

Meeting Briefing

Kia Manawanui Trust 15 October 2025

Due to MO:	13 October 2025	Reference	HNZ00099037
To:	Hon Simeon Brown, Minister of Health		
From:	Rachel Haggerty, Director, Funding – Hospitals, PFO		
Copy to:	N/A		
Security level:	In Confidence	Priority	Routine
Consulted:	N/A		
Proactive Release:	This title is not proposed by Health NZ for proactive release		

Contact for further discussion			
Name	Position	Phone	1st contact
Rachel Haggerty	Director, Funding - Hospitals		x
Mary Cleary-Lyons	Director – National Clinical Networks		

Attachments	
Appendix 1:	Biographies of attendees
Appendix 2:	High Level Summary of Heart Disease in Aotearoa: Morbidity, mortality and service delivery
Appendix 3-6:	Data

Appendices 3 - 6 have been withheld in full.

About the meeting

Purpose	You are meeting with the Kia Manawanui Trust to discuss their recent Cardiac Impact Report and its recommendations.
Date	Wednesday 15 th October
Time	5:00 – 5:20pm
Venue	Your Office
Attendees	Letitia Harding, Chief Executive. Note, biographies are attached as Appendix 1.
Health New Zealand Te Whatu Ora officials	Dr Cara Wasywich, Co-Chair – Cardiac National Clinical Network Rachel Haggerty, Director, Funding – Hospitals, Planning, Funding and Outcomes
Media	No media are expected to attend this meeting.
You may wish to:	

Background and context

1. Formed in 2018, the Kia Manawanui Trust – The Heart of Aotearoa New Zealand is predominantly an advocacy organisation focused on improving access, equity, and outcomes for those impacted by cardiovascular conditions. It aims to address major issues including long wait times for heart surgeries, shortages of cardiologists and surgical teams, and the lack of beds.
2. In October 2024, Kia Manawanui Trust published an open letter to the Prime Minister, raising concerns about wait times for angiograms, echocardiograms, and cardiac surgery. It advocated for more cardiac beds, cardiac staff, and investment in theatres, diagnostic procedures, medicines, and medical equipment.
3. In March 2025, Kia Manawanui Trust raised concerns in the media about wait times for echocardiograms. At your request, we provided a briefing to you on echocardiogram and angiogram waitlists and waiting times (HNZ00082905).
4. In April 2025, you met with Kia Manawanui and discussed the provision of echocardiography, waitlists for cardiothoracic surgery, wait times for acute angiography, and wait times for Percutaneous Coronary Intervention (PCI), or angioplasty, for acute coronary syndromes. (HNZ00083094).
5. In August 2025, Kia Manawanui Trust published a 272-page report titled “Heart Disease in Aotearoa: Morbidity, mortality and service delivery”. It is predominantly a descriptive report with a wide range of data and statistics on various aspects of cardiac care in New Zealand ranging from the uptake of statins, to hospitalisations, and mortality.
6. Dr Cara Wasywich, an Auckland-based Cardiologist and Co-Chair of the Cardiac National Clinical Network, will support your attendance at this meeting. She can speak to the work of the Network in addressing the matters Kia Manawanui Trust wishes to raise with you.

Matters for discussion

7. Kia Manawanui Trust will want to talk to you about the findings of the report and key recommendations.
8. The Report acknowledges that “Aotearoa has seen substantial and sustained reduction in heart disease hospitalisation and mortality rates over the past two decades.” However, the report also contends that:
 - a) **New Zealand’s heart healthcare system is critically understaffed** with 32.8 FTE cardiologists per million people vs international benchmarks of 95 per million
 - b) There are **life-threatening delays in heart treatment** with only half of heart attack patients seen within one hour (although the standard NZ uses is 90 minutes) and even less for Māori and Pacific
 - c) **Heart Disease costs New Zealand \$13.8 billion annually** including \$538.8m in hospitalisations and \$13.1b from deaths, and
 - d) That **the system is failing Māori and Pacific people** who die from heart disease 10+ years younger than NZ Europeans and less likely to receive timely treatment after a heart attack.

