

# A Healthier New Zealand: From promise to practice

NEW ZEALAND  
ELECTION  
MANIFESTO //  
Orion Health



# Foreword from Brad Porter

For years, the debate around healthcare in New Zealand has been framed in simple terms: Demand is rising, costs are increasing and the solution is more funding.

## **But, what if we are solving the wrong problem?**

The reality is, our health system is under pressure not because we spend too little, but because it is not designed to cope with what is coming.

New Zealand's health system is already under strain. That much is clear. What is less understood is, the pressures we are experiencing today are just a preview of what is to come.

At the end of this year, New Zealanders will elect a government that inherits a health system under growing strain.

That government will face a defining choice for themselves and for the nation. It can continue to respond to pressure at the edges, or it can confront the underlying design of the system itself.

## **The time is now**

Healthcare has been allowed to grow in fragments, funded in parts, and managed in silos. The more we spend into that structure without changing it, the more we entrench inefficiency, duplication and waste.

That is why this next election term matters. It is frankly irresponsible not to confront the future of our health system now.

New Zealand's population is ageing fast. Today, around 17 per cent of New Zealanders are aged 65 and over. Over the coming decades, that share will rise sharply to between a quarter and a third of the population.

At the same time, the balance between those needing care and those available to provide and fund it is shifting. Where there were 24 people aged 65 and

over for every 100 working-age New Zealanders in 2020, that is expected to climb to between 33 and 41 by 2040.

These are not abstract projections, this is a structural shift in our economy and our society. It means more complex health needs, more long-term conditions, and more sustained demand for care, while also having relatively fewer people in the workforce to deliver that care.

## **Beyond incremental change**

We can already see the impact of strain in our health system today. Workforce shortages, rising wait times and increasing pressure on clinicians are well understood. But without structural change, the system we are struggling to sustain today will break trying to carry a far heavier load tomorrow.

That is why simply spending more is not the answer.

If we continue to pour resources into a fragmented system, we will not keep up with demand. We will fall further behind it.

And let's be clear, we're up against it. No developed country has solved the long-term sustainability of healthcare. No healthcare system around the world is truly sustainable. I don't write that to help us accept defeat, it's to demonstrate that incremental change is not enough.

What sits in front of the next government is something far more significant than another round of funding decisions. It is an opportunity to reshape how healthcare works at a system level.

It's a moment that has parallels with KiwiSaver in its long-term impact. It's a chance to deliver a reform of similar ambition to the creation of New Zealand's welfare state. A system designed intentionally for the future, not adapted reluctantly from the past.



### **From ambition to delivery**

The good news is that New Zealand is not starting from scratch. We already have the foundations of a more connected, equitable and effective health system. We have already invested in digital infrastructure in pockets and that shows what's possible when information flows and services connect. But too often, those investments have delivered fragmented outcomes.

We've currently got health systems that do not interoperate, tools that add to administrative burden rather than reduce it and technology that works around clinicians rather than with them.

#### **The challenge now is not merely ambition, it's delivery.**

This manifesto sets out a practical path forward. It is grounded in what we're seeing works in the real world, both in New Zealand and internationally. It focuses on connecting what already exists rather than starting again. On making it easier for clinicians to do their jobs and for people to navigate their care.

At its core is a simple proposition. New Zealanders should not have to tell their story over and over again when they interact with healthcare. Clinicians should not have to chase information that already exists. Decisions should be informed by trusted data at the moment they are made.

### **The choice in front of us**

If we get this right, the prize is significant: A system that bends the cost curve, a workforce that is supported, not stretched to breaking point and a population that stays healthier for longer, reducing avoidable pressure on hospitals and services.

#### **The choice is clear. We can continue to invest into a model that is already under strain, or we can take this moment to redesign it for the future.**

**Brad Porter**  
**CEO Orion Health**

# The current state



New Zealand's health system is under urgent pressure, and much of that pressure is exacerbated by the way information moves through the system.

Each year, the health system manages around 20 million GP appointments, 1.8 million urgent care visits, and 1.4 million emergency department presentations across a network of 86 public hospital sites.

Demand continues to grow, driven by an ageing population, rising rates of complex conditions, and increasing fiscal pressure. Despite a health budget of more than \$32.7 billion in 2025, spending growth continues to outpace what the system can sustainably afford.

Without structural change to the system, health spending will continue to rise faster than the system's ability to sustainably support it.

