Aide-Mémoire

Health New Zealand
Te Whatu Ora

Elective Boost – volumes for 2025/2026

Due to MO:	2 July 2025	**Reference**	HNZ00092358
To:	Hon Simeon Brown, Minister of Health		
From:	Cath Cronin, Deputy Chief Executive, Te Manawa Taki Jason Power, Acting National Director – Planning, Funding and Outcomes		
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Contact for further discussion (if required)

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Purpose

1. This Aide-Mémoire provides you with further advice as requested following the receipt of advice on Tranche 2 and Tranche 3 of the Elective Boost [HNZ00090704 refers]. This advice includes a response to your specific request for elective treatment activity for 2025/26 as agreed with Health NZ officials:

    a) Baseline inhouse elective treatment delivery,

    b) Baseline outsourced elective treatment delivery,

    c) Elective Boost inhouse delivery, and

    d) Elective Boost outsourced delivery.

Background

2. The Elective Treatment Health Target is based on the proportion of people on a waitlist who have been waiting less than 120 days to receive treatment. Improving the result requires the proportion of people waiting more than 120 days to reduce as a proportion of the total waitlist.

3. Following development of the Elective Boost, it was agreed that the 2025/26 Health Target milestone would increase from 67% to 70% with an additional interim milestone of 67% by 31 August 2025 [HNZ00077475 refers].

Elective treatment summary

4. Health NZ has allocated activity across the regions to meet the 215,544 treatments required to achieve the elective treatment Health Target milestone of 67% by 31 August and 70% by 30 June 2026. This includes a baseline of 194,516 and an elective boost of 21,028.

5. Elective treatments are now planned and monitored as a subset of the activity plans by each Region. The plan is phased to both reflect working days (242 per annum), and the management of seasonal variation.

6. Each Region has considered the mix required of inhouse delivery and outsourced to ensure delivery and utilise available capacity within Health NZ hospital network. This includes consideration of achieving the greatest value from the investment in elective treatments. Of the elective treatments planned 83% will be delivered in house and 17% will be delivered by private providers. Of the Boost, 22% will be delivered in house and 78% delivered by private providers.

7. [redacted]

Delivering the boost

9. Improving performance against the elective treatment Health Target requires a combination of waitlist management, treating patients and increasing the volume of elective treatments.

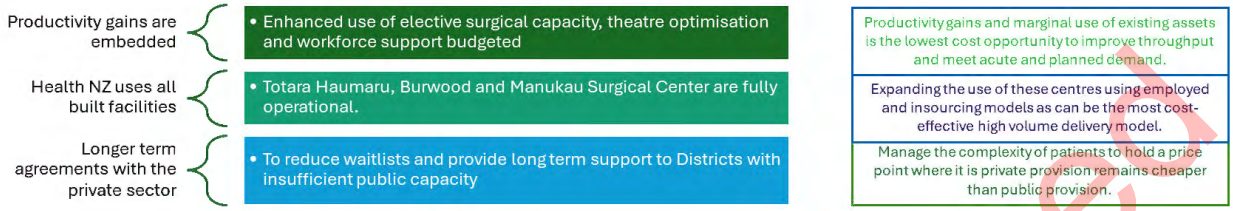
10. A number of actions are underway to meet this milestone and uplift performance to a level required to meet the 70% for 2025/26. This includes increasing existing capacity and activating a number of sites that are currently underutilised, as set out in another paper to you on wider production planning [HNZ00084170 refers].

11. In particular, Health NZ is working to optimise efficient delivery of treatments in each

district and region. As you are aware the budget planning process has supported each region to consider how it is allocating its costs to achieve the most cost-effective mix of service delivery models.

12. The balanced approach is best outlined in **Figure 1** below.

Figure 1: *Balanced approach to elective treatments*



13. Private hospitals operate as elective surgical centres. Health NZ has also expanded its own elective surgical centres, including Tōtara Haumaru, Manukau Health Park and Burwood [HNZ00084170 refers]. The delivery of additional planned care volumes through dedicated elective surgical centres, alongside regular sustained outsourcing is an effective way to deliver large elective volumes.

Next steps

14. The continual management of statements of work with the private providers to ensure the services are delivered.

15. The monitoring of performance against the Regional Plans to ensure the delivery of the elective treatments and the achievement of the health target milestone will be reported, through the Weekly Report to the Minister.

16. The first report for 20-25/26 will occur commence the week of 21 July 2025.