Appendix 3: Reset and Restore 101 recommendations progress update

The table includes the recommendations and the RAG status.

Objective	R&R Reference	RAG Status	Task Name
Release planned care capacity, provide care to patients in their community in timely way	RR30	To Commence	Work with various expert groups to ensure clarity of opportunities in primary care
	RR32	To Commence	Assess the opportunity to roll out the primary care pathway for abnormal uterine bleeding to other districts and regions
	RR33	To Commence	That approaches to the assessment of urinary incontinence and prolapse are further assessed with a view to developing a national pathway
	RR34	To Commence	Consider the opportunities provided by moving the named range of services into the community.
Release inpatient planned care capacity, provide care to patients in their community	RR62	To Commence	Continue to develop telehealth. Such development should include whether telehealth capability can be provided in a community setting to assist those without digital access
	RR63	To Commence	Work with other government agencies to address cellular and internet coverage issues
	RR101	To Commence	Expand Facilities for telehealth

Nationally consistent approach to accessing diagnostic services and monitoring of service performance	RR42	To Commence	Establish a single Radiology Clinical Network
	RR43	To Commence	Ensure consistency in the development of national clinical pathways involving radiology
	RR45	To Commence	Radiology services should apply the nationally agreed prioritisation criteria endorsed by National Radiology Advisory Group the to the waiting lists
	RR31	To Commence	Pathways and facilities that make access to diagnostic imaging easier should be prioritised in each region
	RR47	To Commence	Ensure regional cooperation to share access if clinical risk in one district for a modality is excessive compared to reasonable alternative access within the region
	RR46	To Commence	Mandate each region to establish consistency of approach to radiology waiting list management
	RR50	To Commence	Develop a national strategy directing future investment in mobile diagnostic provision
	RR99	To Commence	Expansion of mobile diagnostic facilities
	RR49	To Commence	Determine the private sector capacity required to recover waiting lists
	RR44	To Commence	Ensure data are collected and reported nationally on CT, MRI and other outpatient radiology modalities

Provide timely access to endoscopy services, monitor performance against KPIs	RR35	To Commence	Implement the FIT for symptomatic pathway, noting the caveats regarding equity
	RR36	To Commence	Continue to seek advice regarding the use of FIT in other aspects of colonoscopy prioritisation
	RR41	To Commence	Establish waiting time indicators for gastroscopy and record these in the national dataset
	RR37	To Commence	Explore provision of endoscopy by accredited endoscopists in private facilities
	RR39	To Commence	Explore options for mobile provision of endoscopy
	RR38	To Commence	Establish plan for increasing the endoscopy workforce
Consistent clinical decision making and access to services across regions	RR51	Commenced	Develop a standard approach to priority categories
	RR29	Commenced	Establish national consistency in the terminology used for prioritisation
	RR23	Commenced	Ensure nationally consistent prioritisation systems
	RR2	Commenced	Confirm an explicit prioritisation framework if delay/cessation of any services are required
	RR3	Commenced	Confirm an explicit prioritisation framework for restarting services that have been deferred
	RR24	Commenced	Work with clinical experts to define agreed minimum access thresholds for various conditions and work toward national capacity for such access recognising this will be a long term objective

Inform investment decisions for workforce, capacity and facilities	RR22	To Commence	Develop tools to assess unmet need
Monitor application of national clinical prioritisation system	RR55	Commenced	Develop approaches to recording and understanding the rates of referrals received vs declined
Nationally consistent access to FSA	RR52	Commenced	Insist on a consistent and disciplined approach to scheduling
	RR17	Commenced	Consider setting minimum FSA delivery volumes and follow up to FSA ratios
Link to prioritisation project	RR54	Commenced	Consider if review of long waiting patients is required to determine if FSA is still required.
Accurate, timely data to monitor performance and inform actions required	RR98	On Plan	Establish ongoing weekly, monthly, quarterly reporting covering at least volume of planned care provision, number of overdue cases by time cohorts on waiting lists for planned care (including Diagnostics, FSA, Treatment follow up) by specialty, ethnicity and district.
	RR67	Commenced	Waiting times need to be accurately measured and reported both at District and Regional level and assessed nationally by Te Whatu Ora.
	RR89	To Commence	Overdue follow-ups data needs to be collated by region, district, ethnicity and specialty to understand the size of the waiting list
	RR68	Commenced	Institute regional wait lists with regional clinical leadership to assess consistency in how patients are assessed and referred to wait lists
	RR40	Commenced	Develop a national dataset that enables identification of all patients on colonoscopy and gastroscopy waiting lists

