

Targeted funding to increase elective service provision

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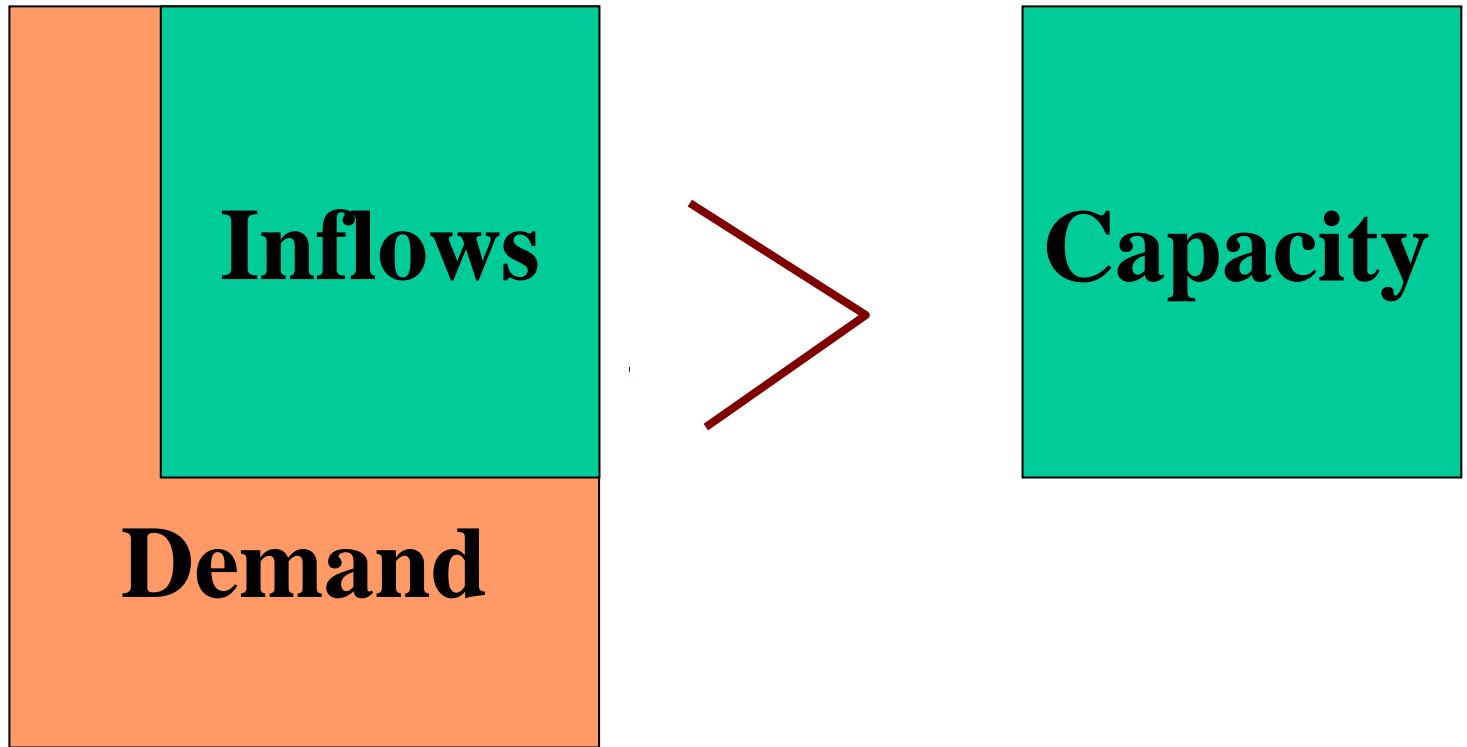
NORTH ISLAND



SOUTH ISLAND



Elective Services Policy:



Clarity, timeliness and
fairness



Elective Services Programme:

- Level of Service
- Primary / Secondary Interface
- Prioritisation
- Patient Flow processes

Why these initiatives:

