



2024 Addendum to the Interim Government Policy Statement on Health 2022-2024

Appendix 3: Summary data
definitions for the measures in the
iGPS

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About this addendum

This addendum to the interim Government Policy Statement on Health 2022-2024 (or iGPS) contains the final definitions of the measures that the Ministry of Health - Manatū Hauora (the Ministry) has used for reporting on the iGPS. Appendix 3 was published in 2022 with the expectation the Ministry would update it with additional technical details to enable reporting.

Priority 1: Achieving equity in health outcomes

1.1 Variation in clinical prioritisation for cancer treatment and elective surgery, reported by ethnicity and geographic area

Initially this measure will reflect ESPI 8. The definition below reflects the existing measure definition.

Expectation for July 2022 – June 2024	100% of patients were prioritised using approved nationally recognised processes or tools
Data source	National Collections – National Booking Reporting System (NBRS)
If quantitative, measurement definitions	Numerator: Number of patients prioritised in the month who were prioritised using an approved national or nationally recognised tool Denominator: Total number of patients prioritised during the month
Frequency that data is available	Monthly
Level of disaggregation of data available	Specialty, geographic area
Data period	Quarterly, about six to eight weeks in arrears
Related or prior performance measure code	ESPI 8 (also part of previous DHB non-financial monitoring framework and performance measures - SS07)

1.2 Proportion of people who start first treatment for breast, cervical or bowel cancer services after a screen result (presence of cancer), reported by ethnicity and geographic area

The Faster Cancer Treatment (FCT) 31-day and 62-day indicators will be used in the interim.

Faster Cancer Treatment (FCT) 31-day

Expectation for July 2022 – June 2024	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.
Data source	Faster Cancer Treatment database
If quantitative, measurement definitions	Numerator: Number of patients meeting the 31-day timeline Denominator: Total number of patients that satisfy the inclusion criteria for the reporting period. Inclusion criteria: All patients who receive their first cancer treatment, irrespective of how the cancer was detected and they were initially referred.

	https://www.tewhātuora.govt.nz/our-health-system/data-and-statistics/nz-health-statistics/data-references/data-dictionaries/
Frequency that data is available	Quarterly
Level of disaggregation of data available	Geographic area, ethnicity
Data period	Quarterly, about 3 months in arrears.
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – SS01

Faster Cancer Treatment (FCT) 62-day

Expectation for July 2022 – June 2024	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and need to be seen within two weeks.
Data source	Faster Cancer Treatment database
If quantitative, measurement definitions	<p>Numerator: Number of patients meeting the 62-day timeline</p> <p>Denominator: Total number of patients under the 62-day pathway that satisfy the inclusion criteria for the reporting period.</p> <p>Inclusion criteria: Have a cancer that was diagnosed publicly, have entered the cancer pathway through an acute presentation (as long as there is a subsequent referral to an outpatient clinic) or have received treatment for metastatic cancer (primary site unknown).</p> <p>Excluding patients with unavoidable delays (ie delay code of clinical consideration or patient reason) or who come to treatment via screening or emergency department.</p> <p>https://www.tewhātuora.govt.nz/our-health-system/data-and-statistics/nz-health-statistics/data-references/data-dictionaries/</p>
Frequency that data is available	Quarterly
Level of disaggregation of data available	Geographic area, ethnicity
Data period	Quarterly, about 3 months in arrears.
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – SS11

1.3 Variation in the rates of access to key identified services by ethnicity, geographic area and other characteristics. Initial areas include surgery, first specialist assessments, gender affirming care, colonoscopies, access to specialist mental health (including for youth), and screening

Surgery

Initially, this will reflect the Standardised Intervention Rates for inpatient Planned Care Interventions.

Expectation for July 2022 – June 2024	Establish a baseline for inpatient Planned Care Interventions delivery rate in year one. The baseline will inform an expectation for year two. Baseline for year two: 12 months to 30 June 2022. Improvement on national result, 12 months to 30 June 2022, as well as a reduction in variation between the highest and lowest district.
Data source	National Collections – NMDS Stats NZ population estimates and projections World Health Organisation Standard population
If quantitative, measurement definitions	Surgical inpatient planned care interventions are defined as planned admissions funded by a surgical purchase unit, OR the diagnosis-related group (DRG) category is surgical, excluding Maternity and ineligible purchase units. Population data is derived from Stats NZ population estimates, with prioritised ethnicity grouping (Māori, Pacific, Asian, Other). The World Health Organisation (WHO) standard world population is used as the standard population to calculate direct age-standardised rates.
Data period	12 months rolling to June or December
Frequency that data is available	Six-monthly (June and December), eight weeks after the data period ends
Level of disaggregation of data available	Geographic area, ethnicity
Related or prior performance measure code	n/a

First specialist assessment (FSA)

Initially, this will reflect the Standardised Intervention Rates for first specialist assessment delivery.