Eliminate patients waiting over target times for elective surgery Data provided to inform decision making on intervention needed to improve waiting times for treatment and monitor improvement over time	RR64	Commenced	As per the planned care Directive from Te Whatu Ora, scheduling must address those patients waiting over 365 days with priority within this group to Māori and Pacific. Actively tackle long waiting lists and schedule ESPI 5 patients waiting >12 months by 31 December 23
	RR53	Commenced	Identify the patients waiting >12 months for FSA using the clinically assigned priority and book FSA in priority order. (Waiting Times Directive)
	RR80	Commenced	Consideration is given to establishing a volume target expectation at a district level of increased internal delivery of planned care surgery within existing resources
	RR73	Commenced	Establish clarity of the dental waiting list
	RR74	Commenced	Maximum waiting times for dental treatment be introduced and monitored
	RR96	Commenced	Develop, run and evaluate district and service level reports of long waits (FSA and Treatment) and promote regional approaches to remedy
	RR84	To Commence	Review of current follow-up lists, especially to identify patients where clinical risk is regarded as excessive
Theatre capacity is documented and its utilisation reported to monitor if maximum utilisation achieved and inform actions	RR75	Complete	Te Whatu Ora establishes an expert working group to establish a national set of agreed metrics such as the definitions of theatre start time and theatre utilisation.
	RR78	Complete	Confirm the number of resourced operating rooms available and the proportion of these that are dedicated to elective service delivery only
	RR79	Commenced	Establish key metrics to support weekly monitoring and reporting of operating room utilisation at a district and regional level
	RR76	Commenced	Transparent reporting of theatre utilisation, efficiency and productivity

	RR81	Commenced	Booking and scheduling needs to be properly resourced and rigorously monitored to ensure correct waiting list management
	RR25	Commenced	Acute capacity must be right sized to avoid the frequent disruption of the system's ability to carry out planned care
	RR100	Commenced	Consider dedicated planned care theatres, especially for surgery
	RR26	Commenced	Where scale allows, develop capacity for the provision of planned care that is protected from the impact of acute demand
	RR77	To Commence	Improve overall theatre capacity and utilisation within the public system
The impact of a patient's location on access to services is neutralised wherever possible	RR66	Commenced	The District and Regional approach to excessive waiting times for treatment must consider pooling of lists and approach to outsourcing to avoid worsening inequity of access
	RR69	Commenced	Where it is practical, patients will be offered opportunities to get their surgical planned care outside district. This already happens in some areas
	RR65	Commenced	Work to occur to identify actions to address observed inequities based on ethnicity on district waiting lists including shared use of available regional capacity
	RR70	Commenced	Increase the movement of teams between sites to make the most of underutilised capacity and ensure provision of care closer to where people live
The impact of a patient's ethnicity on access to services is neutralised wherever possible	RR48	Commenced	Where high priority cases are waiting excessively long, regions should have support services established, especially to assist Māori and Pacific patients access imaging
	RR10	Commenced	Development of Pacific equity, community and family focussed models for care navigation should be investigated (community out into hospitals)
	RR9	Commenced	Develop nationally consistent policies regarding "did not attend". These policies should include the role of cultural support/culturally appropriate health navigation services.
	RR4	Commenced	Services should reorient to meet the needs of Māori including interventions such as redeploying existing staff or using alternative locations to deliver services