- Aging population
- Poor access (particularly for joints)
- No national targets or expectations
- Low intervention rate

	Australia	Canada	Finland	Norway	Sweden	United Kingdom	New Zealand
Pr./100000 pop							
Hip replacement	126.3	96	172.6	171.4	166.3	140.2	121.2
Knee replacement	96.8	95.5	104.6			67.8	65.6



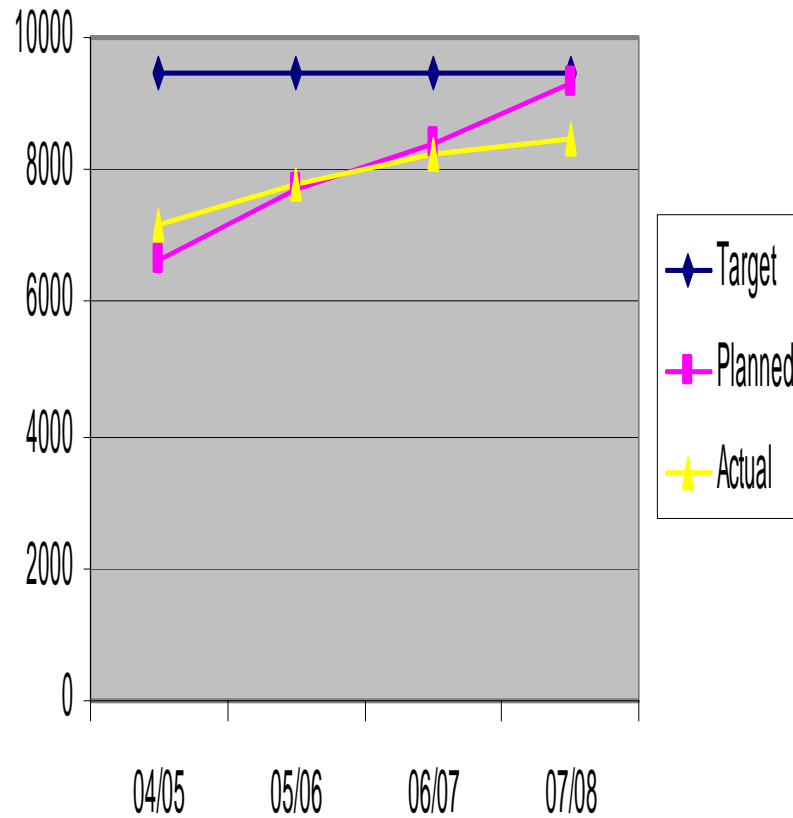
Aims of the Initiatives

- Sustainable increase in national intervention rate
- Improved regional equity of access
- Process and quality improvements
 - Prioritisation
 - Patient flow processes
 - Efficiency
 - Capacity