Expectation for July 2022 – June 2024	Establish a baseline for FSA delivery in year one The baseline will inform an expectation for year two Baseline for year two: 12 months to 30 June 2022. Improvement on national result, 12 months to 30 June 2022, as
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	well as a reduction in variation between the highest and lowest district.
Data source	National Collections - NNPAC Stats NZ population projections
If quantitative, measurement definitions	First Specialist Assessment events are counted based on attended events funded by FSA purchase units. National population projections for each corresponding year are used as a standard population to calculate standardised rates by District for that year. Indirect standardisation is used to calculate age- gender- ethnicity- and deprivation-standardised rates. National rate is a non-standardised rate
Data period	12 months rolling
Frequency that data is available	Quarterly, eight weeks from the end of each quarter
Level of disaggregation of data available	By medical and surgical, geographic area
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – SI4 (2018/19)

[To be developed] Gender affirming care

This measure will be considered as part of development of the GPS 2024–27.

Expectation for July 2022 – June 2024	
Data source	
If quantitative, measurement definitions	
Data period	
Frequency that data is available	
Level of disaggregation of data available	
Related or prior performance measure code	

Colonoscopies

Initially, this will reflect the Standardised Intervention Rates for delivery of colonoscopies.

Expectation for July 2022 – June 2024	Establish a baseline for colonoscopy delivery in year one. The baseline will inform an expectation for year two. Baseline for year two: 12 months to 30 June 2022. Improvement on national result, 12 months to 30 June 2022, as
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	well as a reduction in variation between the highest and lowest district.
Data source	National Collections – NMDS and NNPAC Stats NZ population projections
If quantitative, measurement definitions	Colonoscopy interventions are defined as inpatient admissions OR outpatient visits for the procedure of colonoscopy that are publicly funded (including funded by the Bowel Screening programme), for all admission types. For relevant colonoscopy procedure codes in NMDS OR purchase units in NNPAC. National population projections for each corresponding year are used as a standard population to calculate standardised rates by district for that year. Indirect standardisation is used to calculate age- gender- ethnicity- and deprivation-standardised rates for each district. National rate is a non-standardised rate
Data period	12 months rolling
Frequency that data is available	Quarterly, eight weeks from the end of each quarter
Level of disaggregation of data available	Geographic area
Related or prior performance measure code	n/a

Access to specialist mental health

Measures of mental health access for other population groups may be added over time. These measures do not overtake the expectation for existing, similar measurements to continue outside of the iGPS framework.

Expectation for July 2022 – June 2024	An increase in the percentage of people seen within the target timeframe (three weeks) from the 12 months to 30 June 2022 for youth (baseline)
Data source	Programme for the Integration of Mental Health Data (PRIMHD)
If quantitative, measurement definitions	Numerator: The number of new clients aged under 25 years seen within three weeks of referral to a specialist mental health service Denominator: The total number of new clients under 25 years referred to a specialist mental health service
Data period	12 months rolling, one quarter in arrears
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area
Related or prior performance measure code	Whakamaua measure 3.2

	https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025 Part of previous DHB non-financial monitoring framework and performance measures – MH03
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[To be developed] Screening

This measure will be considered as part of development of the GPS 2024–27.

Expectation for July 2022 – June 2024	
Data source	
If quantitative, measurement definitions	
Data period	
Frequency that data is available	
Level of disaggregation of data available	
Related or prior performance measure code	

1.4 Missed appointments for specialist care, reported by ethnicity and geographic area

Expectation for July 2022 – June 2024	A decrease in the percentage of missed appointments from the 12 months to 30 June 2022 (baseline) and the equity gap between Māori and Pacific peoples and non-Māori non-Pacific peoples also reduces
Data source	National Collections - NNPAC
If quantitative, measurement definitions	Numerator: Number of missed appointments for First Specialist Assessments (FSA) Denominator: Total number of FSAs (attended and missed)
Data period	Quarterly, about six weeks in arrears
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, age, gender, geographic area
Related or prior performance measure code	Whakamaua measure 2.2 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025 Part of previous DHB non-financial monitoring framework and performance measures – SS07

1.5 Rate of diabetes complications reported by ethnicity and geographic area

Renal failure

Expectation for July 2022 – June 2024	A decrease in rate of renal failure (per 10,000 people with diabetes) from the 12 months to December 2021 (baseline)
Data source	National Collections – NMDS Virtual Diabetes Register (VDR) https://www.tewhatauora.govt.nz/our-health-system/data-and-statistics/virtual-diabetes-tool/
If quantitative, measurement definitions	Numerator: Number of hospitalisations with a diabetes-related renal failure primary or secondary diagnosis. Denominator: Number of people on the VDR
Data period	Annually (calendar year)
Frequency that data is available	Virtual Diabetes Register is run by the end of the financial year. Inpatient data available 6 weeks after the data period ends
Level of disaggregation of data available	Ethnicity, geographic area, adults only (aged 25 years and above to account for the inaccuracies in determining diabetes for younger people)
Related or prior performance measure code	Whakamaua measure 3.3 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

