

# Unmet, unmeasured and unseen:

The invisible waitlist for care



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Report for the Association of Salaried Medical Specialists

ASMS  
TOI MATA HAUORA



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# Foreword

The Minister's strategy of outsourcing more planned care procedures to the private sector isn't working. As the union for senior salaried doctors and dentists – this comes as no surprise. We have raised previously, as have government officials, that meaningful inroads cannot be made into the planned care waiting lists without addressing critical shortages of medical specialists. The workforce is already at capacity, and outsourcing to private simply shifts where care is provided – likely at far greater cost.

The Minister is pursuing targets for delivery of planned care – in particular first specialist assessments (FSAs) and treatment. His chances at success might improve if he introduced a medical workforce target too.

Meanwhile, it's getting harder for New Zealanders to access the care they need in the public system. Unfortunately, significant data deficits mean Te Whatu Ora's quarterly reports on health target performance obscure this picture.

How can it be that Te Whatu Ora has no idea how many New Zealanders are being declined specialist care?

And how can it be that Te Whatu Ora has no idea how much a procedure outsourced to private costs compared to a procedure provided in public?

In this report, the ASMS digs into data obtained under the Official Information Act 1982 and compiled from various public sources to shed light on how planned care waiting lists are being managed.

The report illustrates substantial and growing unmet need. Based on data for seven districts, about 20 per cent of all referrals were declined in 2025. If trends are similar across the country, this equates to over 250,000 people missing out on care. Turning away people who need health care should never be accepted as a way to manage waiting lists.

Despite the Minister's outsourcing strategy, capacity does not appear to have improved. There was no increase in the number of FSAs delivered in 2025, compared to the previous year. The number of New Zealanders being referred for an FSA has also declined since 2023, despite population growth. Of those who are referred for an FSA, fewer are being accepted.

**Each year, demand for care is increasing, but health services haven't been scaled up to meet this demand.**



The invisible waiting list is growing.

On top of this, the number of people on the treatment waiting list is not coming down, despite increased use of the private sector. Any marginal increase in overall planned care treatment volume appears to have been driven by a substantial increase in the number and proportion of minor procedures, such as cataract surgeries and colonoscopies, being performed from the waiting list. It's possible that minor procedures are being prioritised over major procedures to bring waiting list numbers down.

Waiting times are still long, with almost 40 per cent of people waiting over 4 months for an FSA, and over 35% of people waiting over 4 months for treatment at the end of 2025(1). Compounding this, minutes discussing a report commissioned by the Health Quality and Safety Commission indicate there is a two-month gap between when patients are identified as needing treatment and being officially added to the waiting list – meaning wait times are far longer than official figures suggest(2). The minutes also note that a persistent demand-supply mismatch for elective surgery is driving long waits.

Each year, demand for care increases, but health services haven't been scaled up to meet it. Health targets and increased use of the private sector won't close the growing gap between community need and service capacity – because the medical workforce isn't growing fast enough to keep up.

**Sarah Dalton**

Executive Director

Toi Mata Hauora

Association of Salaried Medical Specialists

April 2026

**How can it be, that Te Whatu Ora has no idea how much a procedure outsourced to private costs compared to a procedure provided in public?**



# Section I: Declined and reduced referrals in seven health districts 2023–25

## Key points

### One in every five referrals for Specialist Assessment is declined

- An estimated 112,000 referrals from primary care to hospital specialists (First Specialist Assessments – FSAs) were declined in 2025 in the health districts studied. This represents 20% of all referrals – an increase from 18.4% in 2023.
- 4265 fewer referrals for an FSA were accepted in 2025 compared to 2023 in the same seven districts – a decrease of 0.9%.

### Referral numbers aren't reflecting population changes

- Between 2023 and 2025, the population grew 3.4%<sup>1</sup> but the total number of referrals for FSAs is not maintaining pace with population growth – indicating that GPs are holding back on making referrals for specialist assessments.

### The number of declined referrals is substantial

- The number of referrals declined would be more than 255,000 nationally, if the trends in the seven districts are similar.
- The official waiting list for an FSA was 198,812 as of December 2025.

### Data deficits mean Health Target reporting doesn't tell the whole story

- The actual national figure for declined referrals is unknown because Te Whatu Ora does not collate that data centrally.
- The latest data (to December 2025) shows the number of FSAs delivered is continuing to fluctuate between 170,000 and 180,000 per quarter (i.e., there is no discernible upward direction).
- These findings also indicate there are more people with an unmet need for an FSA than are on the FSA waiting list itself. The reported waiting list is therefore not a credible measure of the extent to which the health system is meeting population health needs.

<sup>1</sup> From 5,219,400 in September 2023 to 5,327,800 in September 2025



## Data constraints

Te Whatu Ora Health New Zealand advises that data on the number of declined referrals from primary care to hospital specialists nationally is not readily available. The data is not held centrally and will vary in how each hospital records it.

Data provided by Te Whatu Ora Health New Zealand for the seven districts studied “has not been through the full quality assurance process that we use before publishing data and therefore is subject to change”.

All data used in this report was provided with several caveats. The estimates made here should be viewed as indicative. Further information on the data is included below.

## Findings

An estimated 112,000 referrals for FSAs were declined in 2025 in seven health districts, based on monthly average data for referrals declined in November and December in those districts<sup>2</sup>. This shows a 10 per cent increase from 2023 when 101,962 referrals were declined in the same seven health districts.