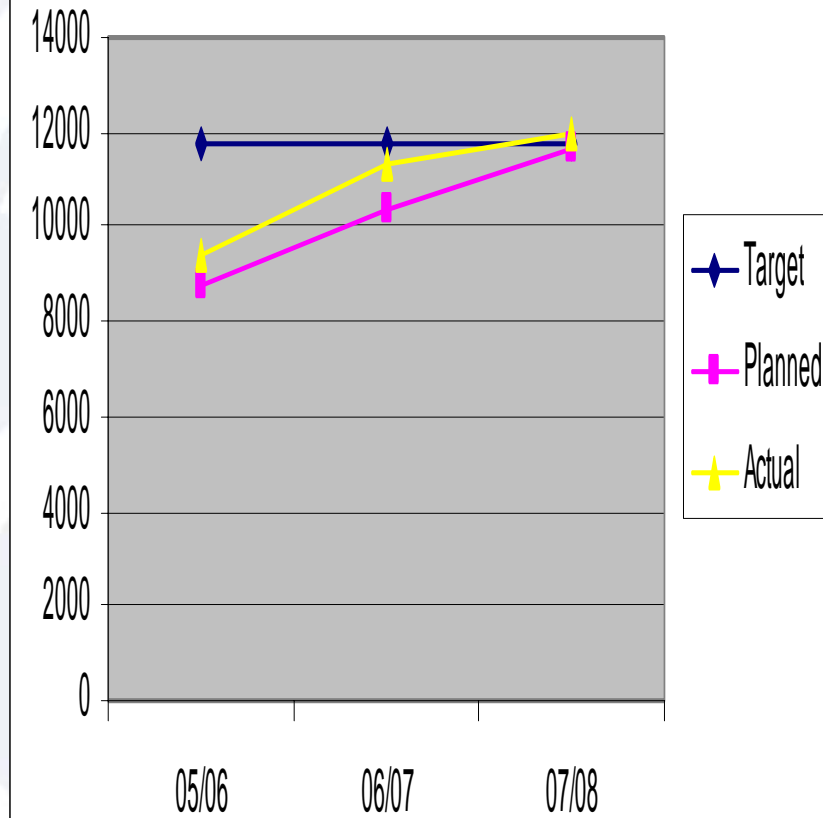


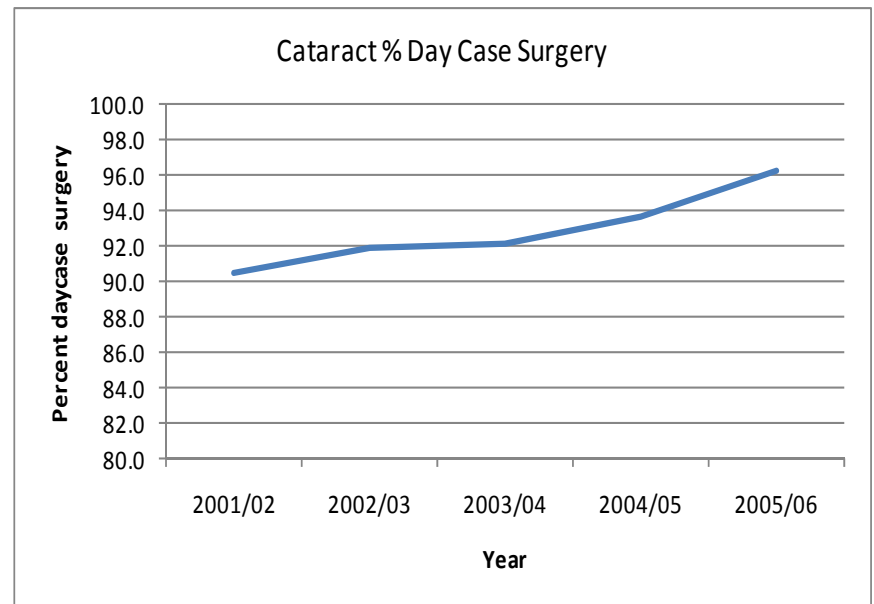
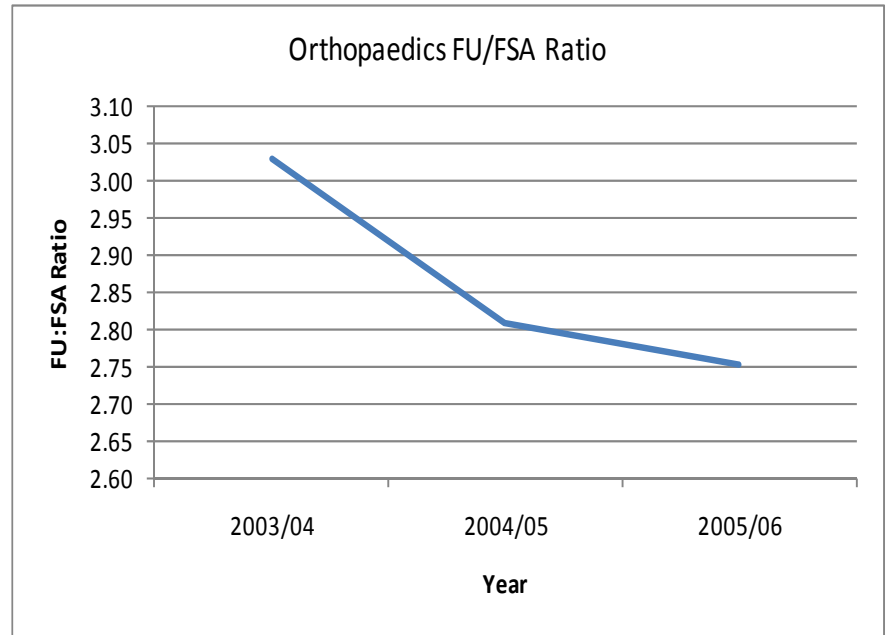
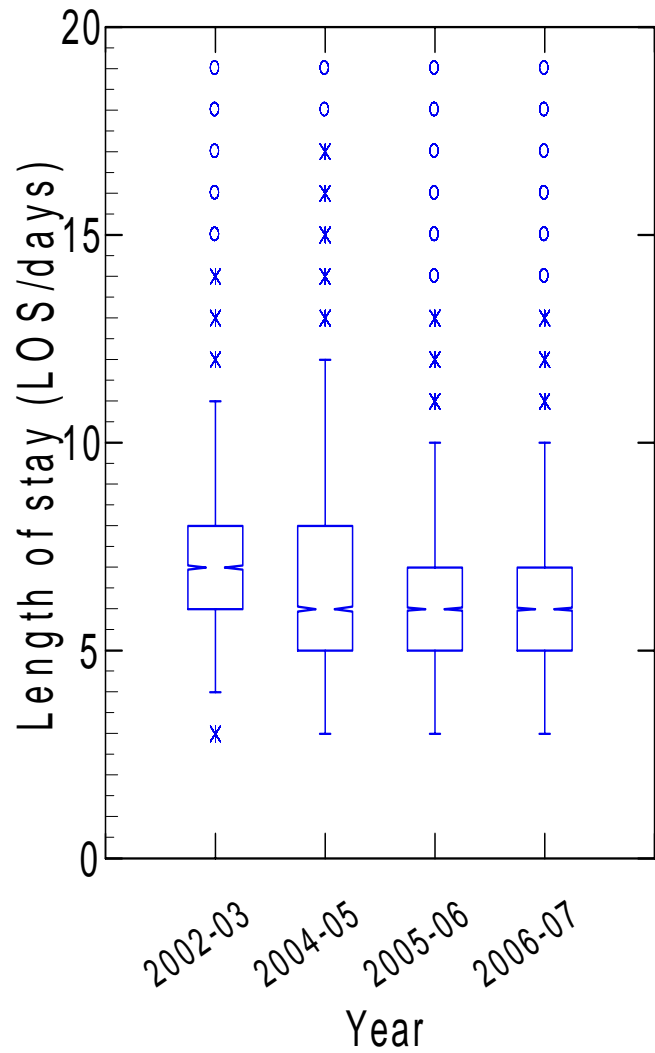
	Orthopaedics	Cataracts
Increase required	100%	50%
Actual increase	4665 joints From 4779 to 9444 per annum	3993 cataracts 7628 – 11,753 per annum
Investment	\$26.6 million in 2004/05 \$72 million in 2007/08 onwards	\$2.6 million in 2005/06 \$9 million in 2007/08 onwards

OI planned vs actual



CI planned vs actual







Other benefits:

- Improved sharing of innovations
- Team collaboration and upskilling
- Surgical improvements, particularly in procedures times
- More consistent prosthetic selection
- Improved recruitment processes and planning
- Better reporting



Key Learnings:

- Improve Service Delivery Capacity
- Closer Liaison with Clinicians
- Clearer Accountability and Monitoring



Five Critical Success Factors:

- Sustainable funding
- Setting of DHB funded base expectations
- Monitoring and accountability
- Stakeholder engagement
- Payment for performance

