Aide-Mémoire

Health New Zealand
Te Whatu Ora

Reducing the FSA Waitlist by Modernising Specialist Advice and Care

Due to MO:	31 July 2025	**Reference**	HNZ00091204
To:	Hon Simeon Brown, Minister of Health		
From:	Richard Sullivan, Chief Clinical Officer Health NZ Jason Power, Director Planning, Funding & Outcomes		
Copy to:	n/a		
Security level:	In Confidence	**Priority**	Routine
Consulted	Ministry of Health		
Proactive Release:	This title is proposed by Health NZ for proactive release		

Contact for further discussion (if required)

Name	Position	Phone	1st contact
Richard Sullivan	Chief Clinical Officer		x
Jason Power	Director, Planning, Funding and Outcomes		

Other Referenced Advice

Referenced:	First Specialist Assessment recovery plan (HNZ00080273)
Referenced:	Update on progress to implement the FSA Recovery Plan (HNZ00087319)
Referenced:	Improving access to diagnostic services (HNZ00083441)

Purpose

1. You requested Health NZ provide a consolidated plan for the next 1 – 3 years for clearing the backlog of long-waiters for first specialist assessments (FSAs), then achieving and maintaining a sustainable steady state to achieve improved health target milestones. This advice outlines a programme of work to achieve the FSA health target.
2. This Aide Mémoire follows previous advice to you on Health NZ's FSA recovery plan (HNZ00080273) and a recent update on progress to implementation (HNZ00087319).

Summary

3. FSAs are the current pathway for general practitioners to access specialist advice and assessment for their patients. The need for assessment can be urgent (e.g., suspicion of cancer) or less urgent (e.g., knee pain). Access to this advice is important for patients and their care. However, we are not certain that all FSAs and follow-ups we provide are useful to patients.
4. FSAs are also the gateway to treatments with a current conversion rate where 40% of surgical FSAs result in requirement for treatment.
5. 
6.
7.
8. We do however propose to more rapidly modernise how we provide the specialist advice, assessment and treatment supported by the current FSA outpatient model.
9. This Aide-Mémoire outlines the modernisation approach we will develop and implement to bend the curve of demand, improve productivity and deliver better experiences and outcomes for patients. It is intended to enable Health NZ to achieve the FSA health target by 2028.
10. The modernisation programme will accelerate the use of digital and AI tools to improve clinical decision-making processes as well as increase the care provided by primary care and other health professionals. It will ensure that patients receive the access they need, making good use of their time, and best use of our specialists time.
11. 

Current approach to improving FSA delivery

12. Waiting lists and waiting times for FSAs deteriorated between 2017 and 2024 with subsequent deterioration in health target performance.

13. Health NZ has improved performance over 2024/25 implementing the FSA Improvement Plan including key initiatives such as improved booking performance (with a focus on long-waiters), optimising clinic capacity (e.g., through additional weekend clinics) and waitlist validation.

14. In the 12 months to May 2025, FSA delivery is ahead 4.3% on planned delivery. We have achieved the 2024/25 milestone of 62% nationally.

15. To sustain this improving trend – and meet the 25/26 health target milestone of 65% – the volumes needed to support the FSA milestone of 65% have been included within the activity schedule and production plans agreed nationally for FY 2025/26. This represents an additional 37,677 FSAs (a 6% increase).

16. At our current trajectory, and with the additional FSA delivery volumes and budget agreed within regional activity schedules, we are on track to reduce the waitlist to 165,800 (by 14.5%) by 30 June 2028. We will also achieve the currently agreed 77% health target milestone. This will result in a 55% reduction in the number waiting more than four months from 73,000 to fewer than 34,000 by June 2028. At this trajectory it would take until June 2030 to achieve the FSA health target of 95%.

17. We have identified that to achieve an accelerated health target milestone of 85% by June 2028, as you have requested, a continuation of this approach will be insufficient. An investment in additional FSAs, and the associated treatment arising from those FSAs would be required. An additional 21,400 FSAs would cost $11.7 million per annum, on top of current FY25/26 baseline. This would flow on to an additional 18,000 in successive years through to 2028 at a cost of an additional $9.8 million per annum.

