

Event	Date	Output	Topic	Detail	Links	Links 2	Who	Due/Review	Status
Steering Group	17/06/2022	Decision	Pro-equity prioritisation	Pro-equity prioritisation approach. Discussed option of making all Māori and Pacific patients a minimum of P2. Some previous evidence suggests this may detrimentally impact other Māori and Pacific patients originally in these higher bands. Decided to work this up as option but agreed that it would require wide consultation.					Closed
Steering Group	17/06/2022	Decision	Pro-equity prioritisation	Group generally favoured a model of adding days waiting based on an algorithm linked to an assessment against Te Whare Tapa Wha (incorporating wider determinants of wellbeing), socioeconomic status from domicile codes and ethnicity. This would adjust relative position WITHIN priority bands. We will continue to work this up as an option.					Closed
Steering Group	17/06/2022	Decision	Pro-equity prioritisation	SG felt that the Urology tool is good at continuing to escalate Māori and Pacific patients to front of list as their waiting time extends further and further (due to placing them on a different weighting trajectory to others and enabling them to cross priority bands. Agreed that we would build an option that incorporated this element in addition to the other adjustment parameters described above.					Closed
Steering Group	17/06/2022	Action	Pro-equity prioritisation	Add Paul Browne to the working/consultation group for the pro-equity prioritisation tool given his experience and knowledge of the Urology tool development.			Bret	24/06/2022	Closed
Steering Group	17/06/2022	Decision	Pro-equity prioritisation	General agreement that Te Tiriti would give Māori patients a stronger weighting than Pacific on the tool but that this is only one of many adjustment criteria as described above. Suggested that ethnicity element of adjuster is same for Māori and Pacific but that Māori also have a Te Tiriti adjuster to make it clear where this additional adjustment comes from.					Closed
Steering Group	17/06/2022	Note	Pro-equity prioritisation	Raised that several other DHBs are using their prioritisation tools also as rationing tools (excluding patient groups scoring below certain thresholds in order to match demand to their available capacity). This is likely to be having an impact on equity as well. Suggested that prioritisation and rationing concepts and discussions should be kept very separate and that we need to be cautious how any tool we develop might be used differently by other DHBs in this way. Add to risk register.					Closed
Steering Group	8/07/2022	Action	Pro-equity prioritisation	Radiology will need to be considered in the scope of the pro-equity prioritisation models. They may have some challenges in operationalising such a model in their system - needs to be assessed. Action - add Radiology to scope of workstream.			Desiree	15/07/2022	Closed
Steering Group	15/07/2022	Decision	Pro-equity prioritisation	The Winter Response Steering Group determined that the pro-equity prioritisation work already had clinical and ethics endorsement. The approach does not require further approvals/consultation. Most services are already doing this in some form or other.					Closed
Steering Group	15/07/2022	Note	Pro-equity prioritisation	HR providing support to leaders to have conversations about the pro-equity prioritisation approach and model.					Closed
Steering Group	5/08/2022	Action	Pro-equity prioritisation	Add Mariella to prioritisation tool working group			Desiree	12/08/2022	Closed
Steering Group	5/08/2022	Note	Pro-equity prioritisation	We are not currently doing any equity adjustment in FSAs or Diagnostics					Closed
Steering Group	12/08/2022	Note	Pro-equity prioritisation	Bret updated on pro-equity prioritisation (see links to papers on right). Two regional hui this week (RPG and regional prioritisation). Broad endorsement of the proposed algorithm approach across the region. Other districts do have some concerns about technical feasibility and getting clinicians over line but are committed to exploring the feasibility in next 1-2 weeks. They also want to pilot across Urology and Ophthalmology surgical lists and Respiratory FSA lists first to test method and help with engagement when it comes to wider scaling.	<a href="#">Link</a>	<a href="#">Link</a>			Closed
Steering Group	12/08/2022	Action	Pro-equity prioritisation	Next pro-equity prioritisation working group session will explore comms approach.			Desiree M	23/08/2022	Closed
Steering Group	26/08/2022	Decision	Pro-equity prioritisation	Bret shared two options for implementation of the pro-equity prioritisation tool across surgical lists (see presentation link to right). There was broad consensus to proceed with option 2 - Big bang - service managed approach. The PI team will run a train the trainer model briefing Business Managers and SCDs on the tool, enabling them to then have discussions with bookers and SMOs respectively.	<a href="#">Link</a>				Closed
Steering Group	26/08/2022	Action	Pro-equity prioritisation	PI to draft an implementation tracker where services can update where they have got to on briefing key stakeholders on the prioritisation tool. This tracker will be reviewed in the steering group each week along with any risks/issues escalated by the different directorates.			Desiree M	2/09/2022	Closed
Steering Group	9/09/2022	Action	Pro-equity prioritisation	Pro-equity prioritisation comms - There was wide ranging discussion on comms opportunities related to this work including - script for bookers, intranet page (covering the what and why), inclusion in an all staff webinar, orientation day section on org approach to equity, comms to primary care, media release prepared if a response required. Action to explore all of these with Comms and agree outputs and timeframes.			Desiree	30/09/2022	Closed
Steering Group	09/09/2022	Action	Pro-equity prioritisation	Pro-equity prioritisation - Desiree shared the implementation tracker on Teams (link to right). Following the SG decision that this should be service led, the tracker provides visibility on how services are going with socialising and implementing the tool. Business Managers/GMs to update this tracker as their bookers and SMOs/RMOs etc. are introduced to the tool and set their go-live and first review dates. GMs to cascade this tool to their BMs to start tracking.	<a href="#">Link</a>		GMs	Ongoing	Closed
Steering Group	07/10/2022	Action	Pro-equity prioritisation	Confirm go live date for WT16 with new algorithm.			Bret V	14/10/2022	Closed
Steering Group	14/10/2022	Action	Pro-equity prioritisation	Future agenda item - how we are tracking the impact of the pro-equity prioritisation tool.			Paul B Desiree M	25/11/2022	Open
Steering Group	21/10/2022	Action	Pro-equity prioritisation	For application of tool to FSAs, Directorates should choose which services are highest priority to engage as we can't do all at once. Learning from applying tool to surgical lists is that each service needs individual consideration, discussion with SCDs and unique adjustment of parameters. GMs to email Desiree McCracken with their priority order for services.			GMs	04/11/2022	Closed
Steering Group	28/10/2022	Action	Pro-equity prioritisation	Confirm what the delays are for other Districts going live with tool			Duncan B	11/11/2022	Closed
Steering Group	28/10/2022	Action	Pro-equity prioritisation	Old risk score will still be going through to Navigators - Erin's team to solve this once new score live.			Erin L	09/12/2022	Closed
Regional pro-equity group	11/08/2022	Feedback	Pro-equity prioritisation	<b>Feedback from Regional Provider Group</b> Broad support of use of algorithm for prioritisation Need to understand how each district can operationalise					
Regional pro-equity group	11/08/2022	Feedback	Pro-equity prioritisation	<b>Feedback from the Regions</b> <b>Counties Manukau</b> Conceptually right direction Need to consider change management/clinicians perspective Keen to have a proof of concept and grow rapidly <b>Te Tai Tokerau</b> Principle sounds great. Starts small (2 services) and extend quickly Regional Urology meeting next week – opportunity to socialise tool FSA opportunity with Respiratory as large Maori population on this wait list <b>Waitematā</b> Would like algorithm to try on their system. If works at Waitemata, will be able to share with Counties as use the same system Keen to trial with urology as wait list issue here <b>Te Toka Tumai</b> Algorithm in excel form Look at impact on Orthopaedics and Urology Plan to trial on FSA wait list next Initiating work to building algorithm into wait list tools for bookers					
Regional pro-equity group	11/08/2022	Action	Pro-equity prioritisation	Te Toka Tumai to share tool			Desiree M	12/08/2022	Open
Regional pro-equity group	11/08/2022	Action	Pro-equity prioritisation	Others to engage with IT/PAS service to understand it can be implemented			Region	17/08/2022	Open
Regional pro-equity group	11/08/2022	Action	Pro-equity prioritisation	Look at the impact of algorithm with Urology, Ophthalmology procedures and respiratory FSA			Paul B	17/08/2022	Open
Regional pro-equity group	11/08/2022	Action	Pro-equity prioritisation	Book recurring meeting fortnightly			Desiree M	11/08/2022	Closed
Prioritisation Tool Work Group	9/08/2022	Action	Pro-equity prioritisation	Trial applying equity adjuster to Urology and an FSA wait list to visualise if it has an impact on where a patients sits on wait list			Paul	12/08/2022	Open
Prioritisation Tool Work Group	9/08/2022	Action	Pro-equity prioritisation	Meet with Mike to understand if we continue with Te Toka Tumai prioritisation work, or stop if the work isn't achievable regionally			Desiree	9/08/2022	Closed