9. A summary of key findings from the report as promoted by Kia Manawanui is included as Appendix 2.
10. The Report calls for urgent action to:
 - Address inequities through equity-focused funding to directly resource regions and populations with the highest burden and particularly highlight Tairāwhiti, Lakes and Whanganui.
 - Invest in cardiac staff to ensure equitable access to appropriate healthcare and treatment, regardless of where they live, and better monitor workforce levels.
 - Fund regional infrastructure in the Midland (Te Manawa Taki) and Central regions to improve treatment timeliness
 - Improve monitoring and treatment timeliness, especially in underserved regions

Cardiac Workforce

11. The report has a particular focus on cardiac staffing levels.
12. There are discrepancies with the workforce data provided in the report as Health NZ does not employ all qualified health professionals in New Zealand, so those registered with the medical Council will capture those employed by Health NZ as well as cardiac staff not employed by Health NZ.
13. Regardless, Health NZ acknowledges the shortages faced in cardiology and particularly cardiac sonographers.

Health NZ Response, Priorities, and Actions underway

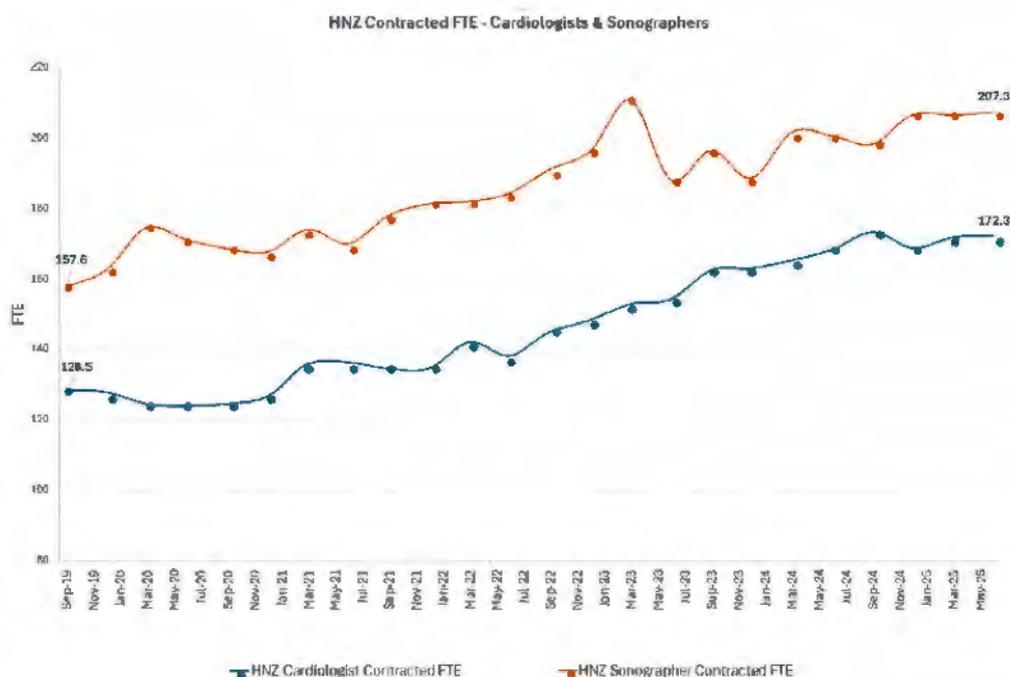
14. The Report recommendations are heavily focused on access and availability of specialist cardiology services as the primary response to the inequities experience in outcomes and survival rates from heart disease across New Zealand. It has limited focus on prevention and early intervention to improve outcomes.
15. New Zealand has seen an increase in life expectancy, partly attributed to decreased rates of cardiovascular disease (CVD). However, CVD remains a prominent health issue, responsible for 15% of all disability-adjusted life years (DALYs) and associated with ongoing health disparities.
16. Health New Zealand is implementing early intervention and prevention strategies sector-wide to address this concern. HNZ is seeking to address this across the health sector: early intervention and prevention strategies and ensuring the service delivery network is able to provide the services required.
17. The priorities highlighted by Health NZ to improve the management of heart disease are:
 - a) Establishment of the National Cardiac Clinical Network whose role is to set national standards, reducing variation and enhance equitable access nationwide
 - b) Access to specialist cardiology services – this includes ensuring specialist advice, and cardiology interventions that are timely and safe (e.g. angiogram and cardiac catheter laboratories across New Zealand)
 - c) Expanding the use of health technologies and digital solutions as part of improving access including enabling diagnostics to be read remotely by cardiologists