18. Assuming a conversion rate of FSAs to surgery, of 40%, this may also result in an investment of $70M in treatments, to maintain the treatment health target.

19. Health NZ does not recommend that we drive greater investment in more service delivery and, instead, shift to investment in a modern specialist advice system over the next three years to deliver year-on-year improvement to achieve 85%, or greater, by 30 June 2028.

Modernising Specialist Advice and Care

20. Overall, our current FSA service delivery model reflects historical practise. There are numerous examples of ‘failure demand’ where we provide outpatient clinics as we do not have the technology or service delivery systems to provide, or safely not provide unnecessary appointments.

21. Examples of current failures are patients attending FSAs where they are unclear as to why they are attending, or their diagnostic is not available, patients attending several follow-up appointments but having no change in treatment and GPs referring patients for concerns because they could not get advice to enable them to manage the patient in the community.

22. Our assessment is that a modernisation approach will reduce the need for FSAs, eliminate unnecessary follow-ups, focus on treatment and safety for patients, improve productivity, and optimise the use of resources by:

a) expanding the role of primary care to care for patients without an FSA or follow-up appointment,

b) ensuring when we deliver specialist appointments we do this efficiently using AI and digital technologies and support teams of allied health and nursing specialists to reduce the time demand on SMOs, and

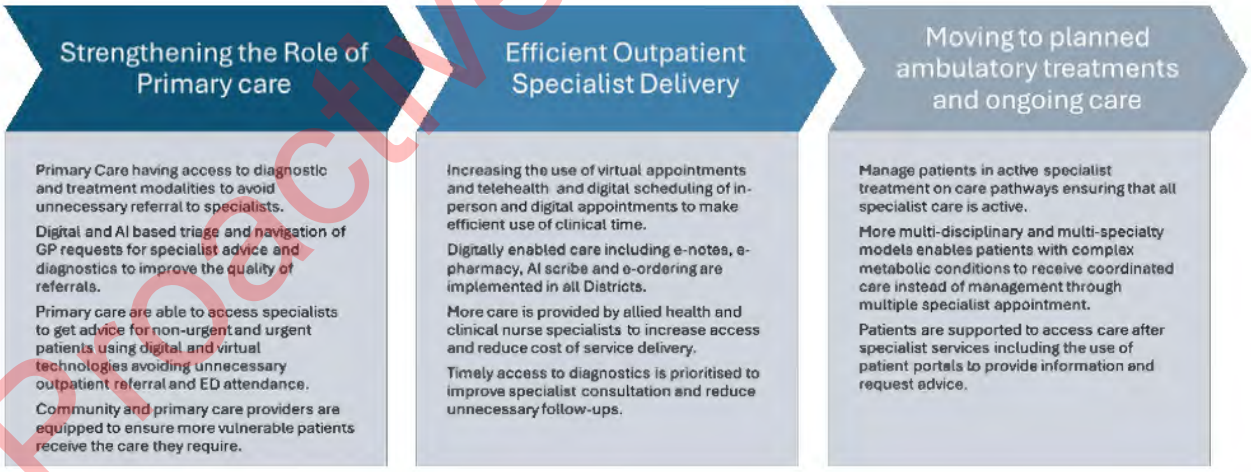
c) we remove the construct of routine follow-ups by moving to a system where following an FSA, a patient is either in ambulatory treatment or ongoing care focused on safe clinical outcomes for the patient.

23. The impact of these changes in the demand and service delivery profile is anticipated to accelerate the ability for Health NZ to meet, not only the 85% target by 2028, but potentially achieve the 95% FSA health target.

24. We have reviewed published evidence and experience from across New Zealand and other jurisdictions. This confirms a broad range of interventions can modernise outpatient service delivery. There are already examples of this contemporary practise in some services and hospitals. This includes patient-initiated follow-up where the patient has an access code should they want a f/up but they are not required to attend, virtual consults with specialists and clinics equipped with digitally enabled care including e-ordering and AI scribing of clinic notes.

