

Diagnostics Boost Programme: Confirmation and Public Announcements

Sent to MO:	12 September 2025	Reference	HNZ00095782
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		

Contact for further discussion (if required)			
Name	Position	Phone	1st contact
Jason Power	Acting National Director Planning, Funding and Outcomes	[REDACTED]	
Rachel Haggerty	Director, Funding, Hospitals	[REDACTED]	x

Appendices	
Appendix 1	Timeline of potential public announcements

Appendix 1 has been withheld in full.

Purpose

1. This aide mémoire confirms Health New Zealand | Te Whatu Ora's (Health NZ) \$65 million investment in the Diagnostics Boost Programme (DBP) and provides you with advice on potential public announcements.

Discussion

The Health NZ Board has endorsed a \$65 million investment in the DBP

2. On 12 June 2025, we provided you with advice on a comprehensive programme and proposed investment package to improve access to key diagnostic tests – CTs, MRs, colonoscopies, colposcopies, cardiac angiograms, and echocardiograms (HNZ00083441 refers). As advised, this investment was subject to then-Commissioner, now Board, endorsement.
3. On 10 September 2025 the Health NZ Board endorsed a \$65 million investment to the DBP in 2025/26. This investment is included in Health NZ's 2025/26 budget.
4. In 2025/26, the DBP will deliver an additional 74,950 diagnostic tests including:
 - a) 64,000 radiology procedures, both in-house and outsourced (depending on local public and private capacity).
 - b) 7,100 colonoscopies, which will largely be outsourced.
 - c) 1,650 colposcopies largely delivered in-house.
 - d) 2,200 cardiology diagnostics largely delivered in-house (which will be monitored locally until national reporting mechanisms are in place toward the end of 2025/26).
5. Alongside these uplifts, in 2025/26 the DBP will also deliver:
 - a) Improved waitlist data accuracy and validation which has seen wait list reductions of 3-5 percent in planned care.
 - b) Digital advances and technologies to improve productivity. This includes AI starting with emergency department fracture accuracy as well as a significant upgrade to the Northern Region's Radiology Information Systems (RIS) and Picture Archive and Communication System (PACs).
 - c) Productivity improvements including the stabilisation of digital platforms, modern machines with faster processing times, and benchmarking metrics.
 - d) Demand management including the reduction or removal of low-value tests, new models of care (including FIT for Symptomatic), triage hubs for community referred radiology, and planned approaches to new tests and/or programme extensions (including new or extended screening programmes).
 - e) Alignment and improved access for patients through both the Community Referred Radiology programme (funded separately) and the exploration of new community diagnostic centres.
 - f) Workforce training to create a more sustainable future services including the training of RMOs, echo sonographers and extended nursing roles.

- g) An improved data platform for the monitoring, forecasting and planning of diagnostics into the future.
- 6. A summary of the activities and associated \$65m investment in 2025/26 is included in Appendix 1.
- 7. You will note that the \$65 million investment is slightly lower than the \$68.8 million signalled in our initial advice to you (HNZ00083441). This reflects refinement and rephrasing of the funding requirement.
- 8. This investment is for 2025/26. The DBP is a multi-year improvement programme and, as such, funding for subsequent years will be considered as part of future Health NZ budget processes.

This investment will make an impact on waitlists in 2025/26

- 9. Based on current information, we estimate the additional uplifts in activity together with the other DBP activities, will allow us to:
 - a) Meet the Budget 25 performance standards that require 65% of people to receive an CT or MRI within 42 days of referral.
 - b) Lift performance for colonoscopies and cardiac angiograms by 5-10% by 30 June 2026.
- 10. During 2025/26 we will be establishing a new data platform for colposcopy and echocardiographs, which will allow us to refine our approach in 2025/26 and set targets and milestones for 2026/27 and out years.
- 11. It is important to note that these estimates are based on currently held national data, which are not as mature or detailed as planned care data. These estimates also include assumptions based on the mix of modalities, priority, demand and current prices and in-house costs of delivery. If these underlying assumptions change implementation plans will be reviewed to ensure performance is maintained. For example, if Community Referred Radiology uptake and/or changes to screening programmes increase demand more than expected and/or there is less private capacity available than expected.
- 12. As part of the DBP programme there is active work to improve the accuracy of data, validate those currently on wait lists as well as enhancing our national reporting infrastructure. We anticipate being able to provide more specific information on the anticipated wait time impacts and required activity levels for radiology more broadly, colonoscopies and colposcopies in December where, as advised previously, we will provide updated advice.

We are now implementing the DBP

- 13. The DBP will be delivered by regions and districts, national teams, and the National Radiology, Cardiac, and Cancer Clinical Networks:
- 14. Regions and Districts are responsible for delivering the additional activity in diagnostic procedures, with expenditure budgets agreed with the relevant region for delivery. They will be required to optimise their mix of in-house delivery and outsourcing based on cost effectiveness, timeliness, clinical risk, workforce sustainability, quality and patient access.

15. The Clinical Networks are responsible for supporting demand management activities by harmonising access and prioritisation nationally, optimising tests, and assessing national protocols, patient selection, and inputs on cost effectiveness for new technologies.

16. To ensure delivery and progress we have already:

- a) Assigned Tier 2 Senior Responsible Officers for each diagnostic area.
- b) Established Regional GDO and Clinical Leads in each region for radiology and will do similarly for most other diagnostics.
- c) Established governance under the oversight of the Planned Care Steering Group.

Tracking progress and reporting

17. A new national Health Data Platform is in development to support the DBP. This will enable regular reporting on progress on both activity uplifts and wait times. This will initially report activity uplifts for angiograms, CT, MR, and colonoscopy and will be available from October 2025. Activity and wait times will be reported monthly with a two month delay initially.

18. Near real time reporting for radiology (including ultrasound and x-ray) and colposcopy using the national data platform will be in place from January 2026. Regular reporting on echocardiograms will be available by April 2026.

19. We will provide you with updates on progress on a monthly basis via a table in the weekly report starting in October.

Proactively Released

Next steps

26. We will work with your office to support any public announcements of the DBP.
27. We will continue implement the DBP and provide you with updates on a monthly basis in the weekly report.

28. We will provide you further advice on the new national reporting infrastructure, and the impact that data shows us our actions are having on wait times, in December 2025.

Proactively Released