The net number of accepted referrals dropped by an estimated 0.9 per cent, or 4,265 referrals, between 2023 and 2025, while the population grew by about 3.4 per cent over the same period.

**Table 1: Number of referrals for 7 districts from 2023–2025**

Number of referrals	2023	2024	2025*
Auckland	227,336	213,517	217,426
Canterbury	96,175	103,649	108,447
Capital Coast & Hutt Valley	87,668	93,234	91,989
MidCentral	52,331	55,064	55,590
Lakes	19,712	20,395	21,808
Southern	71,873	65,147	65,956
<b>TOTAL</b>	<b>555,095</b>	<b>551,006</b>	<b>561,216</b>

\* Estimate based on year-to-date data

<sup>2</sup> The seven districts are Auckland, Lakes, MidCentral, Capital & Coast, Hutt Valley, Canterbury, Southern. Figures for 2025 are estimated based on monthly averages for each district. Monthly data for 2025 ranges from 6 months for Auckland to more than 11 months for Lakes and Southern.



**Table 2: Number of declined referrals for 7 districts from 2023–2025**

Declined referrals	2023		2024		2025*	
	(n)	(%)	(n)	(%)	(n)	(%)
Auckland	38,695	17	43,333	20.3	47,828	22
Canterbury	19,133	19.9	18,215	17.6	17,614	16.2
Capital Coast & Hutt Valley	18,543	21.2	22,099	23.7	21,160	23
MidCentral	8,740	16.7	9,861	17.9	8,339	15
Lakes	4,334	22	5,236	25.7	5,559	25.5
Southern	12,517	17.4	12,172	18.7	11,848	18.0
<b>TOTAL</b>	<b>101,962</b>	<b>18.4</b>	<b>110,916</b>	<b>20.1</b>	<b>112,348</b>	<b>20.0</b>

\* Estimate based on year-to-date data

**Table 3: Total number of accepted referrals for 7 districts from 2023–2025**

Accepted referrals	2023	2024	2025*
Accepted referrals*	453,133	440,090	448,868

\* A relatively small number of referrals (historically approx. 4%) are categorised as “transferred” (to another specialty or organisation), and “not decided”. For the purposes of this paper, it is assumed that they were accepted.

## Looking for the national results

One in five (20 per cent) of total referrals are now being declined in these seven health districts, which cover approximately 44 per cent of the national population (2.3 million New Zealanders).

If the data in the remaining 13 districts were similar, the total number of declined referrals nationally would now be more than 255,000 per year, which is higher than the official waiting list of 198,812 people waiting for an FSA in October – December 2025(1).

The actual national figure for declined referrals is unknown, as Te Whatu Ora Health New Zealand does not collate them centrally.



## The Government’s Health Targets

Not all referrals and declined referrals are included in the Government’s FSA Health Targets (for example, palliative care, radiology, psychogeriatric services, etc). However, other data of total FSAs delivered, obtained under the Official Information Act, indicates at least 90 per cent of total FSAs are for specialties covered in the Health Targets – for example, gastroenterology, orthopaedics, rheumatology, and ophthalmology.

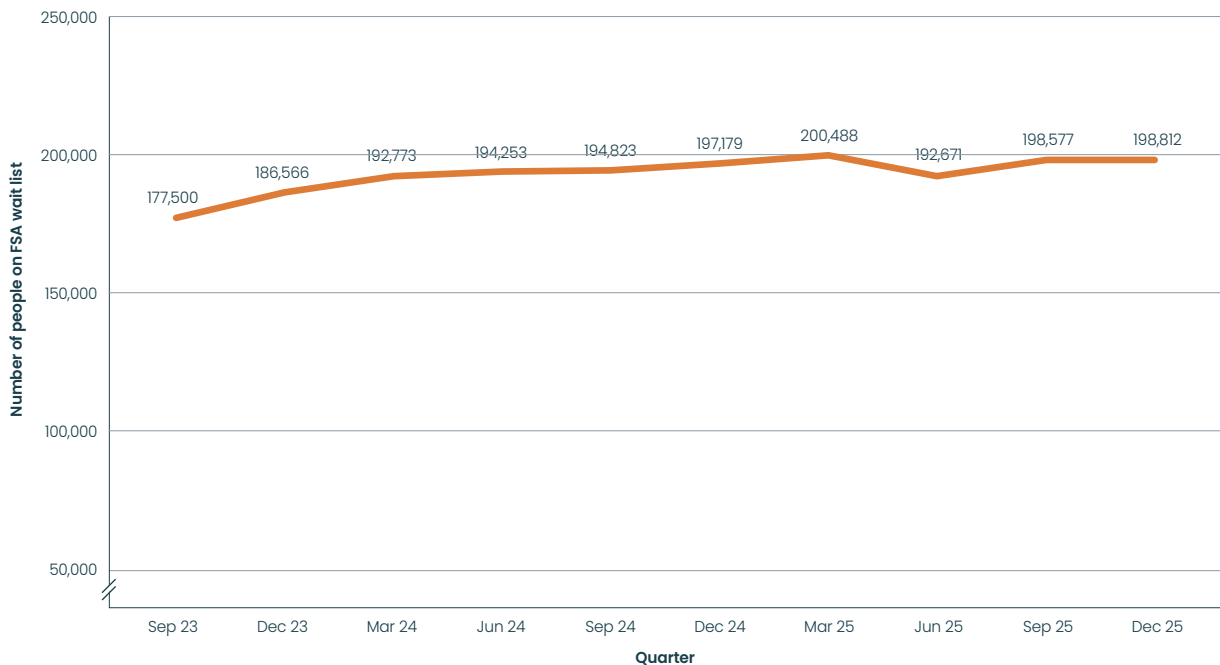
Therefore, of the estimated 255,000 declined referrals in 2025, approximately 230,000 would be for specialties included in the Health Targets. This is still higher than the official FSA health target waiting list of 198,812 for the October–December quarter in 2025(3).