Significant investment has also been made in digital health infrastructure. Yet the system remains fragmented. Information is spread across more than 6,000 applications that do not work well together.

This fragmentation is not accidental. It is reinforced by procurement practices that prioritise individual systems, often sourced offshore, rather than connected, system-wide solutions that can scale nationally.

As a result, clinicians spend time navigating systems, repeating processes and chasing information that should already be available.

Patients experience the same problem from the other side. Many New Zealanders can access parts of their health information through portals and apps, but there is still no clear, consistent view of their care. This limits the ability to intervene early, support prevention, and help people manage their health proactively.

The impact is becoming clear.

Healthcare workers report rising workloads, constant administrative burden, and high levels of stress and exhaustion. More than 70% experience physical exhaustion, over two-thirds report emotional exhaustion, and nearly half report poor mental wellbeing.

New Zealand has developed a system of parts, that operate independently. Individual problems have been addressed without creating a system that works coherently as a whole.

What is needed now is not another standalone platform or short-term initiative, but a coordinated national approach that enables information, services and care to connect across the system.

A more connected and predictive health system would help slow the growth of health expenditure, support a healthier and more productive population, enable earlier intervention and longer healthier lives, and reduce avoidable hospitalisations that contribute to workforce burnout and system strain.

This paper sets out four practical areas of focus to bring these capabilities together, supported by domestic and international real-world examples that show how a more connected system can be delivered in practice.

## 1. A national shared care record that works in the real world, across settings

A shared care record is not a new idea, but the case for it in New Zealand has never been stronger.

Clinicians are still too often working with incomplete information, while patients repeat their history as they move between primary care, hospitals, community services, mental health and aged care.

What is needed is a single, trusted view of a person's health information that follows them across the system and is embedded into everyday clinical workflows.

### **Saudi Arabia's national healthcare platform enables integrated care at scale**

Saudi Arabia's Healthcare Sector Transformation Program is reshaping the country's health system around integrated digital infrastructure and coordinated care.

National platforms now support prescription management, virtual care, and real-time clinical decision-making across more than 200 hospitals, serving a population of 17 million.

More than 142 million prescriptions have now been processed through the Wasfaty platform. The SEHA Virtual Hospital, launched in 2022, connecting more than 200 hospitals and delivering over 30 specialised services, including remote specialist support and real-time critical care consultation.

These investments are contributing to measurable outcomes.

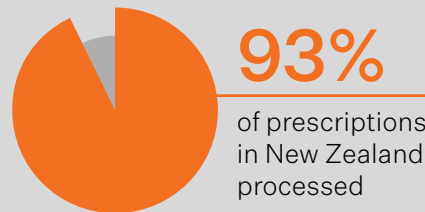
Access to healthcare services increased from 78% in 2016 to 96.41% in 2023, while life expectancy rose from 77 years to 78.1 years over the same period.

### **ePrescriptions show national-scale adoption is possible**

The National ePrescription Service is one of the clearest examples of interoperable healthcare delivering practical results at scale.

Today, the service processes around 12.5 million ePrescriptions annually, approximately 93% of all prescriptions in New Zealand.

The service reduces administrative effort, improves efficiency, and strengthens information flow across the care journey. Prescribers can now see whether medicines were dispensed, whether substitutions occurred, and whether patients collected their medication. Information that was previously inconsistent, or reliant on manual follow-up.



### **New Zealand fragmentation information limits both care delivery and system planning.**

A recent Official Information Act request by the Migraine Foundation New Zealand highlighted how difficult it is to access even basic referral data in health. The information wasn't centrally available for migraines and headaches and had to be pulled together from multiple regions, with some regions not even holding this data.

This isn't a lack of data, but a lack of connection. When information can't move, it becomes harder to see demand, allocate resources, or act early.

## 2. A digital front door that people use

Accessing healthcare in New Zealand is often confusing, with multiple unconnected websites, apps, and phone lines creating friction for patients and clinicians alike.

A health system should offer the same level of simplicity and convenience people expect from banking and other services. A platform that's clear, secure and connected.

### **A single-entry digital front door improves access for 15 million people**

Ontario, Canada, faces pressures familiar to New Zealand: an aging population, rising chronic disease, growing emergency department demand, and limited timely access to primary and community care.

Ontario has implemented a unified digital front door. The service provides a single-entry point for more than 15 million residents, combining phone and online access with 24/7 clinical support and translation across more than 230 languages.

