

Memorandum

Planned care surgical waiting lists

Date due to MO: 15 November 2024 **Action required by:** N/A

Security level: IN CONFIDENCE

To: Hon Dr Shane Reti, Minister of Health

From: Health Workforce and System Efficiencies Committee

Contact for telephone discussion

Name	Position	Telephone
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PROACTIVELY RELEASED

Planned care surgical waiting lists

Purpose

1. You requested advice from the Health Workforce and System Efficiencies Committee (the Committee) on planned care surgical waiting lists. This memo provides you with strategies to further address the longest waiting patients on the Planned Care system surgical waiting lists, specifically referred to as cases on the ESPI 5 waiting lists.

Background

2. There are five Elective Services Patient Flow Indicators (ESPI) that measure whether Health New Zealand (Health NZ) districts are meeting the required performance standard at a number of key decision or indicator points on an individual's journey through the Planned Care system.
3. The Government target for ESPI 5 is that all patients given a commitment to treatment should receive it within four months. However, the achievement date for this target is 2030.
4. Progress since the formation of Health NZ in 2022 has been significant in respect of those waiting greater than 12 months.
5. Inflow to ESPI 5 predominantly comes via outpatient assessment, while outflow from ESPI 5 is via:
 - a. completion of the planned surgery
 - b. patient choice not to proceed with the surgery
 - c. changing clinical circumstances that materially alter the original advice for the surgery
 - d. other:
 - i. treated acutely for the same condition
 - ii. treated privately for the same condition
 - iii. permanently left New Zealand
 - iv. deceased.
6. Cases should generally be operated on in terms of clinical priority. As waiting time increases, for some conditions the priority assigned at the point of decision for surgery changes. For others, the material risk of delay changes little. Thus, waiting time has a variable impact on clinical priority.

The Committee recommends strategies to improve ESPI 5 waiting lists

7. Health NZ's *Planned Care Taskforce: Reset and Restore Plan* outlined the steps necessary for reductions in waiting times. Some important steps remain unresolved by Health NZ, for example, there is considerable variation in both terminology and timeframes for various priority bands, and this needs national consistency.
8. Effective wait list management includes:
 - a. consistency between clinicians in terms of advice and priorities

- b. certainty within each specialty about the role of pooled operating lists
- c. effective planning of operating lists
- d. effective use of the resources available.

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18. Effective management of acute surgical demand is essential to effective ESPI 5 management. Regular review of acute work and flow is necessary to maximize planned care opportunities.

Dr Andrew Connolly
Chair

**Health Workforce and System Efficiencies
Committee**

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