The study results indicate that the official waiting lists for FSAs significantly understate the extent to which our publicly funded health services can respond to the health needs of New Zealanders. The results are likely to be conservative as the total number of referrals being made to hospital specialists are not keeping up with population growth. Referrals are estimated to have increased by 1.1 per cent in the three years to December 2025 – from 555,095 in 2023 to 561,216 in 2025, estimated from the monthly averages of the year-to-date data provided for each district. This is in contrast to population growth of 3.4 per cent over the same period<sup>3</sup>.

## The official FSA waiting list

Despite 20 per cent of all referrals being declined, the national FSA waiting list increased by 12 per cent between September 2023 and December 2025 (Figure 1). Although waiting list numbers plateaued in 2024, the study suggests that this holding pattern is achieved by restricting access to the waiting list by both declining referrals and discouraging General Practitioners (GPs) from referring in the first place. There are examples from several hospitals advising GPs to only refer patients in cases of emergency or suspected cancer(4) (5) (6). Research also indicates that where GPs have knowledge and experience of services declining referrals, they may be less likely to refer patients even when there is a clinical need(7).

**Figure 1. Number of people on the waiting list for an FSA (national) September 2023 – December 2025**



Source: Te Whatu Ora, 2025/26

3 From 5,219,400 in September 2023 to 5,327,800 in September 2025



Reports from ASMS members indicate referrals for appointments cannot be accepted if the service lacks the capacity (i.e., specialists) to provide the appointment within a certain timeframe. Te Whatu Ora cites this as one of the possible reasons for a declined referral, which is set out at the end of this document.

This capacity constraint is reinforced in an internal Te Whatu Ora policy document obtained by ASMS, which details operational guidelines for districts managing outpatient waiting lists. It states that

**“ In New Zealand, there is a limit to the level of funding and resources available to support publicly funded planned care services. This means that services are prioritised based on clinical need and not all patients will be able to access FSA ... Balancing demand and capacity require consideration of the capacity constraints of the service, that are factored into the clinical acceptance criteria...(8)**

The guidelines also state that the protocols underpinning the Clinical Urgency Categories – the nationally agreed assessment metrics by which referrals are triaged – remain a work in progress, being “developed in consultation with national, regional and district services”.

## No growth in FSAs delivered

The decline in the net number of accepted referrals for an FSA in the last three years indicates the specialist workforce has reached the limit of its capacity. Given the usual pathway to elective treatment is via an FSA, a decline in FSAs will hinder access to the elective treatment waiting lists. This is exacerbated by “a significant and growing ‘hidden wait’ ... between FSAs and being added to the elective list, now typically two months or more” as revealed in minutes discussing a commissioned report to the Health Quality and Safety Commission(2).

While quarterly FSA volumes fluctuate, Te Whatu Ora’s Health Targets Reports show there was no growth in the number of FSAs delivered in the year to December 2025 compared with the year to December 2024 (table 4)(1).

**Table 4: Comparison of FSA volumes in 2024 and 2025 (9) (10)**

Quarter	FSAs delivered 2024	FSAs delivered 2025
March	166,157	167,069
June	178,027	173,236
September	188,000	179,651
December	167,917	179,816
<b>Total</b>	<b>700,101</b>	<b>699,772</b>
<b>Average</b>	<b>175,025</b>	<b>174,943</b>

\* Estimate based on year-to-date data



Despite the acknowledged weaknesses in the data provided, the lack of growth in FSA volumes delivered is likely due to specialist staff being stretched across multiple roles and hampered by long-standing shortages(11). As well as performing FSAs, specialist staff will be called on to respond to persistently high acute admissions; they are under ongoing pressure to reduce planned care waiting lists; and FSAs will generate an increased number of follow-up appointments, as evidenced in the data: twice as many follow-up appointments as FSAs were reported in the September and December 2025 quarters.

## Summary

The number of accepted FSA referrals in 2025 is lower than in 2023 in the seven health districts studied, despite population growth. This means an increasing number of New Zealanders are being declined the healthcare they need.

Furthermore, referral rates from GPs across the seven health districts do not match population growth, reinforcing anecdotal and published qualitative evidence that GPs are holding back on referrals.

Even with a relative reduction in referrals from a GP, the number of declined referrals as a proportion of total referrals is continuing to rise. One in five referrals for specialist assessment are now being declined. Taken together, a reduction in the number of accepted referrals alongside the lack of growth in the number of FSAs delivered and the lack of progress in reducing the waiting list will, in turn, impact access to the elective treatment waiting list.