The front door integrates triage, advice, virtual care, and navigation into a single service. More than one million users are registered, with around 70,000 interactions each month and over 34 million virtual care visits delivered since 2020.

Importantly, around 80% of users are redirected to care outside emergency departments. This reduces pressure on hospitals while improving access and equity.



**34m**

virtual care visits delivered since 2020

### **Telehealth improves access and reduces pressure on emergency departments**

New Zealand already has examples of where this can work.

Services delivered through Whakarongorau Aotearoa the National Telehealth Service reached more than 700,000 people in 2025, around 13% of the population.

Through its Emergency Triage service, delivered in partnership between Whakarongorau, Hato Hone St John, and Wellington Free Ambulance, 11,037 patients were safely diverted away from emergency departments between July-December 2024.

These examples show the impact of connected digital care, but they are not yet scaled across the system.

### **Better data at the front door will improve care decisions**

In New Zealand, emerging digital tools are already showing how better information can improve care decisions.

The scale of the opportunity is significant. The New Zealand Association of Salaried Medical Specialists data shows that lower acuity presentations account for around 46% of emergency department activity. Not all of these are avoidable, but improving front-door navigation and access could protect a meaningful share of this capacity, while helping people reach the right care setting sooner.

If these capabilities were connected across the system, their impact would extend further. Images, notes and timestamps could build a more complete patient history, giving clinicians immediate context when symptoms persist or recur. Care would be faster, more informed, and more consistent across settings.

### 3. Data tools embedded into care, planning and decision-making

Data only creates value when it informs decisions. This means putting practical tools into the hands of decision makers.

Too often, information sits in separate systems and reports, rather than being available at the point of care. Clinicians rely on manual processes, and opportunities to act early or intervene are missed.

What is needed is a set of trusted tools that bring data into the software platforms and workflows clinicians already use, supporting decisions in real time, without adding complexity or burden.

The next step is scaling this capability across the system, ensuring data is connected, actionable, and governed in a way that maintains public trust while supporting better outcomes at every level.

#### **PREDICT shows how decision tools improve care and reduce costs**

The PREDICT cardiovascular risk tool is embedded directly into primary care systems in New Zealand, supporting clinicians to assess risk and guide treatment decisions in real time.

It has been shown to prevent up to 30% of cardiac events compared with standard practice, while also reducing hospital demand and downstream costs. In Auckland alone, it has delivered estimated annual savings of \$10–\$20 million.

This demonstrates that when data is built into tools used every day, it improves outcomes without adding to clinician workload.

**\$10-20m**

estimated annual savings delivered in Auckland alone

#### **New Zealand's Algorithm Hub shows how advanced tools can be shared and scaled**

The New Zealand Algorithm Hub was developed to make modelling, forecasting and risk prediction tools available across the system, supporting decision-making during the COVID-19 response.

It enables health services, government agencies and clinicians to access and apply new models as they are developed, helping translate research into practical action.

While still an emerging capability, it shows how decision tools can be shared more widely, rather than remaining isolated within individual teams.

The next step is scaling this approach, ensuring that data tools are connected, easy to use, and available wherever decisions are made, while maintaining public trust through strong governance follow-up.

#### **SMARTSummary is making clinical information usable in real time:**

Healthcare systems hold vast amounts of patient information, but much of it sits in unstructured documents spread across multiple systems. Clinicians are often required to manually search and review separate records, reducing the time available for patient care and decision-making.

SMARTSummary provides a practical example of how AI can address this challenge. The platform uses large language models to transform fragmented clinical records into concise, clinician-ready summaries, bringing together the most relevant information from across a patient's history within existing clinical workflows.

The solution has been deployed across three Canadian provinces through Canada Health Infoway initiatives and achieved strong clinician adoption and satisfaction, including:

- 92% of clinicians rated **ease of use 4–5 out of 5**
- 84% rated **accuracy 4–5 out of 5**
- **80% would recommend** the solution to colleagues.

For New Zealand, this demonstrates how AI-powered summarisation can unlock value from existing clinical information, giving clinicians faster access to the information they need to make informed decisions at the point of care.

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## 4. Secure cloud foundations and modern infrastructure

To deliver the first three priorities, information must be able to move safely, be trusted, and be usable within real workflows.

A modern health system depends on resilient, interoperable, and secure infrastructure. Information must be able to move safely between organisations, enabling systems to evolve without constant reinvention.