Limb amputations

Expectation for July 2022 – June 2024	A decrease in rate of limb amputations (per 10,000 people with diabetes) from the 12 months to December 2021 (baseline)
Data source	National Collections – NMDS Virtual Diabetes Register (VDR) https://www.tewhatauora.govt.nz/our-health-system/data-and-statistics/virtual-diabetes-tool/
If quantitative, measurement definitions	Numerator: Number of hospitalisations with a diabetes-related diagnosis (primary or secondary diagnosis) that also included one or more limb amputation(s). Denominator: Number of people on the VDR
Data period	Annually (calendar year), to coincide with the publication of the Virtual Diabetes Register
Frequency that data is available	Virtual Diabetes Register is run by the end of the financial year. Inpatient data available 6 weeks after the data period ends
Level of disaggregation of data available	Ethnicity, geographic area, adults only (aged 25 years and above to account for the inaccuracies in determining diabetes for younger people)
Related or prior performance measure code	Whakamaua measure 3.3 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

Priority 2: Embedding Te Tiriti o Waitangi across the health sector

2.1 Health entity spending on identified Māori health service providers

Initially this measure will reflect Whakamaua measure 1.1 'Funding received by kaupapa Māori health service providers'. The definition below reflects the existing measure.

Expectation for July 2022 – June 2024	Increase in trend in actual expenditure (compared with the average of last five financial years)
Data source	Compiled from sector financial information
If quantitative, measurement definitions	For identified Māori health providers (Māori owned/governed organisations), the amount of service funding received from health funding entities from Vote Health, including as a percentage of Vote Health
Data period	For a 12-month financial year
Frequency that data is available	Available annually 6 months after the close of the financial year
Level of disaggregation of data available	Data disaggregated by funder (for example HNZ and MHA) and some key service lines
Related or prior performance measure code	Whakamaua measure 1.1 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025 Latest published report: https://www.health.govt.nz/publication/funding-maori-health-providers-2017-18-2021-22

2.2 Experience of health services for Māori as measured by the primary health care and adult inpatient patient experience surveys

Initially, this will reflect two of the current Health System Indicators 'People report they can get primary care when they need it' and 'People report being involved in the decisions about their care and treatment'. The definition below reflects the existing measure.

Expectation for July 2022 – June 2024	Improvement in results from June 2021 (baseline used in Health System Indicators)
Data source	Health Quality & Safety Commission patient experience survey results Adult primary care patient experience for 'People report they can get primary care when they need it.' Adult hospital inpatient experience for 'People report being involved in the decisions about their care and treatment.' https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/

If quantitative, measurement definitions	Numerator: Number of Māori respondents who answered yes to the question Denominator: Number of Māori respondents who answered the question
Data period	Quarterly
Frequency that data is available	Quarterly
Level of disaggregation of data available	Age, gender, ethnicity
Related or prior performance measure code	Whakamaua measure 2.1 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

2.3 Geographical coverage and utilisation of rongoā Māori services

The definition below reflects the existing measure.

Expectation for July 2022 – June 2024	An increase in rongoā consultations provided in terms of both total volumes and spread across the country Baseline: Whakamaua Dashboard https://www.health.govt.nz/publication/whakamaua-quantitative-dashboard-year-three Baseline will be available for 2019/20–20/21
Data source	Compiled from rongoā provider reporting received by Te Aka Whai Ora and reported on Whakamaua dashboard
If quantitative, measurement definitions	Rongoā consultation volumes delivered
Data period	12-monthly for each financial year
Frequency that data is available	Annual (financial year)
Level of disaggregation of data available	Age, location of rongoā provider, type of rongoā service provided Funding of rongoā provider (total amount) will be published as a sub-measure of this (data will be sourced from Whakamaua measure 1.1)
Related or prior performance measure code	Current Whakamaua measure 1.2. https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

2.4 Feedback from the Iwi-Māori Partnership Boards (IMPBs) on how they are fulfilling their role and whether they are receiving the support they require

Work to establish all IMPBs is continuing before a survey is developed and this measure will be considered as part of the development of the GPS 2024–27.

Expectation for July 2022 – June 2024	
Data source	
If quantitative, measurement definitions	
Data period	
Frequency that data is available	
Level of disaggregation of data available	
Related or prior performance measure code	

Priority 3: Keeping people well in their communities

3.1 Proportion of people reporting unmet need for primary health care, reported by ethnicity and geographic area

Expectation for July 2022 – June 2024	A decrease from the 12 months to 30 June 2019 (baseline) Note: As part of the New Zealand Health Survey programme, this measure is due to be replaced in 2023. Unmet need for GP due to cost in the past 12 months is now used.
Data source	New Zealand Health Survey (NZHS) https://www.health.govt.nz/nz-health-statistics/surveys/new-zealand-health-survey
If quantitative, measurement definitions	Prevalence of adults (15+ years) indicating unmet need for GP due to cost in the past 12 months, unadjusted prevalence
Data period	Annually (financial year), collected as part of the NZHS
Frequency that data is available	As per release of the NZHS
Level of disaggregation of data available	Ethnicity, gender, age
Related or prior performance measure code	Current Whakamaua measure 1.3 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

3.2 Proportion of people waiting for planned specialist care who receive it within four months, reported by ethnicity and geographic area

Initially, this will reflect two existing measures - Elective Services Patient Flow Indicator (ESPI) 2 and 5. The definitions below reflects the existing measure definitions.

