



Kia ora

Your Official Information Act request, reference: GOV-031215

Thank you for your email of 18 March 2024, asking for the following information under the Official Information Act 1982 (the Act):

- 1. For the last 5 complete financial years the total number of treatment injury claims lodged per year with the breakdown of accepts and declines.
- 2. For the last 5 complete financial years the total number of treatment injury claims assessed as a treatment failure/delay/omission, with the breakdown of accepts and declines for each year.
- 3. Of the accepts from question two can you please tell me the costs paid by ACC for this sub-category of accepted claims, by year.
- 4. Overall, how much has ACC paid out on treatment injury claims since its introduction in 2005 and how much has it paid out in total where a claim has been defined as a failure/delay/omission to treat?

The requested information is attached to this letter as Appendix 1

Please refer to the notes for further information about the information provided.

As this information may be of interest to other members of the public

ACC may decide to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

Ngā mihi

Christopher Johnston

Manager Official Information Act Services

Government Engagement



Appendix 1

Please consider the following notes when interpreting the data:

- The data was extracted on 26 March 2024. The figures below will differ to those previously published and may change if rerun in the future, due to ACC claim reassessment and review processes.
- Costs are GST exclusive.
- Financial year is 1 July to 30 June.
- Payment data relating to this request are limited to services purchased directly by ACC (cost figures exclude Public Health Acute Services (PHAS) payments).
- Treatment omission claims include treatment injury claims that were lodged for any of the following treatment events: Delay In Delivery, Delay/Failure To Diagnose, Delay/Failure To Follow-Up, Delay/Failure To Provide Treatment, Delay/Failure To Refer, Failure To Monitor, Failure To Give Anti-D, Incorrect Radiation, Incorrect Site, Premature Discharge and Wrong Surgery.

Table 1: Decided treatment injury claims lodged between 1 July 2018 and 30 June 2023, by lodgement financial year

Lodgement Financial Year	Accepted	Declined	Total
2018/19	11,813	5,785	17,598
2019/20	12,221	5,144	17,365
2020/21	14,189	5,359	19,548
2021/22	13,951	6,539	20,490
2022/23	15,411	4,931	20,342
Total	67,585	27,758	95,343

Table 2: Decided treatment omission claims lodged between 1 July 2018 and 30 June 2023, by lodgement financial year

Lodgement Financial Year	Accepted	Declined	Total
2018/19	183	261	444
2019/20	218	241	459
2020/21	273	251	524
2021/22	234	199	433
2022/23	223	242	465
Total	1,131	1,194	2,325

Table 3: Payment to date on accepted treatment omission claims lodged between 1 July 2018 and 30 June 2023, by payment financial year

Payment Financial Year	Amount
2018/19	\$665,677
2019/20	\$4,865,956
2020/21	\$12,877,283
2021/22	\$17,855,441
2022/23	\$24,296,165
2024	\$23,926,298
Total	\$84,486,821

Payment since 1 July 2005

To 26 March 2024, for all accepted treatment injury claims lodged after 1 July 2005, the total amount paid is \$3,102,785,024. Of this, \$405,310,445 were paid on treatment omission claims.