I am writing to state that I have held a pilot contract with Southern Cross Healthcare Services for provision of fixed price affiliated provider gynaecological surgical services for the last two decades. Over this time I have provided well over 1000 procedures under this funding model. The purpose of this pilot was to explore a model of care where cost expenditure could be rationalised, without compromising patient healthcare outcomes. It was designed to introduce a triple bottom line to healthcare outcomes (Safe care, patient satisfaction, and keeping within agreed financial boundaries) and explore whether a surgeon could manage all three ethically and without compromising care outcomes.

During this pilot, and within this model of funding, I have provided a range of gynaecology surgical services from minor through to major, including complex cancer, urogynaecological, and endometriosis operations, and have received sufficient fixed price funding from Southern Cross Healthcare to cover the hospital, anaesthetic, and surgeon costs.
This pilot exercise has given me visibility over healthcare costs as they pertain to gynaecological surgical services. I can state with a high degree of certainty that this affiliated provider bulk-funding pricing relationship with SX healthcare insurer has not led to impairment of access for my patients within Wellington, or to an unacceptable constraint on the surgery provided. Furthermore, I've been able to stabilise surgical costs and reduce the chance of escalating healthcare costs by keeping annual cost increases to CPI uplifts only. Furthermore, there have been opportunities to make significant financial efficiency gains without compromising clinical outcomes or patient satisfaction.

In my view, the proposal from SX healthcare to shift from a fee for service basis to an affiliated provider fixed price model for gynaecology services is a helpful move for both patients and for health insurers. By doing so, I hope that we can stabilise historical premium payer cost uplifts and in doing so increase access for excellent private healthcare to a wider range New Zealand women. I've demonstrated in my own experience that this shift in model of funding has not compromised patient care or the ability of the surgeon to derive a reasonable remuneration for services provided.