ESPI 2

Expectation for July 2022 – June 2024	No patients waiting for an FSA wait longer than four months
Data source	National Collections – National Booking Reporting System (NBRS) KPI
If quantitative, measurement definitions	Numerator: Number of patients waiting more than four calendar months for FSA Denominator: Total number of patients waiting at month end for FSA
Data period	Monthly
Frequency that data is available	Monthly, about 6-8 weeks in arrears

Level of disaggregation of data available	Geographic area, specialty
Related or prior performance measure code	ESPI 2 (also part of previous DHB non-financial monitoring framework and performance measures – SS07)

ESPI 5

Expectation for July 2022 – June 2024	No patients are given a commitment to treatment and are not treated in within four months
Data source	National Collections – NBRS
If quantitative, measurement definitions	Numerator: Number of patients with an Assured status waiting more than 120 days Denominator: Total number of patients waiting with an Assured status
Data period	Monthly
Frequency that data is available	Monthly and about 6–8 weeks in arrears
Level of disaggregation of data available	Ethnicity, geographic area, age
Related or prior performance measure code	ESPI 5 (also part of previous DHB non-financial monitoring framework and performance measures – SS07)

3.3 Uptake of immunisations for key age groups, reported by ethnicity and geographic area

Eight-month-olds

Expectation for July 2022 – June 2024	95% of eligible children fully immunised at eight months of age for Māori, Pacific and Total populations
Data source	National Collections – National Immunisation Register (NIR) (Year One) https://www.tewhaturora.govt.nz/for-the-health-sector/vaccine-information/immunisation-coverage/ In Year 2 (2023/24) the data source will be the Aotearoa Immunisation Register. https://www.tewhaturora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air/
If quantitative, measurement definitions	Numerator: Number of eligible children enrolled on the NIR who have turned eight months of age during the quarter and who are recorded as fully immunised on the end of the day that they turn the milestone age Denominator: Number of eligible children enrolled on the NIR who have turned eight months of age during the quarter. Those who decline vaccines or who have opted off their information being recorded on the NIR are included in the denominator
Data period	Quarterly

Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area, deprivation level
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – CW05

Two-year-olds

Expectation for July 2022 – June 2024	95% of eligible children fully immunised at two years of age for Māori, Pacific and Total populations
Data source	National Collections – (NIR) (Year One) https://www.tewhatauora.govt.nz/for-the-health-sector/vaccine-information/immunisation-coverage/ In Year 2 (2023/24) the data source will be the Aotearoa Immunisation Register. https://www.tewhatauora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air/
If quantitative, measurement definitions	Numerator: Number of eligible children enrolled on the NIR who have turned two years of age during the quarter and who are recorded as fully immunised on the end of the day that they turn the milestone age Denominator: Number of eligible children enrolled on the NIR who have turned two years of age during the quarter. Those who decline vaccines or who have opted off their information being recorded on the NIR are included in the denominator
Data period	Quarterly
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area, deprivation level
Related or prior performance measure code	Current Health System Indicator Part of previous DHB non-financial monitoring framework and performance measures – CW08

Five-year-olds

Expectation for July 2022 – June 2024	95% of eligible children fully immunised at five years of age for Māori, Pacific and Total populations
Data source	National Collections – (NIR) (Year One) https://www.tewhatauora.govt.nz/for-the-health-sector/vaccine-information/immunisation-coverage/ In Year 2 (2023/24) the data source will be the Aotearoa Immunisation Register. https://www.tewhatauora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air/

If quantitative, measurement definitions	<p>Numerator: Number of eligible children enrolled on the NIR who have turned five years of age during the quarter and who are recorded as fully immunised on the end of the day that they turn the milestone age</p> <p>Denominator: Number of eligible children enrolled on the NIR who have turned five years of age during the quarter. Those who decline vaccines or who have opted off their information being recorded on the NIR are included in the denominator</p>
Data period	Quarterly
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area, deprivation level
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – CW05

