centre	2024/25	2025/26	2026/27	2027/28
Funding (\$ million)	Baseline	\$1.283 m	\$3.657 m	\$4.749 m
Additional (FTE annualised)		17	31 FTE (15 FTE from Jan 2027)	
Allogeneic transplants	24	30	32	36

Christchurch Hospital

17. The increase in FTE is phased, due to recruitment with critical SMO roles to be onboarded from July 2026.

Christchurch SCT Centre	2024/25	2025/26	2026/27	2027/28
Funding (\$ million)	Baseline	\$1.654 m	\$3.603 m	\$3.647 m
Additional (FTE annualised)		24	24	26
Allogeneic transplants	30	34	40-45	40-45

Nationwide costs (see detail below)

Nationwide costs	2024/25	2025/26	2026/27	2027/28

Workforce Investment

18. The investment provides for the following investments:

- a) A total of 80 new FTE will be put in place across the three centres including 44 nursing FTE, 10 SMOs and Fellows FTE, 5 RMO FTE and 15 Allied health FTE.
- b) Of these 23 FTE will be employed in Auckland, 31 FTE in Wellington and 26 FTE in Christchurch.

19. Additional inpatient bed requirements:

- a) [Redacted]
- b) **Wellington** is provided with an immediate increase to ensure it continues to provide its current number of transplants. At the beginning of 2027 plans will be in place to increase physical capacity, Wellington will have another workforce increase.
- c) Clinical leads and managers have considered whether leasing space from a private hospital could provide an interim solution and have agreed that this cannot be safely achieved due to lack of immediate access to the other specialties, including 24/7 intensive care. Accordingly, this has been discarded as an option.
- d) [Redacted]

Nationwide Consistency in Access and Performance

20. Stem Cell Transplant is a highly specialised field within haematology cancer services. The five units collaborate to manage patient service delivery. The Cancer Clinical Network working with the PFO Hospital Funder are working to ensure equitable access to cancer services, ensuring an efficient regional approach for most cancer services, and nationwide approach for highly specialised cancer services.
21. Supporting this nationwide approach is the implementation of:
 - a) a national waitlist management system.
 - b) implementing a consistent framework for managing performance, including cost.
 - c) developing longer term plans for specialist care to improve overall efficiency of service delivery including a waiting-list/time forecast model to assess capacity utilisation and future requirements; and
 - d) single international recruitment campaigns for transplant haematologists.

National Waitlist Management

22. Five transplant centres work collaboratively to manage patients nationwide. With the current pressures on allogeneic transplant, waitlist management has become critical to manage the efficiency of service delivery and utilisation of the available transplant units.
23. The implementation of a single national digital waitlist is an important enabler to improve visibility of clinical access, and clinical risk especially the waiting time dynamics. There is a current nationwide manual dashboard which is not well used and not complete.
24. A Microsoft platform approach will be implemented to support waitlist management and provide visibility of the nationwide transplant list. It will support the management of patients and provide consistent national performance information.
25. 

Model of Service Delivery – Autologous Transplants

26. The critical demand is for allogeneic transplant which use the same facilities and workforce as autologous. The consistent implementation of an outpatient autologous transplant model is a critical part of improving efficiency and access to transplants.
27. Christchurch has an outpatient autologous transplant model. Auckland and Wellington are developing a seven-day model for day-stay autologous transplant management. This change is implemented alongside a new speciality team structure. Auckland is on track for implementation in January 2026 and work is yet to begin in Wellington. This investment plan supports the movement to an outpatient model for autologous transplants.

Governance and Implementation

28. An Implementation Oversight Group will provide monthly progress reports to ELT and quarterly updates to your office.

29. Key milestones include:

- a) Approval of increased investment and funding source (October 2025)
- b) Recruitment campaign for SMOs (by November 2025)
- c) Digital waitlist system rollout (by November 2025)
- d) Expansion of services (by January 2026)
- e) Wellington facility upgrade (by January 2027)
- f) Completion of clinical services plan (by March 2026)

Risks and Mitigations

30. The Implementation Oversight Group will manage the following risks:

- a) Workforce shortages: Early, coordinated recruitment and international search.
- b) Facility upgrade delays: Close project management and escalation protocols.
- c) Funding shortfalls: Early identification of savings/alternative sources.
- d) IT system delays: Dedicated project team and phased rollout.
- e) Stakeholder management: Proactive engagement and transparent communication particularly with the Blood and Leukaemia Foundation.

Next Steps

31. The critical next steps are:

- a) 
- b) Before the end of November we will launch recruitment and during the first half of 2026 we will launch the facility planning workstream.
- c) Before the end of 2025 Health NZ will develop a digital waitlist tool and phased implementation will occur during the first six months of 2026.