In all cases, the lack of capacity in primary and secondary hospital care is a factor in determining whether GPs make the referral, whether the referral is accepted, and whether an FSA is delivered. The invisible waiting list is now much larger than the reported waiting lists for first specialist assessments.



## Notes on the data used in Section I

The original intention of this study was to provide a follow-up to an earlier study by Gauld et al, which quantified declined referrals from 2018 to 2022(7). However, the fluidity of the data as it is updated over time has meant that the results of this study are incomparable to the earlier study.

The data used in this current study was obtained after four separate requests made to Te Whatu Ora under the Official Information Act in late 2025. ASMS is open to providing the raw data to interested parties upon request.

The original request was for data on the volumes of referrals and declined referrals to hospital specialists nationally. However, Te Whatu Ora advised that the information requested was not collated centrally and advised on refining our request to a particular health district to avoid the request being refused under “substantial collation” (section 18[f] of the Official Information Act).

We therefore restricted our subsequent request to three health districts: Te Toka Tumai Auckland, Capital & Coast and Waitaha Canterbury. The data was received in November 2025 and included Hutt Valley data with Capital & Coast District’s figures. We then followed up with a request for similar data from three further health districts – Lakes, MidCentral and Southern – which we received in December 2025.

Both sets of data came with caveats that the data was “provisional and used for operational purposes. It has not been through the full quality assurance process that we use before publishing data and therefore is subject to change.” Te Whatu Ora also advised: “The presented data is not held centrally and will vary in how each hospital record it.”

Data following a further request for information – for the number of publicly funded FSAs and treatments delivered over recent years – was received in November 2025 and noted that the figures had been updated from those previously published and “reflect the latest figures as of 6 November 2025”.

Te Whatu Ora’s own definition for declined referrals states (emphasis in **bold** added):

“Declined referrals” includes: insufficient information; service not required (the prioritising clinician determines that the patient does not require the referred service, can be offered an equivalent or more suitable service in Primary Care and/or is unlikely to benefit from the referred for service); **below threshold (referral is appropriate and the patient would benefit from the service but the referral is below the hospital’s capacity threshold which may be clinical or financial or a combination of both)**; not eligible for publicly funded care; and patient not medically fit for service.

We note that the published data on health targets are subject to ongoing revision, and different publications will report different figures. The published “Fact Sheets”(9) on FSA and elective treatment waiting times include the caveat: “Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources.”

Inconsistencies and a lack of transparency in the FSA data raise questions as to their accuracy. In the September 2025 quarter, 179,651 FSAs were delivered according to Te Whatu Ora’s Health Target Report, but the broader Quarterly Performance Report states more than 3,400 fewer, despite this latter report including more than 9000 maternity FSAs, which are not part of the Government’s Health Target programme(10).

Similarly, quarterly Te Whatu Ora data obtained by ASMS on the numbers of total FSAs delivered over recent years invariably fall short of the numbers published in TWO’s quarterly Health Targets Reports when filtered to include only those specialties listed in the “Elective Services Patient Flow Indicators” (ESPIs), which tracked performance by District and service by month. The ESPI portal was taken offline in late 2025 following months of data not being updated. Further enquiries with Te Whatu Ora found that the ESPI portal would be discontinued.



## General notes on the data

- Data for Auckland, Capital & Coast, Hutt Valley and Canterbury obtained 30 October 2025. Data for the remaining districts was obtained 5 December 2025.
- Data is “provisional and used for operational purposes. It has not been through the full quality assurance process that we use before publishing data.” (Te Whatu Ora Health New Zealand)
- Figures for 2025 are estimated based on monthly averages for each district. Monthly data for 2025 ranges from 6 months for Auckland to more than 11 months for Lakes and Southern.



# Section II: Treatment waiting lists and service capacity

## Key points

- The number of people on the treatment waiting list is not coming down, despite increased use of the private sector.
- Workforce shortages are preventing progress in addressing the waiting lists.
- The proportion of minor procedures being performed from the waiting list has increased substantially over recent years.

As discussed in section one, despite an estimated 20 per cent of all referrals being declined each year, the national FSA waiting list is continuing to hit close to the 200,000 mark each quarter. Similarly, the latest data (to December 2025) indicates that number of FSAs delivered has not shown any meaningful improvement as it continues to fluctuate between 170,000 and 180,000 per quarter.

Given that the usual pathway to elective treatment is via an FSA, if the number of FSAs being delivered is not growing, the number of patients being admitted to the treatment waiting list will not grow. As noted previously, there is also a significant and growing “hidden wait” between FSAs and being added to the elective list, now typically two months or more, according to minutes released by the Health Quality and Safety Commission (HQSC)(2).