25. Our proposed approach to this modernisation programme is illustrated in the diagram below.

Figure one: Proposed Modernising Specialist Advice and Care Programme



26. The development of a digital environment will be critical to enable flexibility in accessing specialist advice and care provided in ambulatory settings. This includes AI tools that can screen referrals and improve decision making, the implementation of e-notes, e-pharmacy, AI scribe and e-ordering in our hospital and community ambulatory clinics.

27. In the table below we outline more detail on the approach and the expected impact of the change.

Strengthening the role of primary care		
Area of Focus	**The Rationale**	**The Impact**
Primary care has increased access to a greater range of diagnostics and treatment modalities	There remain diagnostic and treatment modalities (including pharmaceuticals) that unnecessarily require specialist approval and should be readily available top primary care.	Reduce the need for specialist outpatient appointments.
Scaling digital and AI based triage and navigation of GP requests for specialist advice and diagnostics	AI/ Digital tools to provide screening of referrals, management of diagnosis, predicting clinical risk and improving outcomes.	Improve the quality of referrals and reduce unnecessary referrals.
Primary care are able to access specialists to get advice for non-urgent and urgent patients using digital and virtual technologies.	Access can be provided by phone, direct messaging, and telemedicine. Direct access to immediate and timely specialist advice and assessment without an FSA referral.	Prevent unnecessary referral for outpatient specialist care and ED attendance.
Supporting more vulnerable patients	Community and primary care providers are equipped to ensure more vulnerable patients receive the care they require.	Inequities do not arise for patients not able to access digital technologies, or who lack support.
Efficient Outpatient Specialist Delivery		
Area of Focus	**The rationale**	**The impact**
Digitally enabled outpatient clinics	All outpatient clinics are supported with e-scheduling, e-notes, e-pharmacy, AI scribe and e-ordering are implemented in all Districts.	Increased productivity and safe service delivery.
Timely access to diagnostics support specialist consults	Timely access to diagnostics is prioritised to prior to a specialist consultation	Reduce unnecessary repeat appointments or delays in access.
More care delivered by Allied Health and Nursing teams	Increasing the roles of allied health and clinical nurse specialists in clinical teams	Increase access and optimise service delivery cost
Increasing the use of virtual appointments and telehealth	Ensure clinicians have access to virtual technologies and there is scaling of virtual care and improved access for patients,	Increase virtual care delivery and reducing travel requirements for patients.
Patient-directed care following specialist care	Patient-directed follow-ups are standardised, and patients are supported to access when required.	Reduce unnecessary repeat appointments or delays in access.
Moving to planned ambulatory treatments and ongoing care		
Area of Focus	**The rationale**	**The impact**
Improve digital tools to support patients to access support after specialist care	Patients attend follow-up appointments to provide clinical assurance. Digital monitoring and patient portals could improve safety by enabling the patient to provide information without an appointment.	Reduce unnecessary follow-ups.
Coordinated care for patients with complex metabolic conditions like diabetes,	More multi-disciplinary and multi-specialty models enables patients with complex metabolic conditions to receive coordinated care instead of management through multiple specialist appointment.	Reducing unnecessary duplicated outpatient appointments for individuals.
Manage patients in active specialist treatment on care pathways	Ensuring that all specialist care is active and we remove follow-ups as part of the delivery of outpatient-based treatment.	Reduced duplication of appointments and better use of patient time.

28. The scale of change we propose requires detailed planning and a comprehensive change management programme to change our clinical practise that includes investing in other workforces, health technologies, AI and digital solutions to make it easier for patients. Like the diagnostic work programme, we will work closely with each district, and specialty, to develop the implementation pathway to deliver success

29. The implementation plan is likely to initially focus on medicine and cancer where there are most likely to be early gains. The models require a level of primary care capability, digital development, and access to diagnostics and this will be part of the process of identifying where and how the programme of work will be scaled most rapidly.

30. National and Regional Clinical Networks and the Clinical Senate will have a critical role, providing the clinical leadership required to successfully implement clinical practise change.

31. Health NZ will have designed a full modernisation programme by the end of October 2025. This will support Health NZ to consider the funding required to deliver this programme in the budget planning process for 2026/27. The changes requiring investment would therefore not commence until 1 July 2026.

Next steps

32. [redacted]

33. [redacted]

34. [redacted]