### Unlocking system-wide insight

The National Data Platform marks a shift toward a more connected data environment, bringing together datasets from 28 previously separate entities into a single, standardised system.

This creates a shared foundation for data, improving visibility of demand, service gaps, population needs, and emerging public health issues.

It supports more targeted interventions and gives individuals a clearer view of how the system is performing, while operating within strong privacy and governance frameworks.

While this is a step in the right direction, it falls short of best practice and is not yet scaled across the system.

It signals progress, but significant work remains to unlock true system-wide insight.

### Turning data into operational improvement

The NHS Federated Data Platform provides a clear example for New Zealand to follow. Live since 2024, it connects more than 125 trusts, with a national rollout underway.

The platform uses a model, where each organisation retains control of its own data while contributing to a shared national view. An integration layer connects existing systems rather than replacing them.

Early results show measurable operational improvements, including increased surgical throughput, better use of theatre capacity, and reductions in long-stay patients including:

- North Cumbria: **+10% surgical throughput**
- Croydon: **+12% theatre utilisation**
- North Tees and Hartlepool: **approx 36% long stay (21+ day) patients**

**For New Zealand, this demonstrates that a government led approach can unlock value from existing systems, enable national insight, and support ongoing innovation without creating unnecessary risk.**

# From promise to practice: our delivery roadmap

By sequencing delivery and focusing on clear, tangible outcomes at each stage, New Zealand can steadily build towards a modern, connected health system.

**Phase 1:**  
**Make the basics work**  
12-18 months

Trust, adoption and capability take time.

**Phase 2:**  
**Joined up care**  
18-36 months

By sequencing delivery and focusing on tangible outcomes at each stage, we avoid overreach.

**Phase 3:**  
**A rewritten health system**  
5+ years

Building towards a modern, learning health system that continuously improves outcomes.

# Phase 1: Make the basics work (12-18 months)

The first phase stabilises the digital foundations of the health system and delivers practical tools that improve care immediately.

The goal is not to build everything at once, but to start with the highest-value capabilities and scale from there.

## 1. Shared care record: start small, scale fast

New Zealand has already demonstrated that shared information can work in practice.

This phase should focus on delivering a minimum viable national shared care record centred on high-value, high-frequency information such as care plans, medicines/allergies, patient identity and discharge summaries.

### Deliverables

- Deliver a national shared care record focused on the information clinicians need most often
- Establish clear national consent models that are understandable for the public and workable for frontline teams
- Make interoperability practical by driving consistent adoption of existing API standards rather than creating new ones.

## 2. Digital front door: shift from access to engagement

People need a simple and engaging way to interact with the health system.

### Deliverables

- Launch a simple, national entry point for people to view and use their information
- Start with utility: appointments, results, medicines, referrals, care plans and messages.

## 3. Foundations: build once for the long term

Reliable infrastructure and security are prerequisites for digital transformation.

### Deliverables

- Establish clear cloud migration plans with milestones and risk controls
- Improve core IT hygiene, including device modernisation backup and disaster recovery.
- Embed security by default through the entire system.

### What success looks like

- Fewer duplicate tests and medication errors
- Faster emergency department decision-making
- Reduced administrative burden for clinicians
- Improved referral and discharge continuity
- Strong patient adoption and repeat digital engagement
- More reliable platforms with fewer incidents and outages

# Phase 2: Joined up care (18-36 months)

Once the basics are working, the focus moves to making care feel more connected, more personal and more proactive - for both patients and the people delivering care.

## Shared care record: Expand depth and workflow impact

The shared care record evolves from a basic information view into a full picture of each person's health journey.

### Deliverables

- Expand the records to include images, care teams, clinical summaries and shared goals,
- Embed information directly into the tools clinicians already use, so it supports decisions rather than creating extra work
- Make connected care the expectations across hospitals, community, aged care, primary care, mental health and urgent care.

## Digital front door – care that fits people's lives

Digital services should become more personalised, accessible, and supportive.

### Deliverables

- Allow people to contribute their own information where it helps care, such as questionnaires, outcomes measures or home monitoring
  - Help people understand:
  - What happens next,
  - where to go,
- what they're eligible for and how to get support
  - Design for equity by default:
  - Multilingual support,
  - accessibility features,
  - low bandwidth modes
  - assisted digital pathways.

## Data and intelligence – from information to decisions

The next step is using data more actively to improve operational performance and population health outcomes.