Appendix 1: Implementation Plan – Expansion of Allogeneic Stem Cell Transplant Service

1. Purpose and Objectives

Purpose:

To expand allogeneic stem cell transplant (SCT) capacity in New Zealand, reducing patient harm and wait times, and meeting increasing clinical demand.

Objectives:

- Increase annual allogeneic SCTs from 118 to 148 in 2026/27 and to 160 by 2027/28.
- Address clinical risks, including avoidable deaths and additional chemotherapy cycles due to delayed access.
- Ensure equitable, timely access to SCT services nationwide.
- Build a sustainable, highly specialised workforce and infrastructure.
- Develop a sustainable funding source for the development of Stem Cell Transplants.

2. Governance

2.1 Governance Structure

- **Sponsoring Executives:**
 - National Executive Director Clinical
 - Interim Director Planning, Funding & Outcomes
- **Implementation Oversight Group:**
 - Chaired by Director, Funding Hospitals
 - Includes representatives from:
 - Group Directors Operations (Auckland, Wellington, Christchurch)
 - Clinical Leads (Transplant Haematology)
 - Finance (Planning & Budgeting)
 - IT/Digital Health Lead
- **Reporting Lines:**
 - Monthly progress reports to the ELT
 - Quarterly updates to the Minister’s Office
 - Escalation of risks/issues to ELT as required

2.2 Roles and Responsibilities

Role/Group	Responsibilities
OPC ELT	Approves investment, monitors delivery, provides strategic direction.
Implementation Oversight Group	Oversees delivery, manages risks, ensures milestones are met, coordinates between workstreams.
Regional Executive Directors	Lead local implementation, workforce recruitment, and facility upgrades.

Role/Group	Responsibilities
Clinical Leads	Ensure clinical quality, safety, and consistency across centres.
Finance/Planning	Track expenditure, manage funding transfers, identify future funding sources.
IT/Digital Health	Deliver digital waitlist and performance management systems.

2.3 Decision-Making and Escalation

- Major decisions (e.g., funding reallocation, significant changes to scope or timelines) require ELT approval.
- Day-to-day operational decisions are delegated to the Implementation Oversight Group.
- Risks and issues that cannot be resolved at the Oversight Group level are escalated to the Funding Board.

3. Key Activities and Milestones

Milestone/Activity	Timeframe	Responsible Parties
Approval of increased investment and agreement with Minister on Use of Access to Medicines Funding	2–24 October 2025	Funding Board, Health NZ Leadership
Design and launch national and international recruitment campaign for SMOs	By 3 November 2025	Recruitment Team, Clinical Leads
Digital waitlist system piloted and implemented across all centres	By 28 November 2025	IT Team, Clinical Network
Commencement of additional services in Auckland and Christchurch (subject to recruitment)	By 5 January 2026	Regional Directors, Operations
Expansion of physical capacity at Wellington SCT unit	By January 2027	Executive Regional Director Central
Completion of Stem Cell Transplant Clinical Services Plan	By March 2026	Planning, Funding & Outcomes Team

4. Workstreams

4.1 Workforce Recruitment and Development

- National and international recruitment campaign for transplant haematologists and allied health professionals.
- Appointment of 10 SMOs and fellows across the three centres.
- Ongoing training and development for multidisciplinary teams.

4.2 Infrastructure and Capacity Expansion

- Complete recruitment and onboarding of additional FTEs.
- Expand physical capacity at Wellington.
- Implement outpatient models for autologous transplants in Auckland and Wellington.

4.3 Digital Waitlist and Performance Management

- Deploy a Microsoft-based national digital waitlist system.
- Standardise performance metrics and reporting across all centres.

4.4 Financial Management and Funding



4.5 Stakeholder Engagement and Communication

- Engage with clinicians, patient advocacy groups, and regional directors.
- Develop and deliver public communications as required.

5. Monitoring and Evaluation

- **Governance:** Implementation Oversight Group to oversee delivery, monitor risks, and ensure responsiveness to changing context.
- **KPIs:**
 - Number of allogeneic SCTs performed per centre and nationally.
 - Wait times from readiness to transplant.
 - Recruitment and retention rates for key workforce roles.
 - Patient outcomes and harm reduction metrics.
- **Reporting:**
 - Monthly progress reports to ELT.
 - Quarterly Minister updates.

6. Risks and Mitigations

Risk	Mitigation Strategy
Workforce shortages (SMOs, allied health)	Early, coordinated recruitment; international search
Delays in facility upgrades (Wellington)	Close project management; escalation protocols
Funding shortfalls for outyears	Early identification of savings/alternative sources
IT system implementation delays	Dedicated project team; phased rollout
Stakeholder resistance or miscommunication	Proactive engagement and transparent communication

7. Next Steps

- Secure formal approvals and funding transfers.
- Launch recruitment and facility planning workstreams.
- Begin phased implementation of digital waitlist.
- Monitor progress and adjust plan as required.