- d) Improving cardiology diagnostics access via the Diagnostic Boost Programme to ensure access to cardiology angiograms and echocardiograms is improved and waiting lists reduce to meet Government targets (including the introduction of a new indicator for echocardiograms). This includes funding for an additional 2,200 cardiac tests (largely echocardiograms (ECHOs)). There are also parallel investments CT machines to expand CT angiography capability to help take the pressure off catheter labs.
- e) More regionally networked models of service delivery to support key areas as identified in the Trust's report (Tairāwhiti, Lakes and Whanganui). This includes the establishment of four Cardiology Regional Service Delivery Networks to coordinate access to specialist cardiology care and interventions
- f) A nationally cohesive approach to service planning and infrastructure development for cardiology interventions. This includes the Hawkes Bay Catheter Laboratory as part of the hospital redevelopment. Refurbishments and expansions of catheter labs already underway in Wellington.
- g) As part of the Diagnostic Boost programme Health NZ is supporting an additional 13 sonographer trainees in 2026 — on top of the 31 already in training. This is in addition to ongoing regional recruitment to fill critical roles for replacement including cardiologists
- h) Ensuring prevention and early intervention activities including:
 - i. **Better prevention** – healthy lifestyles and reduced exposure to tobacco and alcohol, alongside increased exercise and weight management
 - ii. **Better management in primary care** – risk assessment, prevention advice, and early intervention e.g. statins & blood pressure management
 - iii. **Better management of diabetes** – a major reason for the slowing of improvements in CVD prevalence.
 - iv. **Acute system access** to care including heart attack awareness, timely access to ambulance and emergency transport and timely care through emergency departments

Cardiology Workforce Development

- 18. Cardiology is supported by a multidisciplinary team—general and subspecialty cardiologists (interventional, EP, imaging, heart failure), sonographers/physiologists, CCU/cath nurses). National work also focuses on sonographer training pipeline.
- 19. As at June 2025, there were approximately 207 contracted FTE sonographers at Health NZ and 172 contracted FTE cardiologists. The graph below shows the trend of Health NZ contracted FTE for both workforces.

Figure 1: Contracted FTE, Health Workforce Information Programme, June 2025



20. Based on recent workforce trends, and assuming no material change to current labour supply change or ways of working, we expect small amounts of additional growth through to 2035 to maintain current ratios of our workforce to the over 60 population.
21. Many regions, including Tairāwhiti, Lakes, Whanganui, and Taranaki, have limited cardiac specialists. To address this, Health NZ Lakes is actively training cardiac sonographers and physiologists due to address current shortages. They are currently supporting four trainees, two in cardiac sonography, one clinical physiologist, and one physiology technician, through a mix of on-the-job learning and academic study. Lakes have plans are underway to support an additional trainee from next year, to continue bridging the gap and supporting the cardiology workforce.

Cardiac Clinical Networks

22. The National Clinical Cardiac Network New Zealand is advancing initiatives to enhance cardiac care. The Network provides leadership in promoting equity, establishing care standards, and facilitating coordination across regional networks. Primary areas of focus include Acute Coronary Syndrome pathways, Echocardiography access and sustainability, Heart Failure pathways, and establishment of national clinical grading guidelines and follow-up criteria.
23. In addition, Four Regional Cardiology Service Delivery Networks have been created to coordinate access to specialist cardiology care and interventions. Smaller communities often have limited access to such services, as these hospitals do not have a large enough population to sustain investment in specialist care. Maintaining service quality and safety, as well as recruiting and retaining specialist staff, presents additional challenges in these settings.

Current Wait Times Across the Cardiac Care Pathway

24. As part of the meeting briefing, you requested information on wait times, and access to, key cardiac services, including diagnostics. These are outlined below.

Wait times for Cardiology Diagnostics

25. Common cardiology diagnostic tests include Electrocardiogram (ECG), Echocardiogram (ECHO), and Coronary Angiography.

26. 

27. 

28. National data is not collected on ECGs which are now more broadly accessible through primary and specialist care.

29. In 2025/26 HNZ is committing to deliver an additional 2,200 cardiology diagnostic tests to support an improvement in wait time performance by 5% for angiograms. The Programme will also establish a new national wait time indicator for echocardiographs which will be shared publicly to support transparency and accountability.

