

Evaluation of two tools used for waitlist prioritisation
for planned care in Health New Zealand – Te Whatu Ora

Appendix 1: Evaluation of equity adjustor tools for surgical prioritisation: Terms of Reference

March 2024

Purpose of the evaluation

To evaluate the equity adjustor tools used for surgical prioritisation and consider implications for future use of such tools.

Background

Prioritisation

Prioritisation is routinely applied in a range of approaches in healthcare from allocation of funding to clinical priority, in Aotearoa New Zealand as in all other comparable countries.^{i, ii} Prioritisation approaches have been in existence for decades in New Zealand. Prioritisation approaches include individual clinical decisions, guidelines/pathways, eligibility criteria, waiting list management, services/interventions that are funded (including co-payment requirements), strategy and broader health funding allocations. There are a range of clinical, economic, legal, social and ethical considerations in the application of prioritisation approaches.ⁱⁱⁱ The Equity adjustor for surgical prioritisation is an example of a local (service) level application of a prioritisation tool in the context of planned care decision-making.

Te Whatu Ora was formally established on 1 July 2022. The CEO issued a directive in July 2022 requiring planned care services to review their long waiters and ensure an equity lens is applied to prioritisation. In addition the Planned Care Taskforce issued a report in October with recommendations to improve equity of access to planned care prioritisation for non urgent care where wait lists occurred.

Equity adjustor

The equity adjustor is a technical tool that includes service and social factors which are presented as a numerical weighting that is considered in decision-making and prioritisation of surgical booking and waiting lists. The application of the weighting occurs after the individual clinical prioritisation process has occurred (using the traditional Clinical Priority Assessment Criteria (CPAC) scoring process).

One tool was developed approximately three years ago as an internal service initiative in the Te Toka Tumai surgical service, supported by the Northern Region Planned Care Group. A similar tool was developed in the South Island more recently with a similar approach and application.

- i. Tenbense T, Cumming J, Ashton T, Barnett P. Where there's a will, is there a way?: Is New Zealand's publicly funded health sector able to steer towards population health?. *Social Science & Medicine*. 2008 Oct 1;67(7):1143-52.
- ii. Tenbense T. Does more evidence lead to better policy? The implications of explicit priority-setting in New Zealand's health policy for evidence-based policy. *Policy Studies*. 2004 Sep 1;25(3):189-207.
- iii. National Ethics Advisory Committee. 2021. *Ethics and Equity: Resource Allocation and COVID-19*. Wellington: Ministry of Health. <https://neac.health.govt.nz/publications-and-resources/neac-publications/ethics-and-equity-resource-allocation-and-covid-19/>

The purpose of the tools is to address known ethnic and other inequities in the receipt of surgery and timeliness from decision to operate to date of surgery through earlier patient engagement, booking and scheduling of elective procedures.

Legislative context

One of the three Purposes of the Pae Ora (Healthy Futures Act) 2022 is:

- b) achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori.

In Section 1 the most relevant of the health sector principle that applies to this evaluation is:

- a) the health sector should be equitable, which includes ensuring Māori and other population groups
 - i. have access to services in proportion to their health needs; and
 - ii. receive equitable levels of service; and
 - iii. achieve equitable health outcomes:

Section 6 of the Act outlines mechanisms to give effect to Te Tiriti o Waitangi. This review is consistent with the legislative framework, with Te Aka Whai Ora working collaboratively with Te Whatu Ora on both the assessment and oversight of the review.

Evaluation scope

The evaluation of the equity adjustor tools will focus on the Northern region tool and the South Island tool.

An evaluation is a rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy to determine the extent to which it is achieving its objectives.

Evaluations are an important part of the broader service development, quality assurance, and quality improvement aspects of healthcare. Evaluations should inform a decision – the scope is to evaluate the equity adjustor surgical prioritisation tools.

Questions the evaluation seeks to answer in relation to the equity adjustor tools:

1. How does this tool fit within the broader context of prioritisation and approaches to addressing health equity?
2. What was the rationale for the application of the tool?
3. What are the technical aspects of the tool (inputs into the model), how has the tool been applied, and is it effective?
4. What are the implementation considerations including service impacts, patient support, training, communications, ethical and legal aspects?
5. Are there unintended consequences or potential harm related to the application of the tool, including disadvantage/impacts on others on the waiting list?
6. What is the oversight of the tool?