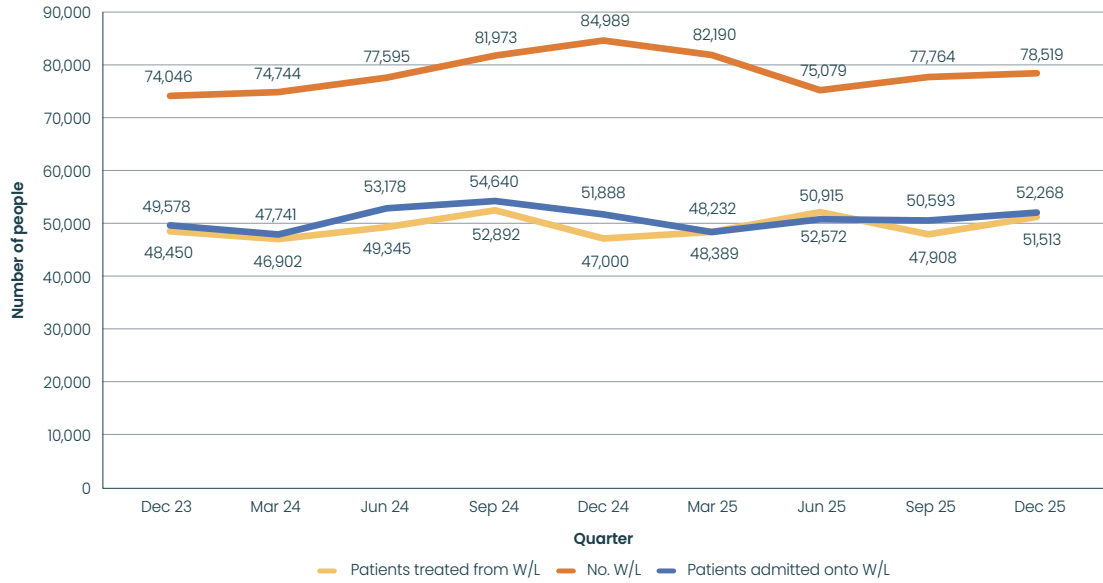
## Treatment waiting list trends

The Health Minister’s aim of increasing planned care (elective) treatments(12) – largely through outsourcing to private services – has so far made no real headway. The number of planned care treatments delivered in the year to December 2025 is just 2 per cent higher than in the year to December 2024. This contrasts with the advice to the Minister in January 2025 that “an estimated additional 10–15 per cent of activity in planned care is required to keep up with estimated growth and to progressively treat more patients who have already waited greater than 120 days”(13).

That there were 6,470 (7.6%) fewer people on the waiting list for elective treatment in December 2025 compared to December 2024 is due in part to a drop in the number of patients (5,439) that were admitted onto the treatment waiting list over the same period (Figure 2). That occurred despite the large backlog of patients waiting for a first specialist assessment, as well as a possibly even larger number of declined referrals.



**Figure 2: Elective treatment waiting list: patients waiting, patients admitted and patients treated\***

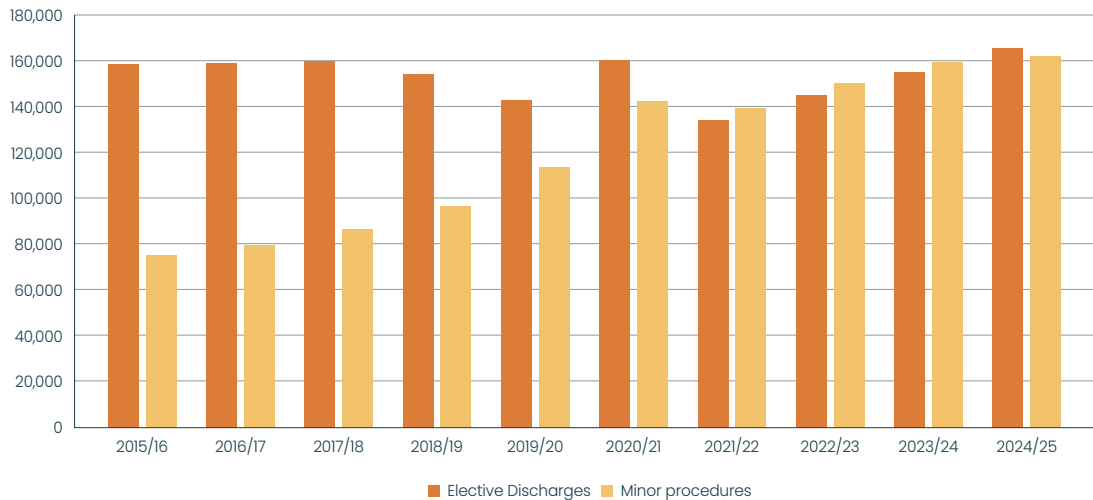


Source: Data on patients treated from the waiting list; and patients on the waiting list are from Te Whatu Ora Quarterly Health Target Fact Sheets 2026. Data on patients admitted to the waiting list was obtained from Health New Zealand under the Official Information Act 1982.

\* 'Patients admitted' is the number of patients admitted to the waiting list in each quarter. 'Patients waiting' is the total number on the waiting list.

Further data obtained by ASMS shows a substantial increase in the number and proportion of minor procedures being performed from the waiting list (Figure 3). This suggests minor procedures may be getting priority over some more complex cases to help bring the waiting list numbers down. The belatedly released *New Zealand Health Plan 2024-27* indicates a 10 per cent increase in "planned care minor procedures" over the three years to 2026/27 but only a 2 per cent increase in "planned case-weighted discharges" over the same period – less than the Ministry of Health's forecast demographic increases, including ageing (14) (15) (16) (17).

**Figure 3: Elective waiting list discharges and minor procedures, 2015/16 – 2024/25**



Source: Health New Zealand, 2026



## Service capacity constraint

The Planned Care Taskforce, established under the previous Government to advise on how to address the waiting lists, acknowledged in its 'Reset and Restore' report of September 2022, "severe constraints on staff capacity" and recognised that "staffing is the greatest challenge to improved planned care delivery"<sup>(18)</sup>. But because it was set up to advise the chief executives of Te Whatu Ora and Te Aka Whai Ora rather than the Minister of Health, its recommendations were necessarily limited to actions that could be carried out within their allocated budgets, such as "refocus how treatment is delivered" and "improved use of resourced capacity".