id #	Date raised	by who	Workstream	Concern (Issue/Risk) & Impact	Cause	Countermeasure	Who	Review date
1	17/06/2022	Duncan	Regional Capacity	Raised that several other DHBs are using their prioritisation tools also as rationing tools (excluding patient groups scoring below certain thresholds in order to match demand to their available capacity). This is likely to be having an impact on equity as well. Suggested that prioritisation and rationing concepts and discussions should be kept very separate and that we need to be cautious how any tool we develop might be used differently by other DHBs in this way.	Historical practice	Ensure this is discussed at the regional meetings on Pro-equity prioritisation.	Bret	
2		Emma		Lot of risk sits in Follow ups				
3		Jim		Access to diagnostics is a significant block to primary care managing some conditions and drives referrals to secondary care.		Regional work already looking at this. Pull together high level summary.	Joanne	8/07/2022
4		Brenda		Outsourcing - don't have approval to outsource beyond BAU volumes - no extra recovery money yet. Also Health Source don't yet have new templates and Delegated Financial Authorities (DFAs) from HNZ/MHA so can't establish new contracts. (Adding to risk register)				
5		Bret		Heard that in clinics some services restart waiting time if patient DNAs. This will be hidden as waiting time will look less.		Would be good to compare system waiting time against waiting time from first referral and see how big this issue is and how it may be biased to certain groups.		
6	18/08/2022	Paul	Pro equity prioritisation	Dependent on getting right fields of Data (currently manual piece)	IT data system	Work with Erin to ensure appropriate fields in Data warehouse available for priority tool to use	Paul B	18/08/2022
7	1/09/2022	Working Group	Pro equity prioritisation	Booking process - not followed due to surgeon involvement	Historical practice, surgeons wanting to own their lists and getting bookers to follow their request	Dashboards to monitor booking order and address if/when an issue	Business Managers	
8	1/09/2022	Working Group	Pro equity prioritisation	Surgeon push back	Personal bias	Use evidence to support tool and reason behind it	Directors/SCD	
9	1/09/2022	Bret	Pro equity prioritisation	Adjustor not 'hard' enough to see a difference	Generic starting point	Monitor at monthly POP meetings and adjust if needed	Business Managers/POP	
10	1/09/2022	Sarah D	Pro equity prioritisation	Not comparing apples with apples for cancellations if basing it on equity adjustor only	If services have different starting points/inclinations	Consider to use clinical priority, ethnicity, previous cancellations, out of auckland as reasons to defer		

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