

RE: UPDATE: 100 Day Plan initiatives



Richard Hamblin

To 'Ben McBride [DPMC]'

Reply Reply All Forward

Sat 9/12/2023 5:15 pm

Hi Ben Just to confirm my thanks for this. Peter Jansen asked me to confirm the commission's interest readiness in helping in any way we can and has asked to be kept in the loop as this develops. His cell phone is

Many thanks again

Richard

Richard Hamblinhe/him/ia

Director, Health Quality Intelligence | Tumu whakarae, kounga hauora

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FW: Urgent request from MoF for alternate recs for health targets Cab paper

Ben McBride

To Richard Hamblin

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Wed 28/02/2024 4:25 pm

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Updated FINAL 28 Feb cabinet paper - Confirming the five health targets.docx

58 KB

Hi Richard

Have you been consulted on this paper? Based on past experience I assume not, but it will go to Cabient on Monday after the cab committee meeting was cancelled (the Minister was in the house disestablishing TAWO).

There has been a bit of backwards and forwards, but I've written HQSC into the recs, along with MoH. This relates to HNZ engaging with you and seeking your buy in to its performance measurement framework by 30 April. As we've discussed, this relates to the need to have a framework that tells you about the performance of the whole system when you discuss progress against the targets

Happy to discuss

Ben

RE: Forming advice on gaming of health targets and mitigations



Richard Hamblin

To 'Jo Williams'

Reply Reply All Forward

Mon 29/04/2024 4:30 pm

On the unintended consequences of publishing performance data in the public sector.pdf 2 MB

Rough estimate of ED pathway (very simplified.pptx 62 KB

Hi Jo

Yeah sure

Happy to take you through the research on this – best place to start is Peter Smith’s seminal work from (eeek) 30 years ago (attached) – the point being that the unintended consequences are wider than gaming (although this is a real and destructive issue)

Of the five announced targets, three have obvious risks of gaming (the two elective waits and ED waiting times) We know from Tenbensen and from our own analysis that this happened in EDs last time. The real worry on electives is that with explicit rationing in place (which I believe remains the case) the score to “get on the list” is de facto raised. Even without this any WT time target that doesn’t run referral to treatment risks the possibility of ox bow lakes (ref: Carol Propper some time in the mid 90s) between the measures points of the system. As a measure tightly coupled to its end goal imms is pretty sensible, I haven’t had long enough to think about the cancer one to comment – but it has been of some value elsewhere (distributions inside the 31 days and access to “what?” are probably the detail in which the devil resides)

In terms of mitigation you have three major approaches to avoiding unintended consequences

1/ audit of data – often this can be done simply by looking at the distribution of results (discontinuity near target point demonstrates gaming) or use of balancing measures

2/ change of target measure or value (measure is more useful)

3/ a more comprehensive consideration of the system in which the target measure operates, what the influences are and thus the measures needed is probably of the most value – attached was one I knocked up around the ED target in conversation with DPMC a few months back – it may be of some use – the advantage of these is they give you a starting point about how you actually solve the problem rather than make the numbers look good...

Anyhow hope that’s a reasonable starting point, very happy to talk further – I think your paper outline looks sensible and its an important paper I think

Best

R

RE: Final draft health targets Cabinet paper and implementation plans

Richard Hamblin

To 'Jo Williams'

Reply

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Thu 13/06/2024 1:44 pm

Hi Jo

Some quick first blush thoughts – not really for changes at this stage.

Table 1 – this is probably all that is achievable especially in light of the financial issues alluded to elsewhere bit I wonder how the relatively small improvements being targeted here will land with the public.

Para 36 – I have a suspicion that this might be seen as "marking your own homework" by the public – is there an MoH/HQSC role (under para 41 perhaps) to provide a quarterly commentary on I'll read what we see and what this means.

Para 41 – yes but there's been very little progress in actually involving either of us in this to date!.

I'll read properly and get back to you any thoughts by tomorrow
\
Best
R

Richard Hamblinhe/him/ia
Director of Health Quality Intelligence | Kaitohu Kounga Hauora



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Health targets - Ministry's value add in stewardship oversight and reporting

JC

Jane Carpenter

To Richard Hamblin

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Fri 29/11/2024 12:34 pm

Kia ora Richard,

I've just started back at the Ministry of Health in the system monitoring team, and I will be taking a lead on solidifying and coordinating the Ministry's role in the oversight of Health Target Implementation. I saw your name on the Health Target Coordination Group and thought I'd get in touch.