Human Papillomavirus (HPV) vaccination

Expectation for July 2022 – June 2024	75% of eligible boys and girls fully immunised with HPV vaccine for Māori, Pacific and Total populations
Data source	<p>National Collections – (NIR) (Year One)</p> <p>https://www.tewhātuora.govt.nz/for-the-health-sector/vaccine-information/hpv-immunisation-programme/</p> <p>In Year 2 (2023/24) the data source will be the Aotearoa Immunisation Register.</p> <p>https://www.tewhātuora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air/</p>
If quantitative, measurement definitions	<p>Numerator: Number of girls and boys born in the relevant birth cohort who have completed their HPV immunisation course as per Schedule and recorded on the NIR. The report includes all HPV vaccines given at any time up until 30 June of the finalised reporting year.</p> <p>Denominator: For those born from 2006 onwards, the denominator is the eligible population enrolled on the NIR. For those born in 2005 or earlier, the denominator is the estimated from the census population projection denominator for the relevant birth cohort</p>
Data period	12 months to 30 June
Frequency that data is available	Annual (data available around July)
Level of disaggregation of data available	Ethnicity, geographical
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – CW05

Influenza for 65+ years

Expectation for July 2022 – June 2024	75% of eligible population aged 65 years and over immunised against influenza (annual immunisation) for Māori, Pacific and Total populations
Data source	National Collections – National Immunisation Register, COVID Immunisation Register, Aotearoa Immunisation Register Health System User population https://www.tewhatauora.govt.nz/our-health-system/data-and-statistics/national-influenza-vaccine-data/
If quantitative, measurement definitions	Numerator: Number of eligible people aged 65 years and over enrolled on the NIR who have completed at least one influenza vaccination for the given vaccination year Denominator: Statistics New Zealand population projections derived from the estimated resident population, by prioritised ethnicity, sex and geographic area, for those aged 65 years and over
Data period	1 March – 30 September to capture the time from when the seasonal influenza vaccine for that year becomes available until the anticipated end of the influenza season
Frequency that data is available	Annual (data available around October)
Level of disaggregation of data available	Ethnicity, geographic area
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures – CW05

COVID-19 vaccination

The COVID-19 Protection Framework and COVID-19 public health requirements have been removed, therefore this measure is removed.

Expectation for July 2022 – June 2024	
Data source	
If quantitative, measurement definitions	
Data period	
Frequency that data is available	
Level of disaggregation of data available	
Related or prior performance measure code	

3.4 Rate of hospital admissions for an illness that might have been prevented or better managed in the community, reported by key age groups

Initially, this will reflect two existing measures that are part of the Health System Indicators framework – Ambulatory Sensitive Hospitalisation (ASH) rates for 0-4 year olds and for 45-64 year olds. The definitions below reflects the existing measure definitions.

0- to 4-year-olds

Expectation for July 2022 – June 2024	The rate (per 100,000) of hospital admissions for children under five years of age for an illness that might have been prevented or better managed in the community reduces (baseline of results 12 months to December 2019 used in Health System Indicators) and/or the equity gap between Māori and Pacific peoples and non-Māori, non-Pacific peoples also reduces.
Data source	National Collections – NMDS Stats NZ population projections https://www.health.govt.nz/new-zealand-health-system/accountability-and-funding/planning-and-performance-data/ambulatory-sensitive-avoidable-hospital-admissions
If quantitative, measurement definitions	Numerator: Number of inpatient ambulatory sensitive hospitalisation (ASH) events for 0–4-year-olds from the NMDS. NMDS is used to identify ASH events by applying a list of conditions that has been developed by a clinical panel. Denominator: Domiciled population for 0- to 4-year-olds based on Stats NZ projections (based on Health Sector Indicator technical document) Only crude rate is calculated for this age group.
Data period	12-month rolling, one quarter in arrears
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area, by ASH condition
Related or prior performance measure code	Whakamaua measure 3.1 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

45- to 64-year-olds

Expectation for July 2022 – June 2024	The rate (per 100,000) of hospital admissions for people aged 45–64 years for an illness that might have been prevented or better managed in the community reduces (baseline of results 12 months to December 2019 used in Health System Indicators) and/or the equity gap between Māori and Pacific peoples and non-Māori, non-Pacific peoples also reduces
Data source	National Collections – NMDS Stats NZ population projections

	World Health Organisation Standard population https://www.health.govt.nz/new-zealand-health-system/accountability-and-funding/planning-and-performance-data/ambulatory-sensitive-avoidable-hospital-admissions
If quantitative, measurement definitions	Numerator: Number of hospital inpatient ASH events for 45- to 64-year-olds from the NMDS. The NMDS is used to identify ASH events by applying a list of conditions developed by a clinical panel Denominator: Domicile population for 45- to 64-year-olds based on Stats NZ population projections and age-standardised to the WHO Standard Population (based on Health System Indicators technical document) The World Health Organisation (WHO) standard world population is used as the standard population to calculate direct age-standardised rates.
Data period	12-months rolling and one quarter in arrears
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area, by ASH condition
Related or prior performance measure code	Current Health System Indicator. Part of previous DHB non-financial monitoring framework and measures – SS05

3.5 Complete roll-out of the Access and Choice programme for primary mental health and addiction support services so that access is available for 325,000 people per year by the end of June 2024

These measures do not overtake the expectation for existing, similar measurements to continue outside of the iGPS framework.