In addition, documentation of other equity tools in use (for example, a stocktake) across Te Whatu Ora will be undertaken and may outline other relevant case studies of tools as part of considering criteria, principles or recommendations around the development of future tools.

Drawing on the findings from the evaluation and the documentation process noted above, wider learnings will then be generated that can then be used by Te Whatu Ora with the Review Panel making recommendations for the future use of these tools and other related approaches.

Process

A review panel will be convened, with a technical working group to provide expertise in the assessment of the tools.

An evaluation framework and analysis plan will be developed and approved by the panel. Quantitative data will be examined in relation to the tool, waiting lists or planned care, and key Te Whatu Ora staff will be interviewed.

The stocktake will be undertaken separately by the Commissioner and Hospital and Specialist Services.

Review Panel

The review panel will report to Dr Dale Bramley, National Director of Improvement and Innovation. Additional reviewer(s) with particular areas of expertise may be appointed/asked to contribute to support the Review Panel, as required.

Members of the Review Panel will be:

- Professor Rod Jackson, Epidemiologist, Professor – Medical Epidemiology and Biostatistics, University of Auckland (Chair)
- Professor Jonathan Koea (Ngāti Mutunga and Ngāti Tama), Hepatobiliary and General Surgeon, Health New Zealand – Te Whatu Ora Waitematā, and Professor of Surgery, University of Auckland
- Professor Dr Sue Crengle (Kāti Māmoe, Kāi Tahu, Waitaha), General Practitioner, Public Health Physician and Professor of Hauora Māori, University of Otago
- Professor Michael Ardagh, Emergency Medicine Physician, Health New Zealand – Te Whatu Ora Canterbury, and Professor of Emergency Medicine, University of Otago

- Dr Jade Tamatea (Ngāti Maniapoto, Ngāti Kahungunu), Endocrinologist, Health New Zealand – Te Whatu Ora Waikato, Senior Clinical Advisor, Hospital and Specialist Services, Te Aka Whai Ora, and Senior Lecturer, University of Auckland
- Luisa Lilo, Senior Nurse and Service Manager for Fanau Ola, Pacific Health Middlemore Hospital, Health New Zealand – Te Whatu Ora
- Dr Karen Bartholomew, Public Health Physician, Director of Health Equity, Service Improvement and Innovation, Health New Zealand – Te Whatu Ora

Members of the Technical Working Group:

- Kadin Latham (Ngāi Tahu), General Manager, Data, Digital & Knowledge Systems, Mātauranga Māori, Te Aka Whai Ora (Chair)
- Dr Suneela Mehta, Public Health Physician and Epidemiologist, Service Improvement and Innovation, Health New Zealand – Te Whatu Ora
- Dr Lifeng Zhou, Senior Epidemiologist, Service Improvement and Innovation, Health New Zealand – Te Whatu Ora
- Dr Cheng Kai (CK) Jin, Health Informatics Fellow, Service Improvement and Innovation, Health New Zealand – Te Whatu Ora
- Andrew Palmer, Northern Region Hospitals Analyst, Hospital and Specialist Services, Health New Zealand – Te Whatu Ora
- Dr Corina Grey, Public Health Physician and Epidemiologist, Clinical Advisor Pacific Health, Public Health Agency, Manatū Hauora

The Review Panel acknowledges the time and expertise of Dr Melissa McLeod, Dr Ricci Harris and Dr Lupe Taumoepeau for their earlier contributions to the Technical Working Group or the Review Panel.

A range of highly skilled internal and external reviewers will peer review the final document.

Deliverables

The Review Panel will provide interim progress updates to the National Director of Service Improvement and Innovation and the Chief Executive, Te Whatu Ora, as well as to the Executive Leadership Teams and Boards of both Te Whatu Ora and Te Aka Whai Ora.

The Review Panel will produce a report that will address the key questions identified in these terms of reference and make recommendations if appropriate to the National Director of Improvement and Innovation. The National Director of Improvement and Innovation will receive the report as well as any external peer reviews required of the report, and will then provide a final report to the Chief Executive Officer.

Timeframe

The draft report will be sent for external peer review by December 2023. The final report will be provided by the 29 February 2024 to the CEO, from there the CEO will progress the report to both Te Whatu Ora and Te Aka Whai Ora Executive Leadership Teams and Boards for consideration. It is expected that process will be completed by early December.

Issues and conflict resolution

Issues and potential conflicts will be identified and documented by review members and escalated within Te Whatu Ora as identified.