We're wanting to clearly distinguish ourselves from HNZ as the responsible agency for managing and reporting on health targets and take an assurance and system view. I'm interested in hearing what you / others in your team think that could look like, HQSC's contribution and how we could work together. For example, I've noticed that current reporting lacks a consumer voice and I wonder if this is something HQSC could provide intelligence on.

I look forward to hearing from you with some suitable times to meet with you and / or your team.

Ngā mihi, nā

Jane Carpenter [\(She/Her\)](#)
Principal Advisor
Regulation and Monitoring

[Redacted Address]

Manatu Hauora, 133 Molesworth Street Thorndon, Wellington 6011



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Draft process for monitoring for gaming of health targets - feedback requested

JW

Jo Williams

To

Duncan Bliss; Richard Hamblin

Cc

Hayden Luscombe; Kirsten Stephenson; Emma Quealey

📄

Draft process for monitoring for gaming 6 Dec for HQSC and HNZ.docx

258 KB

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Fri 6/12/2024 4:04 pm

Kia ora koutou

Thank you both again for your input earlier this year looking at the potential for gaming of health targets. We have now pulled together a draft process for monitoring for the gaming of targets and unintended consequences of the target programme.

The draft process (attached) consists of:

- The Ministry and HQSC establishing a minimum set of information that will be used each review/audit to check for gaming and unintended consequences.
- The Ministry of Health and HQSC running a review/audit of health target gaming and unintended consequences every six months, with the first review to be completed in January/ February 2025
- Health NZ putting in place, as part of its internal performance assessment framework, a plan to regularly monitor for and deal with instances of gaming and unintended consequences

The draft process contains a minimum set of process assurance questions and metrics specific to each target. We intend that this will be the basis of the six monthly review, but reviews wouldn't be limited to this information only. Richard, really interested in your thoughts about what else might be useful to add to this minimum set.

Duncan, have you already thought about how regular monitoring for gaming might take place in Health NZ?

I would be grateful if you could both have a look at this draft process and let me know if you have any feedback. If you could come back to me by next Wednesday with any thoughts, that would be most appreciated!

Regards

RE: Jane Carpenter|Richard Hamblin initial catch-up (in-person)

JC

Jane Carpenter

To

Richard Hamblin

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Thu 19/06/2025 10:59 am

Kia ora Richard,

Nice to catch-up and identify opportunities to work together on Health Targets over the coming year.

- My notes from the conversation is below for our records, and I spoke to Jo Williams about the balancing measures and gaming and unintended consequences analysis and I believe she will share that work with you (feel free to give one of us a nudge if you haven't got it get).
- Note looking to establish a programme management approach to health targets, which includes establishing a leadership group to provide oversight of the programme and issues and risks – intend for HQSC to part of this, will look to establish in July and first meeting second half of quarter, noting finalisation and timing may be affected by the change process. Jane to share workplan when complete.
 - Intend to use the Ministry's quarterly system monitoring report to provide the Minister with reporting on unintended consequences and gaming every 6 months and unwarranted variation every alternative 6 months. As well as any novel HT-related analysis prioritised through the Ministry's issues register.
 - Also have weekly, fortnightly and monthly reporting in issues, risks, results and activities.
 - Initial thoughts from Richard on things that HQSC can do
 - o Insights reporting and soft intelligence – eg concern that CRASH / rapid response teams are increasing which may be related to ED admissions before full work-up
 - o Reach tool – eg triage levels in ED. Can identify where quality risk lies
 - o ED-specific questions coming from the patient experience survey for the first time
 - o Could provide quality improvement expertise – would need to be formally commissioned from Health NZ as some but not a lot of spare capacity
 - o Have commissioned NZIER to look into the cost of delay to quantify the value of improved access
 - o Could also do some re and post PROM analysis in a pilot site eg in relation to knee replacement
 - Agreement that the Leadership Group would be an appropriate mechanism to identify areas for collaboration ongoing – while that is being established, Jane to discuss above thoughts internally and stay in touch about any potential opportunities for collaboration.

Ngā mihi, nā

Jane Carpenter [\(She/Her\)](#)

Principal Advisor

Manatū Hauora, 133 Molesworth Street Thorndon, Wellington
6011



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RE: Pre-meet - PHO data session with Sprint +

JC Jane Carpenter [REDACTED]

To ○ Richard Hamblin

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Tue 1/04/2025 1:20 pm

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 Assessment table - initial measurement options from PMS.docx ▾
69 KB

Kia ora Richard,



I've highlighted the two that I think you / HQSC would be particularly interested in. Happy to discuss, and if there are any lessons from your involvement in other health targets re what worked/didn't then useful to know and incorporate into the planning.

Happy to discuss.

Ngā mihi, nā

Jane Carpenter [\(She/Her\)](#)
Principal Advisor
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