Expectation for July 2022 – June 2024	Expectation of an estimated 325,000 annual access level based on fourth quarter access in 2023/24
Data source	Combination of (1) NHI-based Integrated Primary Mental Health and Addiction Services (IPMHA) reporting and (2) summary level reporting by Kaupapa Māori, Pacific and Youth services in the Access and Choice primary mental health and addiction programme.
If quantitative, measurement definitions	(1) Estimated annual access (number of people seen in the year if quarterly access continues at current rate): total number of individuals seen this quarter multiplied by four and by an adjustment factor ¹ to eliminate people seen across multiple quarters in the year, and (2).

¹ Adjustment factor for IPMHA services will be sourced from analysis of reported NHI-based data for the full 2021/22 year: number of individuals seen during the year divided by sum of the people seen each quarter.

	Priority population access (proportion of new people seen in the quarter by Kaupapa Māori services, Pacific services and Youth services ²)
Frequency that data is available	Quarterly (5-6 weeks after the quarter ends)
Level of disaggregation of data available	Access and Choice priority populations: number and proportion of people seen during the quarter who are Māori, Pacific and youth (ages 12 to 24 years). New patients only.
Data period	Quarterly
Related or prior performance measure code	Health System Indicator in development: Improving mental wellbeing – Access to primary mental health and addiction services over past twelve months

3.6 Enrolment with a primary maternity care provider in the first trimester of pregnancy, reported by ethnicity and geographic area

Initially this measure will reflect Indicator 1 'Registration with an LMC (lead maternity carer) in the first trimester of pregnancy' in the New Zealand Maternity Clinical Indicators. The definition below reflects the existing measure definition.

Expectation for July 2022 – June 2024	An increase in percentage enrolled within first trimester from the 12 months to Dec 2019 (baseline)
Data source	National Maternity Collection https://www.tewhātuora.govt.nz/our-health-system/data-and-statistics/maternity-clinical-indicators/
If quantitative, measurement definitions	Numerator: Total number of pregnant people who register with an LMC in the first trimester of their pregnancy Denominator: Total number of pregnant people who register with an LMC
Frequency that data is available	Annual, approximately 18 months after the end of the calendar year
Level of disaggregation of data available	Ethnicity, geographic area
Data period	Calendar year
Related or prior performance measure code	Indicator 1 from Maternity Clinical Indicators https://www.tewhātuora.govt.nz/our-health-system/data-and-statistics/maternity-clinical-indicators/

3.7 Standardised rate of acute readmissions within 28 days of discharge, reported by ethnicity and geographic area

Initially this measure will reflect the measure included in the acute re-admission report published on <https://www.health.govt.nz/new-zealand-health-system/accountability-and-funding/planning-and-performance-data/reducing-acute-readmissions-hospital>

² New people seen' for Kaupapa Māori, Pacific and Youth services counts the number of people who have been seen during a month and who have not been seen in the eleven preceding months.

These measures do not overtake the expectation for existing, similar measurements to continue outside of the iGPS framework, such as measurement of mental health acute readmissions.

Expectation for July 2022 – June 2024	Establish a baseline in year one, and this baseline will inform the expectation for year two Note: Acute readmission rate within 7 days will be a sub-component.
Data source	National Collections – NMDS Stats NZ
If quantitative, measurement definitions	Refer to technical definition document at https://www.health.govt.nz/new-zealand-health-system/accountability-and-funding/planning-and-performance-data/reducing-acute-readmissions-hospital
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, geographic area, age
Data period	12 months rolling, one quarter in arrears
Related or prior performance measure code	Part of previous DHB non-financial monitoring framework and performance measures - SS07

Priority 4: Developing the health workforce of the future

4.1 Staff engagement survey on culture and shift towards a 'one team' ethos (measure will be in development as work to build data collection)

Expectation for July 2022 – June 2024	Health NZ Te Whatu Ora staff engagement survey has been completed
Data source	Published reports on Health NZ website https://www.tewhatauora.govt.nz/publications/
If quantitative, measurement definitions	As per Health NZ staff engagement survey programme
Frequency that data is available	As per Health NZ staff engagement survey programme
Data period	Current survey undertaken in 2022/23
Level of disaggregation of data available	n/a
Related or prior performance measure code	n/a

4.2 Proportion of Māori and other under-represented groups in the regulated and unregulated health workforce, compared with the proportion of the total population

Regulated workforce

Initially this will focus on the professions of doctors, midwives and nurses as reported in Whakamaua 2.3.

