

Directive

Implementation of planned care taskforce actions

1. The Planned Care Taskforce was established in May 2022 in order to identify issues and opportunities in the delivery of planned care, including those that offer rapid benefits. The Taskforce was established in the context of increasing waiting lists due to COVID-19 disruption.
2. The Taskforce comprises of expertise in Hospital and Specialist Care, Primary Care, Planning and Funding, Māori Health, Operational, Medical and Clinical Management.
3. I have received advice from the Taskforce on immediate actions which can be taken to address Planned Care wait lists. This advice is in line with advice provided by the Planned Care Taskforce Chair in a letter to DHB Chairs on 13 May 2022, and a letter to the Regional Directors on 20 June 2022.
4. These recommendations are:
 - Actively tackle long waiting lists and schedule ESPI 5 patients waiting >12 months by 31 Aug 2022 with priority given to Maori and Pacific as well as treating P1 and P2 in the right timeframes.
 - Develop, run and evaluate district and service level reports of long waits (FSA and Treatment) and promote regional approaches to remedy.
 - Identify the patients waiting >12 months for FSA using the clinically assigned priority and book to receive FSA in priority order by 30 Sept 22.
 - Create significant 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.
 - Focus on maximising clinic and theatre efficiency and how this is measured and monitored.
 - Within existing delegations and practice, continue to ensure active use of outsourced and outplaced theatre, endoscopy and radiology capacity to maximise care provided during the winter period.

Ref No. CE001 - 19 July 2022

Addresses

For Action:

District Directors
Regional Directors

For Information:

National Director
Hospital and Specialist
Services
District Chief Operating
Officers
District CMOs
District DoNs
District DAHs
District CFOs
District Funder GMs

Enquiries to:

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- Improve reliability of reporting into NPF by all districts to enable measurement of planned care performance across the system.
- Where it is practical, patients should be offered opportunities to receive their surgical planned care outside of their district.

Action

1. All District and Regional Directors must implement the above recommendations
2. All Districts and Regions must report fortnightly against long waits for treatment to the National Director Hospital and Specialist Services . It is my expectation that your report for the end of August will demonstrate there are no patients waiting >12 months that are not booked for treatment.
3. All Districts and Regions must report fortnightly against long waits for FSAs to the National Director Hospital and Specialist Services. It is my expectation that your report for the end of September will demonstrate there are no patients waiting >12 months that are not booked for an FSA.
4. Regional wait lists must be implemented with input from regional clinical leadership to assess consistency in how patients are assessed and referred to wait lists.

Signed:



Fepulea'i Margie Apa

Chief Executive

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