Wait times for Cardiology FSAs

30. 

31. As you are aware the Planned Care Programme is focused on increasing FSA delivery, validate waitlists, and adopt models that reduce unnecessary follow-up. Regions have been instructed to establish an additional FSA clinics. These clinics will operate with extended hours and weekend sessions, prioritising patients who have been waiting for over 120 days

32. Additionally, the National Cardiac Network is implementing a programme to standardise care by introducing consensus-based clinical grading guidelines and follow-up criteria. Once these guidelines are endorsed, they will contribute to reducing geographical disparities and optimising follow-up practices, thereby increasing overall FSA capacity.

Appendix 1: Biographies of attendees

Letitia Harding, Chief Executive

Letitia has over 25 years extensive experience in the health sector, which includes the introduction of new health technologies, improving access to medicines, initiating imaging and diagnostic trials and establishing international healthcare networks.

Letitia was the recipient of the 2023 President's Award by the Thoracic Society of Australia and New Zealand's (TSANZ) for her advocacy and education around the dangers of vaping.

Letitia has sat on a number of international and national advisory boards. Her most recent appointments include; GINA (Global Initiative for Asthma) 2020 advocate and being recognised as a leader in the field of Asthma; Chair of the Patient Focal Group Planning Committee (GARD) and Co-Chair of the Western-Pacific Region for (GARD) - the Global Alliance Against Chronic Respiratory Diseases (GARD).

She has held senior management positions in both the corporate diagnostic and pharmaceutical industry, and collaborated with many NGOs over the years - which ignited her passion for the not-for-profit sector.

Letitia was previously the Chief Executive of the Asthma Foundation.

Dr Cara Wasywich, Co-Lead, National Cardiac Network

Cara is a respected cardiologist and the current Service Clinical Director of the Te Toka Tumai Auckland Cardiology Department. She brings a unique lens to clinical leadership, equity, and access to health services in New Zealand, having grown up living off the grid in the Coromandel.

Cara completed medical school in Auckland before moving on to cardiology training at Greenlane Hospital. She then spent two years as a research and transplant fellow in Auckland before undertaking a transplant and heart failure fellowship in Vancouver, Canada.

Now a fellow of the Cardiac Society of Australia and New Zealand, Cara's work as a cardiologist has covered the breadth of general cardiology, with particular expertise in advanced heart failure management and transplant. Throughout her career, Cara has focused on making systems and services better and has a good understanding of how improving processes leads to better experiences and outcomes for patients. Cara was appointed as Co-Lead of the National Cardiac Network in October 2023.

Appendix 2: High Level Summary of Heart Disease in Aotearoa: Morbidity, mortality and service delivery, from the Kia Manawanui Trust Report

Aspect	Details
Prevalence	Ischaemic heart disease (4.5%), heart failure (2.5%)
Deaths	Accounts for 20% of deaths
Healthcare Cost	At least \$600 million annually
Societal Cost	Exceeds \$13.8 billion
Inequities	Māori, Pacific Peoples, high-deprivation areas: earlier onset, higher mortality, less access to timely interventions
Age Disparity	Most heart disease occurs in people over 50
Gender Disparity	Men have higher rates than women, except for atrial fibrillation/flutter and heart failure mortality
Māori	Significantly higher mortality, lower access to timely interventions, lose 12.1 years to heart failure
Pacific Peoples	Increasing hospitalisation rates, younger age at death, lose 12.1 years to heart failure
Asian Peoples	Lower prevalence, higher statin prescription rates
Regional Inequities	Tairāwhiti, Lakes, Whanganui, Taranaki: high hospitalisation and mortality, shortages in cardiac staff and infrastructure
Workforce Shortages	Nationwide shortages of cardiologists, sonographers, cardiac nurses, especially outside Auckland
Heart Failure Trends	Prevalence increased, especially among Māori and Pacific Peoples, hospitalisation rates nearly 4x higher than European/Other
Years of Life Lost (Heart Failure)	Māori and Pacific Peoples: 12.1 years, European/Other: 5.3 years
Atrial Fibrillation/Flutter	Rising, especially among older adults