Expectation for July 2022 – June 2024	An increase from data collected at a specific point in time during the calendar year 2021(baseline). (The point in time during the year is different for each profession.) The representative proportion for Māori is 17.4%, the proportion of the Māori population in 2022.
Data source	Registration data from professional councils Statistics New Zealand annual Māori population estimates
If quantitative, measurement definitions	Numerator: Number of Māori or number of other under-represented groups across regulated professions of doctors, midwives and nurses. Denominator: Total number in each regulated profession of midwives, nurses and doctors
Data period	Annual – starting date of 12-month period variable between professional councils

Frequency that data is available	Annual – starting date of 12-month period variable between professional councils
Level of disaggregation of data available	Ethnicity, profession
Related or prior performance measure code	Whakamaua measure 2.3 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

Unregulated workforce

Initially this will focus on unregulated Health NZ (HNZ) employed workforce.

Expectation for July 2022 – June 2024	An increase from the 12 months to 30 June 2022 (baseline)
Data source	Initially Health Workforce Information Programme (HWIP) data will be used.
If quantitative, measurement definitions	Common Chart of Accounts occupation groupings of ‘Support Personnel’, and ‘Management and Administration’ will be used in the interim. Numerator: Total number FTE of Māori and Pacific across unregulated professions of Support Personnel, and Management and Administration employed by HNZ Denominator: Total number FTE in unregulated professions of Support Personnel, and Management and Administration employed by HNZ
Data period	Quarterly
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity
Related or prior performance measure code	n/a

4.3 Number and proportion of graduates of health training programmes from demographic groups under-represented in the health workforce, compared with the proportion of the total population

Expectation for July 2022 – June 2024	Establish a baseline in year one, and this baseline will inform the expectation for year two Baseline for year two: An increase from 2022 calendar year
Data source	Ministry of Education
If quantitative, measurement definitions	Numerator: Number of Māori domestic students that graduated with relevant health qualifications in New Zealand Denominator: Total number of domestic students that graduated with relevant health qualifications in New Zealand

	For study in: Counselling, Dentistry, Medical Imaging Technology, Medicine, Midwifery, Nursing (Enrolled, Registered), Occupational Therapy, Pharmacy, Occupational Therapy, Oral Health Therapy, Physiotherapy, Social work and Other (eg, Optometry, Podiatry)
Frequency that data is available	Annually, for a year in arrears
Data period	Calendar year
Level of disaggregation of data available	Field of study, ethnicity (total response)
Related or prior performance measure code	Whakamaua measure 2.3 Māori in the regulated workforce, supplementary published data https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

4.4 Proportion of Māori and Pacific people in leadership and governance roles across the Ministry of Health and health entities

Expectation for July 2022 – June 2024	Establish a baseline in year one, and this baseline will inform the expectation for year two. Baseline for year two: Increase in Māori and Pacific percentage from ‘as at December 2022’.
Data source	Initially using reporting from health statutory appointees
If quantitative, measurement definitions	Numerator: Number of Māori and Pacific peoples who are a statutory appointee Denominator: Total number of statutory appointees Note: The total number of appointees can fluctuate from reporting period to reporting period as new statutory roles are established or disestablished, and roles become vacant or are filled.
Data period	Six months ending June and December
Frequency that data is available	Six-monthly
Level of disaggregation of data available	Ethnicity (total response ethnicity)
Related or prior performance measure code	Whakamaua measure 4.3 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

Priority 5: Ensuring a financially sustainable health sector

5.1 Actual expenditure is consistent with budgeted and there is overall balance in both budgeted and actual revenue to expenditure ratios

For the interim period this measure focuses on financial reporting by Health NZ only.

Expectation for July 2022 – June 2024	<ul style="list-style-type: none"> Actual expenditure is well managed through the year to ensure the full-year forecast expenditure expectations do not exceed the approved budget or funding received When budgeting, expenditure is expected to be realistically proportioned to the funding signals Expenditure will also be managed against the multi-year financial plan and cost pressures to ensure financial sustainability goals are achieved
Data source	<ul style="list-style-type: none"> Financial reporting submitted by Health New Zealand for both Actuals and Annual Plan Supplementary data Budget Assumptions for cost reductions and efficiency goals, both in-year and multi-year submitted by Health New Zealand
If quantitative, measurement definitions	<p>Expenditure variance as a percentage of budget or revenue for the following sub-measures:</p> <p>Part a:</p> <ul style="list-style-type: none"> Numerator: Actual expenditure against key line items (Personnel, Primary & Community Services) and Total for time period to date Denominator: Budget equivalent for the comparative time period to date <p>Part b:</p> <ul style="list-style-type: none"> Numerator: Total Actual expenditure relevant to the period to date Denominator: Total Actual Revenue relevant to the period to date <p>Part c:</p> <ul style="list-style-type: none"> Numerator: Expenditure expectations within Annual Plans Denominator: Revenue recognised within Annual Plans <p>When revenue is under budget the variance is negative whereas if expenditure is under budget or revenue the variance is positive.</p>
Frequency that data is available	<p>Monthly – Actuals, Annually – Annual Plan and Budget Assumptions</p>
Level of disaggregation of data available	<p>Summarised set of accounts by Cost Pool, Region, and where possible, Provider (Hospital and Specialist, Primary Care and Commissioning, Corporate)</p>

Data period	Financial year-to-date at each quarter
Related or prior performance measure code	Part of a Health System Indicator (Variance between planned budget and year end actuals)

5.2 Develop agreed measures of quality-adjusted, system-level productivity

Measures of productivity will be determined and may include matters such as: hospital theatre utilisation, length of stay, FTEs per case-weighted hospital discharge, use of (clinical and non-clinical) workforces.