The closest the Taskforce could go to advocating staffing increases was to advise that: "Where scale allows [interpreted: where budgets allow] capacity for the provision of planned care, a planned care system protected from the impact of acute demand and associated staffing constraints would enable more effective provision of planned care." It also advised there is "insufficient workforce and capacity" to achieve the Government's elective treatment target.

Since the September 2022 report, the available data indicates the workforce-to-workload ratio has not improved. For example, acute hospital discharges, which account for far more than twice the planned care and elective discharges,<sup>(17)</sup> have been rising by an average 2.8 per cent per year, and acute bed days by 3.5 per cent per year<sup>(19)</sup> while, since September 2022, the senior doctor public hospital full-time equivalent (FTE) workforce has grown by an average 2.6 per cent per year<sup>(20)</sup>.

Workforce data obtained from the Medical Council of New Zealand indicates the Health Minister's intention of shifting more of the elective workload to the private sector will not resolve the shortfall in service capacity to make inroads into the waiting lists. The combined public-private (FTE) specialist workforce has been increasing by an estimated annual average of 2.85 per cent, though this reduces to 2.6 percent when non-clinical roles are excluded in both sectors<sup>(21)</sup>.

The private sector's capacity to accommodate increased outsourcing of elective treatments has also been identified. Advice provided to the Minister of Health in February 2025 on "accelerating performance against the elective treatment target via outsourcing to June 2026" noted a "risk that capacity in the private sector may be insufficient" to meet the intended volumes due to physical constraints and the available clinical workforce in New Zealand<sup>(22)</sup>.

## From waiting list to waiting list

Reinforcing the Planned Care Workforce report, Health New Zealand reported the following year that: "The growth in the number of patients waiting for a first specialist assessment [FSA] reflects that referrals for FSA are greater than our capacity to treat."<sup>(17)</sup>

The national shortage of specialists and the necessity to give priority to increasing acute cases means the time specialists have for planned care is being squeezed out. Further, the time they spend on providing elective treatments is time that cannot be spent on the much larger FSA waiting lists. Focusing more on the FSAs, however, is problematic, as the usual pathway to treatment is via an FSA and, as Health New Zealand has advised the Minister of Health, "A material reduction in the size of the FSA waitlist [i.e., by increasing the volume of FSAs delivered] may increase the size of the treatment waitlist."<sup>(23)</sup> This, in part, has led to some hospitals advising GPs to only refer patients in cases of emergency<sup>(5)</sup> (6).



## Accessing treatment

After receiving an FSA, many patients face a further long wait, some indefinitely. As Health New Zealand explained to patients in its Planned Care – Questions and Answers section in August 2025(24):

**“ If surgery is seen as the best treatment option your priority score will be determined based on how urgently you need the surgery and how much you will benefit from it compared to other people. The hospital will then determine whether it can provide treatment, depending on your priority score and the available resources.**

**If your condition is deemed not urgent enough to receive specialist care within 4 months, but it may get worse, you may be given the status of Active Review. This means the hospital must re-assess your condition at least every 6 months for up to 18 months. If your condition does not get any worse, you will be discharged to your primary care provider with advice on what to do should your condition get worse in some cases a specialist may tell you that a service is not available even though you would benefit from it.”**

In December 2025, this section of the Health New Zealand website was updated and much of the detail has been stripped out(25). Stated timeframes are tighter and align with the planned care targets, and the reference to the Active Review status is removed:

**“ The specialist will assess your condition and decide on the best treatment.**

**The specialist will give you a priority score based on your level of need and ability to benefit from treatment compared to other people.**

**You will either receive specialist treatment within 4 months, be reassessed in 6 months, or sent back to your healthcare provider for treatment. If you do receive specialist treatment, your healthcare provider will take care of you once your treatment is complete. They will be told the results of any tests you have.”**



This messaging will be confusing for people who have been told by their GP that they require surgery to treat their health condition. For these patients, being “sent back to their health provider for treatment” is misleading, as it will be highly unlikely that their health care provider will be able to provide the surgical treatment they require. In these cases, patients are left with few pathways: self-fund via the private system at significant cost, or seek another referral from their GP, which may result in the same discharge back to primary care.

If the hospital can offer treatment, the patient joins the list based on their assessed level of priority. Currently, the waiting time for treatment is up to a year or more

Meanwhile, general practices’ workloads are accumulating as they must oversee the care of the growing number of patients who are declined hospital treatment until they are deemed unwell enough to meet the criteria for a specialist referral. In addition, they must also oversee the care of those patients who are accepted for a specialist referral but then face a long wait. And patients with unmet need for hospital care require significantly more consultations than the general population(7).

Patients on waiting lists have also been found to be higher users of hospital care while they wait. A UK study of patients waiting more than 18 weeks for a specialist consultation following a GP referral found they had higher levels of health care than patients not waiting for treatment across all 18 specialities studied. Hospital use included emergency departments, outpatient clinics and inpatient care. The extent of additional health care episodes varied widely between specialties. The greatest users were patients waiting for cardiothoracic surgery, who had a median of 17.9 additional contacts per year with hospital services(26).