### Deliverables

- Provide real time operational views of demand, capacity and patient flow
- Support population health segmentation and targeted outreach
- Introduce predictive risk indicators with transparent governance and clinical oversight.

### What success looks like

- Care feels more connected, no matter where people enter the system
- Fewer delays and smoother journeys through outpatient and community services
- Earlier, more preventative support instead of reactive care
- Data is trusted and used confidently to support better decisions, every day.

# Phase three: A rewritten health system (5+ years)

Over time, digital becomes embedded into how the health system learns, adapts, and improves while ensuring people are never excluded from care.

## Outcomes for patients

- Tell your story once, not at every appointment
- Faster diagnosis and treatment, with fewer delays
- Easier access to care, both online and in person
- More confidence and control over your health

## Outcomes for clinicians

- Less time on admin and chasing information
- A complete view of the patient at the point of care
- Better tools to support decisions and reduce risk
- More time focused on patients

## A shared record that follows people

The system moves from fragmented records to a trusted longitudinal health view available wherever care is delivered.

### Future state

- A complete, trusted health record accessible across New Zealand
- One reliable view clinicians can use regardless of care setting
- Seamless information sharing across the continuum of care.

## Digital as the easy option without shutting anyone out

Digital becomes the default where it improves convenience, access and outcomes while maintaining non-digital pathways for those who need them.

### Future state

- Virtual-first care is default where clinically appropriate
- Ongoing digital engagement that supports:
  - Prevention
  - Self-management
  - Long-term condition management
- Continued availability of in-person and assisted access channels.

## Smarter insight that helps the system learn and improve

The health system becomes more adaptive, proactive, and continuously improving.

- Near real-time visibility of system performance and emerging pressure points within healthcare system
- Safer, explainable AI that supports clinicians with triage, prioritisation, diagnosis and documentation, but does not replace judgement
- A continuous cycle of learning and improvement: measure, learn, improve.

## Research and innovation - delivering value while protecting trust

Health data can support research and innovation while maintaining strong governance, privacy and public trust.

### Future state

- Secure, well-governed data environments that support research and life sciences
- Faster evidence generation using real-world data
- Strong data sovereignty and governance frameworks

If we get this right, the prize is significant: A system that bends the cost curve, a workforce that is supported, not stretched to breaking point and a population that stays healthier for longer, reducing avoidable pressure on hospitals and services.

# Policy and delivery commitments

For this roadmap to succeed, several policy commitments from the government must be in place.

These are not optional extras, they are the conditions that make delivery achievable and public trust sustainable over time.

## A clear direction

Digital transformation requires consistent leadership, shared standards, and long-term accountability across the system.

### Key commitments

- A single national approach with clear accountability and shared standards
- Reduced duplication through shared procurement and common delivery models that can scale nationally.
- Interoperability is mandatory across all public health systems
- A long-term workforce plan covering product, data, security and clinical informatics capability
- Regular public reporting on progress and outcomes

## Trust, privacy and safety

Public trust must be actively earned and continuously maintained

People need confidence that their information is secure, used appropriately, and governed transparently.

### Key commitments

- Clear, plain English explanations of how data is used, with real choices for people
- Strong governance for secondary data use, including ethics, oversight and audit trails.
- Security embedded as a core part of healthcare delivery
- Modern security controls applied consistently across all systems and platforms
- Clear clinical safety expectations for AI and decision-support technologies, led by clinicians and supported by governance frameworks



# A health system worth building

There is too much at stake to continue with fragmented systems, inconsistent delivery, and short-term fixes.

New Zealand has an opportunity to build a health system that is more connected, more sustainable and better able to support people throughout their lives.

The foundations already exist. The challenge now is coordinating execution, long-term commitment, and sustained public trust.

This roadmap is ultimately not about technology alone. It is about creating a health system that is safer for patients, simpler for clinicians, and more resilient for the future.

## When we succeed, we can:

- Bend the health cost curve: Slow health-spend growth
- Lift productivity: Healthier populations mean fewer sick days and longer productive careers
- Longer, healthier lives: Predictive care enables prevention and early intervention
- Resilient health system: Fewer avoidable hospitalisations reduced pressure and workforce burnout.





Orion Health, a HEALWELL AI company, is a global healthcare technology company focused on reimagining healthcare for all. We are leading the change in digital health by working with health and care organisations to improve the wellbeing of every individual through AI-driven insights, smarter decision-making, and more intelligent coordination across the entire health journey.

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