National capacity for elective surgery is maximised	RR92	Commenced	Engage with Private sector to secure marginal capacity
	RR94	Commenced	Specifically explore the NZOA proposal and consider implementation
	RR93	Commenced	Develop a strategic commissioning framework for private planned care provision
Clinical pathways include framework for appropriate follow up care, increasing planned care capacity where appropriate	RR82	To Commence	Create capacity for FSAs by eliminating unnecessary follow-ups. Facilitate discussions with services to identify lower value follow up work that can be avoided to enable provision of long wait FSA and treatment
	RR86	To Commence	Explore the role of patient-initiated follow-up after some procedures
	RR83	To Commence	Review of follow-up plans at discharge
	RR85	To Commence	Consideration of the value of further follow-up each time a patient is seen in clinic – oversight of this should be provided by SMOs
	RR90	To Commence	Explore the role of non-hospital follow-up; for example, the role of optometry in follow-up for some ocular conditions
	RR18	To Commence	Consider setting minimum virtual follow up volumes
	RR87	To Commence	Consider expansion of virtual advice as appropriate, as distinct from telehealth appointments.
	RR88	To Commence	Increase the use of telehealth for follow-up work that is necessary but where in-person contact is not essential.
	RR19	To Commence	Consider extending Ophthalmology overdue follow up reporting to all services

Data collected meets required clinical, operational, management and data requirements Data is accurate, timely and enables insights on performance and informs decision making	RR13	Commenced	Te Whatu Ora to review existing data analytics capability and capacity and consider the data governance and data quality processes required to enable robust measurement and monitoring of planned care service delivery
	RR14	Commenced	Review the ongoing requirements for national data governance and data quality management systems to provide assurance of the quality and completeness of national collections data
	RR16	Commenced	Establish a mechanism that provides visibility of compliance with national collections requirements, and provide feedback to support continuous improvement in data quality
	RR56	Commenced	Work towards full compliance with National Patient Flow (NPF) data requirements
Consistent clinical management provided to patients across regions	RR8	To Commence	Establish expert working groups to achieve national consistency in relation to access policies based on BMI, HbA1c and smoking status
	RR27	To Commence	Agreed pathways and guides should be developed that cover the whole journey through the planned care continuum
	RR20	Commenced	Work with various expert groups to ensure clarity on opportunities for improved clinical pathways involving allied health or specialist nursing roles and develop pathways for implementation
	RR28	To Commence	Where nationally validated management guidelines for a condition have been developed these should be referenced as having been consulted and appropriately followed when referring to secondary services
	RR91	To Commence	Further develop roles of Nurse Practitioners and Clinical Nurse Specialists
	RR57	Commenced	Consider the role of orthopaedic physiotherapy assessment.
	RR58	To Commence	Develop national pathways for allied health and ORL.

	RR71	To Commence	Following expert review, evaluate and develop a national approach to prehabilitation pathways for at least one significant surgical cohort e.g. Fit for Surgery
	RR59	To Commence	Monitor and evaluate the outcomes of the pilots that are increasing Ophthalmic capacity
	RR60	Commenced	Establish a working group to evaluate the potential for and development of pathways involving optometrists in the provision of intravitreal injections
	RR61	Commenced	Work with PHARMAC on potential new ophthalmic drugs
	RR72	To Commence	Establish a commissioning workstream to agree and implement new national and regional pathways and commission increased capacity for specialist dental care, especially that requiring sedation or general anaesthetic
	RR12	To Commence	Long term investment in Pacific workforce
	RR21	To Commence	Align Workforce development models of care
Increased quality and visibility of data reporting current health equity performance and improvement over time	RR15	Commenced	Review planned care performance monitoring frameworks and updates to include routine reporting of metrics by ethnicity
	RR7	Commenced	Ensure ethnicity information is accurately collected and presented in accordance with HISO standards
	RR97	Commenced	Develop a clear set of shared measures and reporting framework which displays normalised equity performance measures
	RR11	Commenced	Ensure visibility of data and evidence that specifically identifies where inequity exists in the pathway for Pacific
	RR6	Commenced	Report reduction of excessive waiting times of Pacific
	RR5	Commenced	Monitor, report and act upon impacts on equity for Māori from the pandemic, and specifically outline how Te Tiriti obligations will be met throughout the planned care reset and restart
	RR1	Commenced	Examination of data to determine the extent to which interruption to planned care has disproportionately affected Māori

Consistent national process to clinical review in place	RR95	To Commence	Establish a process to review applications of new technology and treatments for publicly funded care