The researchers described this as “failure-demand” within the health service: “If patients received treatment earlier, they would not be requiring additional support over a prolonged period. Previous work has demonstrated how failure-demand generated by one component of a health system results in demand being deflected to other components.”

The results also highlight the false economy in failing to promptly address large waiting lists.

## Summary and recommendations

The latest data on hospital waiting lists and workforce trends shows the 2022 Planned Care Taskforce finding that “severe constraints on staff capacity” were preventing any progress tackling in the country’s waiting lists, which remains as serious today as it was then.

The Health Minister and Te Whatu Ora have blamed health workforce industrial action for the failure to make inroads into the lists. Undoubtedly the strikes over recent times will have affected appointment and treatment numbers, with the quarter to September 2025 seeing the most industrial action from nurses and senior doctors (a total of five days combined). However, the data over recent years shows industrial action has had only a marginal effect on the more substantial trends that are largely driven by entrenched workforce shortages.

It is difficult to see any likelihood of meaningful improvement in bringing down the FSA and treatment waiting lists until workforce shortages are addressed.



## Data collection and reporting must improve

- Te Whatu Ora Health New Zealand must nationally collate, report on and monitor data and trends in declined referrals for FSAs over time.
- This data must be used to inform planning for what services are required to meet the needs of local communities, and what workforce and infrastructure are needed to deliver these services.
- For transparency and accountability, public reporting on the FSA health target should include information on the number of referrals made, accepted, and declined each quarter. Data on declined referrals should include the reasons for being declined – to identify how many patients are declined due to service capacity rather than clinical need. Public reporting should also include data on the number of people discharged from the FSA wait list due to exceeding wait times; missing an appointment; or because their condition has deteriorated beyond intervention.
- The above data also must be analysed from an equity perspective, to identify any differences in unmet need based on ethnicity, socioeconomic status, disability and geographic location.

## Workforce targets must accompany planned care targets

- Te Whatu Ora must include workforce planning as part of its strategy to increase planned care volumes, including measures to train, recruit and retain specialists to deliver planned care.
- Workforce targets should accompany any planned care targets, with progress reported quarterly.

## Transparency on the cost effectiveness of outsourcing is required

- Te Whatu Ora must analyse the average cost per procedure of care delivered in public versus outsourced to private and make this information publicly available.
- Te Whatu Ora must use this analysis to inform how it can best deliver increased planned care volumes to local communities.



## Data notes to Section II

In general, the number of patients treated from the waiting list is similar to the number of people admitted to the waiting list. Theoretically, the waiting list numbers should follow a roughly parallel trend. However, as with Te Whatu Ora's data on FSAs, the data on treatment waiting lists tends to be fluid, with ongoing revisions and data inconsistencies.

We note that the published data on health targets are subject to ongoing revision, and different publications will report different figures. The published "Fact Sheets"<sup>(9)</sup> on FSA and elective treatment waiting times include the caveat: *"Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources."*

Inconsistencies and a lack of transparency in the FSA data raise questions as to their accuracy. In the September 2025 quarter, 179,651 FSAs were delivered according to Te Whatu Ora's Health Target Report, but the broader Quarterly Performance Report states more than 3,400 fewer, despite this latter report including more than 9000 maternity FSAs, which are not part of the Government's Health Target programme<sup>(27)</sup>.

There are also data inconsistencies with data published in quarterly "Fact Sheets" at odds with that published simultaneously in waiting list spreadsheets – with differences of up to 2,000 patients in some quarterly figures. Data obtained under the Official Information Act shows the total number of elective discharges and minor procedures performed from the waiting list is significantly different from the "Patients treated from waitlist" figures in the quarterly Fact Sheets, with no explanation provided.



