

OBJECTIVE

Improved planning, administrative and accountability arrangements to ensure the effectiveness and efficiency of decision-making.

FINDINGS AND OBSERVATIONS

The successful implementation of the changes we recommend will depend on the effectiveness of the structures and capabilities of the key players in NSW Health, namely the Department of Health, the Area Health Services and the Area Health Service Boards and State-wide services.

We examined:

- the roles and relationships between the players
- the effectiveness of the present planning and accountability structures
- the appropriateness of Area Health Service boundaries
- opportunities for improved efficiency in administrative structures

On the matter of **roles and responsibilities** we believe that in the short- and medium-term there must be a greater devolution of decision-making throughout all parts of the system – that is, from the Department to Area Health Services, and from Area Health Services to local clinicians and managers. We believe this must be carefully managed to ensure that at each level, increased responsibilities are aligned with appropriate skills and capabilities.

We also recommend that greater devolution will not be possible unless there is a clearly articulated health strategy for NSW Health with defined and measurable performance indicators to ensure that Area Health Plans are more closely aligned with health objectives for the whole of the State's health care system.

On the matter of **planning and accountability** we believe that there are important and urgent improvements needed to support many of the recommendations we advocate. We are concerned that at the time of commencing our review there was no collectively agreed plan about the future role and distribution of health services across the whole of Sydney, and no long-term agreed directions to improve the quality and accessibility of services to rural communities.

The issue of **Area Health Service boundaries** is a more complex one. We have not recommended major structural changes at this time. More important and urgent changes are needed, such as improving clinical practice, overhauling patient information systems and introducing major changes to funding systems. These changes will be of greater benefit to consumers and health workers than structural change, and should be given priority.

Finally, on the matter of **efficiency** we believe that some short- and medium-term improvements should be introduced to improve the value for money of administrative arrangements. This is especially true in areas such as contracting to other sectors for the provision of support services, for example cleaning and catering.

Recommendations:

Short-term priorities to support Council's reforms

101. That the Department update the strategy of NSW Health to take account of Council's recommendations, the NSW Government's allocation of three-year budgets and the recommendations of the Ministerial Advisory Committee on Health Services in Smaller Towns.
102. That the Department develop a consolidated financial strategy to bring together all aspects of funding policy and resource allocation, as recommended in Council's funding strategy.
103. That the Department develop a consolidated, simple set of performance indicators which reflects a balance between health equity, health outcomes and financial indicators, and which can be used at all levels of the system.
104. That planning arrangements be improved to create a single, consolidated, three-year Area Health Plan.
105. That Performance Agreements for Chief Executive Officers and Area Health Boards should be changed to reflect the priorities of the Area Health Plan.
106. That the Department take a stronger role in mandating the requirements of information technology systems, and examine options for Area Health Services to share or aggregate their information technology support services.
107. That the funding for information technology be separately identified from the funding for physical infrastructure, to promote greater transparency of expenditure on information technology.
108. That Area Health Services be required to enter into specific agreements with local providers to allow for comparison in the performance of public, private and other non-government providers.
109. That the Department examine further opportunities for efficiencies in purchasing services such as cleaning and catering, and corporate transactions such as finance and payroll.
110. That the Department specify the required skill mix for Area Health Service Boards, and establish criteria for the performance of individual Board members.

These matters should be reviewed within the next year, having regard to the response of NSW Health to the initiatives proposed in our report which we believe require visible leadership at all levels.

DIRECTIONS FOR CHANGE

We do not support a retention of the status quo, and have put forward some realistic and achievable suggestions for change. First, they focus on some short-term changes which we believe are essential for the successful implementation of the range of reforms we have suggested to clinical practice and funding.

Secondly, we have outlined some medium-term goals that we believe both the NSW Government and NSW Health should be moving towards to ensure that structures, capabilities and accountabilities reflect the needs and complexities of a modern health system.

Short-term priorities to support Council's reforms

There are six areas where we believe change is needed immediately:

- strengthening the Department's strategic and funding capabilities
- strengthening the planning and accountability arrangements
- strengthening the purchasing role of Area Health Services and their Boards
- devolving decision-making from Area Health Service administration to local providers
- improving efficiency by implementing immediate changes to the purchasing of corporate services and the sharing of corporate activities between Area Health Services
- increasing the authority of Area Health Service Boards and the skill mix and accountabilities of Board members

Revising the strategy for NSW Health

It is the central role of the Department to facilitate an affordable, sustainable strategy for NSW Health. This strategy should guide and assist local managers and clinicians in their decisions about local services.

As a result of the NSW Government's decision to guarantee three-year budgets and in response to the substantial changes recommended in this report as well as by the Ministerial Committee on Health Services in Smaller Towns, there is an urgent need to revise the strategy for NSW Health. There is also a need to develop some robust performance indicators that can be used by all parts of the system.

The revised strategy for NSW Health should include:

- an articulation of desired health outcomes for the community
- agreements on health priorities – including both existing priorities such as mental health, drug and alcohol services and Aboriginal and Torres Strait Islander health – and the incorporation of the new Priority Health Care programs we recommend
- developing population health priorities – that is, priorities that take into account the needs of large areas with a mix of health problems
- setting service priorities and targets for rural communities
- setting service priorities and targets for the whole of Sydney
- setting workforce and training priorities and performance
- setting efficiency and productivity targets

We recommend that the Department develop a set of key performance indicators for the whole system that clearly measure how well NSW Health is performing against the strategy it has set itself. We commend IPART's report on NSW Health, which we believe should be used as a basis for action. In addition to health outcomes, the performance indicators should cover a number of broad categories as recommended by IPART. All parts of the system should use these categories to guide their individual performance.