This measure will be considered as part of the development of the GPS 2024–27.

Expectation for July 2022 – June 2024	
Data source	
If quantitative, measurement definitions	
Frequency that data is available	
Level of disaggregation of data available	
Data period	
Related or prior performance measure code	

5.3 At a system level, monitor the proportion of total expenditure directed to mental health and addiction, public health, and primary and community services and initiatives

This measure will be considered as part of the development of the GPS 2024–27.

Expectation for July 2022 – June 2024	
Data source	
If quantitative, measurement definitions	
Frequency that data is available	
Level of disaggregation of data available	
Data period	
Related or prior performance measure code	

5.4 Develop an Investment Strategy and National Asset Management Strategy by December 2023

Expectation for July 2022 – June 2024	Develop an Investment Strategy and National Asset Management Strategy by December 2023
Data source	Investment Strategy and National Asset Management Strategy document received by the Ministry.
If quantitative, measurement definitions	n/a
Frequency that data is available	n/a
Level of disaggregation of data available	n/a
Data period	n/a
Related or prior performance measure code	n/a

Priority 6: Laying the foundations for the ongoing success of the health sector

6.1 Health entities are clear about their own and other entities' roles and responsibilities, and are delivering to these

Expectation for July 2022 – June 2024	Statement of Intent (SOI) and Statement of Performance Expectations (SPE) are finalised and published.
Data source	Statement of Intent and Statement of Performance Expectations from each health Crown entity
If quantitative, measurement definitions	
Frequency that data is available	Published at the beginning of the relevant financial year
Level of disaggregation of data available	n/a
Data period	As per SOI and SPE
Related or prior performance measure code	n/a

6.2 Experience of primary health care and adult inpatient health services measured across demographic groups using patient experience surveys

Initially, this will reflect two of the current Health System Indicators 'People report they can get primary care when they need it' and 'People report being involved in the decisions about their care and treatment'. The definition below reflects the existing measures.

Expectation for July 2022 – June 2024	Improvement on results from June 2021 (baseline used in Health System Indicators)
Data source	Health Quality & Safety Commission (HQSC) patient experience survey results Adult primary care patient experience for 'People report they can get primary care when they need it.' Adult hospital inpatient experience for 'People report being involved in the decisions about their care and treatment.' https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/
If quantitative, measurement definitions	Numerator: Number of respondents who answered yes to the question. Denominator: Number of respondents who answered the question.

Data period	Quarterly
Frequency that data is available	Quarterly
Level of disaggregation of data available	Ethnicity, age, gender, geographic area
Related or prior performance measure code	Whakamaua measure 2.1 https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

6.3 Proportion of entities that have been assessed against the Consumer Engagement Quality and Safety Marker; and of those, the proportion that have been assessed at Level 3 or 4

Expectation for July 2022 – June 2024	Increasing participation of health entities and their local or regional offices, as agreed, that have been assessed against the Consumer Engagement Quality and Safety Marker from April 2022 – October 2023.
Data source	Health Quality & Safety Commission based on entities' self-assessment ratings, submitted examples from entity or service, selected questions from adult inpatient and primary health care patient experience surveys https://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker/
If quantitative, measurement definitions	Part a: Numerator: Number of districts that have been assessed against the Consumer Engagement Quality and Safety marker Denominator: Total number of districts Part b: Numerator: Number of districts that have scored at Level 3 or 4 across the three self-assessment areas. Denominator: Number of districts who completed the self-assessment
Frequency that data is available	Six-monthly
Level of disaggregation of data available	By health entity
Data period	October - March, April - September
Related or prior performance measure code	n/a

6.4 Proportion of medical appointments completed through digital channels (initially outpatients and expanding to include general practitioner appointments when data is available)

Expectation for July 2022 – June 2024	<p>This measure will initially focus on outpatient services – first specialist assessment (FSA) and follow ups</p> <p>Establish a baseline for percentage of FSAs and follow ups through digital channels in year one</p> <p>The baseline will inform an expectation for year two</p> <p>Baseline for year two: 12 months to June 2023</p>
Data source	National Collections – NN PAC
If quantitative, measurement definitions	<p>Outpatient appointments</p> <p>Numerator: Number of patients receiving an FSA or follow-up where the mode of delivery does not involve the patient being physically present with the clinical staff.</p> <p>Denominator: Total number of FSA and follow-ups</p>
Frequency that data is available	Monthly, about six-eight weeks after the month ends
Level of disaggregation of data available	Ethnicity, age, gender, geographic
Data period	Monthly
Related or prior performance measure code	n/a