# References

- 1 Health New Zealand. Health targets performance resources: 2025/26 Quarter 2 Fact sheets [Internet]. Wellington: Health New Zealand; 2026. Available from: <https://www.healthnz.govt.nz/publications/health-targets-performance-resources-2025-26>
- 2 Health Quality and Safety Commission. National Quality Forum meeting minutes of 26 November 2025. Obtained under the Official Information Act 1982 February 2026.
- 3 Health New Zealand. Health Targets performance resources 2025/26: Health targets: 5 and 10 years of results [Internet]. Wellington: Health New Zealand; 2026. Available from: <https://www.healthnz.govt.nz/publications/health-targets-performance-resources-2025-26>
- 4 Rostami K, Rostami A. Challenges in the New Zealand (NZ) healthcare system and health disparities in the Māori population. *Gastroenterol Hepatol Bed Bench*. 2025;18(4):369–72. doi:10.22037/ghfbb.v18i4.3277 PubMed PMID: 41777914; PubMed Central PMCID: PMC12920690.
- 5 Hill, Ruth. Wellington doctors told to stop referring women to specialists unless their condition is urgent. RNZ [Internet]. 2023 Sep 22. Available from: <https://www.rnz.co.nz/news/national/498502/wellington-doctors-told-to-stop-referring-women-to-specialists-unless-their-condition-is-urgent>.
- 6 Hill, Ruth. Patients referred for orthopaedic surgery not even making waiting lists. RNZ [Internet]. 2024 Nov 25. Available from: <https://www.rnz.co.nz/news/national/534734/patients-referred-for-orthopaedic-surgery-not-even-making-waiting-lists>.
- 7 Gauld R, Bateman J, Bowden N. Quantifying and understanding the impact of unmet need on New Zealand general practice [Internet]. Dunedin: Centre for Health Systems and Technology (CHeST), University of Otago; 2024 Jun. Available from: [https://gpnz.org.nz/wp-content/uploads/CHeST\\_Quantifying-and-understanding-the-impact-of-unmet-need-on-New-Zealand-general-practice.pdf](https://gpnz.org.nz/wp-content/uploads/CHeST_Quantifying-and-understanding-the-impact-of-unmet-need-on-New-Zealand-general-practice.pdf)
- 8 Health New Zealand. Outpatient Waiting List Management Guidelines [Guideline]. Wellington: Health New Zealand; April 2025.
- 9 Health New Zealand. Health targets performance resources: 2024/25 fact sheets [Internet]. Wellington: Health New Zealand; 2026. Available from: <https://www.healthnz.govt.nz/publications/health-targets-performance-resources-2024-25>
- 10 Health New Zealand. Health targets performance resources: 2025/26 fact sheets [Internet]. Health New Zealand; 2026. Available from: <https://www.healthnz.govt.nz/publications/health-targets-performance-resources-2025-26>
- 11 Association of Salaried Medical Specialists. Anatomy of a Health Crisis: By the Numbers [Internet]. Wellington: Association of Salaried Medical Specialists; 2024. Available from: <https://asms.org.nz/anatomy-of-a-health-crisis/>
- 12 Hon S Brown. Record investment in health delivery [Internet]. 2025 May 22. Available from: <https://www.beehive.govt.nz/release/record-investment-health-delivery>
- 13 Health New Zealand. Private sector relationships [Aide-Mémoire to the Minister of Health] [Internet]. 2025. HNZ00077475
- 14 Health New Zealand. New Zealand Health Plan [Internet]. Wellington: Health New Zealand; 2025 Aug [cited 2025 Nov 12]. Available from: <https://www.tewhatuora.govt.nz/corporate-information/planning-and-performance/new-zealand-health-plan>
- 15 Ministry of Health. Demographic Increase: National Population and Aging Split [Internet]. 2025. Available from: Data obtained under the Official Information Act 1982.



16. Health New Zealand. Method for counting in Elective Boost and FSA recovery programmes. 1982.
17. Health New Zealand. Quarterly Performance Report: 1 July - 30 September 2023 [Internet]. Wellington: Health New Zealand; 2024 Feb. Available from: [https://static.info.content.health.nz/docs/publications/QRI\\_Quarterly-Performance-Report-1-July-to-30-September-2023-4.pdf](https://static.info.content.health.nz/docs/publications/QRI_Quarterly-Performance-Report-1-July-to-30-September-2023-4.pdf)
18. Planned Care Taskforce. Reset and Restore Plan [Internet]. Wellington: Health New Zealand; 2022 Oct. Available from: <https://www.healthnz.govt.nz/publications/planned-care-taskforce-reset-and-restore-plan>
19. Ministry of Health. Health and Independence Report 2024 [Internet]. Wellington: Ministry of Health; 2025 Sep. Available from: <https://www.health.govt.nz/publications/health-and-independence-report-2024>
20. Health New Zealand Employed Workforce quarterly reports [Internet]. Wellington: Health New Zealand. (Health Workforce Information Programme). Available from: <https://www.tewhatauora.govt.nz/for-health-professionals/health-workforce-development/health-workforce-initiatives/health-workforce-information-programme>
21. Association of Salaried Medical Specialists. A Spreading Problem: Changes in the distribution of medical specialists between public and private work - 2022 to 2024 [Internet]. Wellington: Association of Salaried Medical Specialists; 2025 May. Available from: <https://asms.org.nz/wp-content/uploads/2025/05/A-Spreading-Problem-FINAL.pdf>
22. Health New Zealand. Accelerating performance against the elective treatment Health Target via outsourcing to June 2026 [Aide-Mémoire to the Minister of Health] [Internet]. 2025. Available from: HN200078198
23. Health New Zealand. Final advice on planned care targets [Aide-Mémoire to the Minister of Health] [Internet]. Health New Zealand; 2024. HN2000037392
24. Health New Zealand. Questions and Answers: Planned Care Services [Internet]. [cited 2025 Aug 5]. Available from: <https://www.tewhatauora.govt.nz/health-services-and-programmes/planned-care-services/questions-and-answers-planned-care-services>
25. Health New Zealand. Hospitals and Services: Planned Care [Internet]. 2025. Available from: <https://www.healthnz.govt.nz/hospitals-services/services-support/planned-care#how-the-planned-care-process-works-18592>
26. James C, Denholm R, Wood R. The cost of keeping patients waiting: retrospective treatment-control study of additional healthcare utilisation for UK patients awaiting elective treatment. *BMC Health Serv Res.* 2024 Apr 30;24(1). doi:10.1186/s12913-024-10931-2 PubMed PMID: 38693557.
27. Health New Zealand. Quarterly Performance Report: Quarter 1 2026/26 [Internet]. Wellington: Health New Zealand. Available from: <https://static.info.content.health.nz/docs/publications/Quarterly-Performance-Report-Q1-2025-26.pdf>