Improving the financial strategy and financial capability of NSW Health

We have put forward a comprehensive financial strategy that covers issues ranging from the way funds are allocated at the highest level to the way services are funded at the point of care. It is essential that this coherence be maintained, and that there should be a system-wide financial strategy for NSW Health.

The implementation of a coherent financial strategy will improve the alignment between broad funding policy (such as an overall growth formula to respond to demand), resource distribution to Area Health Services and the specific methods for funding health services (such as episode funding). In turn, this will improve the links between the financial strategy and overall health strategy, and performance monitoring and accountability.

Improving planning arrangements

In this report we have highlighted the important role the Department must take in coordinating and resourcing rural health and metropolitan health services planning (Chapter 3). We have stressed the need for key decisions to be made centrally, to assist Area Health Services in planning their local services.

We recommend that the priority for improving the effectiveness of planning arrangements be to improve the links between the overall strategy for NSW Health, Area Health Plans, budget allocations and performance agreements for Boards and Area Health Service Chief Executive Officers.

The Department must require Area Health Services to demonstrate how they will implement State-wide priorities as set out in the overall strategy for NSW Health. This would include priorities such as the Priority Health Care programs, and predicted service levels and expenditure for the three-year period. Performance Agreements for both Chief Executive Officers and Boards should then reflect these priorities and targets.

It is essential that Area Health Services articulate their priorities, and that these be negotiated and endorsed so they can then implement their Plans with confidence and certainty.

In turn, the accountabilities of the Department must be clearly stated and incorporated into all executive level performance agreements. We recognise that many of the activities and performance targets of an Area Health Service are dependent upon the Department taking certain action in respect of resource allocation, forecasting growth and coordinating State-wide services, and successfully negotiating overall funding levels with the Commonwealth Government as part of the Australian Health Care Agreement, and with the NSW Treasury.⁷¹

Performance monitoring and performance management

A key role for the Department must be to measure the performance of Area Health Services in respect of their compliance with the overall strategy for NSW Health.

Activities that need to be strengthened immediately to support the changes we recommend, include:

- measuring health outcomes, and developing and measuring new key performance indicators
- benchmarking service costs – for example, variations in the costs of episodes of care and monitoring the appropriateness of admissions and treatments
- 'market-testing'⁷² the performance of public facilities against private and non-government providers

Our principal concern follows on from comments made in the IPART report about the need for greater clarity in performance agreements with Boards and Chief Executive Officers.

While we acknowledge that the Department has made progress in this regard, we advocate further improvement. The Area Health Plan must become the primary guiding strategy for the performance agreements for the Board and the Area Chief Executive Officers, and must reflect the strategy set for NSW Health. We also recommend that performance agreements should be simplified, and critical accountabilities identified.

We would also support IPART's call for a balance in the agreements between meeting budget priorities and meeting the health needs of the community. Linking performance agreements with the Area Health Plan provides a way to achieve that balance.



Information management and technology

We have recommended an overhaul of the IMT&T strategy for NSW Health to fast-track the development of an Electronic Health Record, and in the short- and medium-term to improve the effectiveness of patient information systems.

This fast-tracking will require the Department to take a greater leadership role in mandating standards for patient information systems.

We also recommend that the Department take a stronger role in mandating standards in areas such as costing products and services, financial reporting, and classifications for patient management systems.

We also believe there may be some advantages to investigating the opportunity for greater efficiencies in areas like information technology support services (such as help desk services). These are currently provided at a number of locations around the State. We believe that greater efficiency could be achieved if Areas share or aggregate information technology support activities.

Finally, we recommend the Department should enter into negotiations with the NSW Treasury to separate capital funding for information technology from capital funding for physical infrastructure.⁷³ This will provide greater transparency and accountability for information technology expenditure.

Improving the purchasing role of Area Health Services

The role of Area Health Services as both purchasers and providers is an ongoing tension in the current administrative arrangements of NSW Health. There are inherent conflicts in the concurrent performance of both roles.

Our review of funding and metropolitan planning has highlighted the fact that under the Medicare Agreement, Area Health Services are limited in their capacity to perform a purely purchasing role. The purchasing role could only work through influencing and not restricting choice.

We have, however, recommended that funds and services be redistributed across NSW to reflect local needs and gaps in existing services (see Chapter 3). This will increase the purchasing role of Area Health Services. We recommend that there must be greater contestability of service provision within the public system and between the public, private and non-government sectors. Achieving better outcomes for consumers and better value for money should be the twin goals of this action.

We recommend two changes. First, Area Health Services need to enter into clear performance agreements with local providers. Providers must be clear about expected output targets, service standards and performance targets. There must also be full transparency about the cost of service provision, which will provide the capacity to compare the performance of different providers. Secondly, Area Health Services should be required to plan their services in conjunction with private and non-government providers and with the Divisions of General Practice (see Chapter 4). In this way the full range of potential services

will be understood and factored into Area Health Plans. Under the pressure of escalating demand and limited public resources, Area Health Services must explore involvement with the private and non-government providers.

Improving efficiencies in corporate service activities

We have highlighted the need for NSW Health to explore potential further efficiencies in the management of information technology support services which are currently performed separately by 17 Area Health Services.

We conclude there are likely to be efficiency gains in the sharing of resources or consolidating contracting arrangements with private providers in matters such as cleaning, catering, pathology, facilities management, and in the management of financial transactions, particularly billing.

These areas represent considerable costs, including the costs of Area Health Services having to manage a number of contracts with private providers. While we acknowledge that NSW Health has made progress in the streamlining of purchasing and outsourcing, we recommend further action to consolidate contracting activities. Greater efficiency in these areas can also be achieved by creating a separate Departmental focus on external contract arrangements and assists Areas to improve quality, value and performance.

Area Health Service Boards

Throughout this report we advocate the need for greater devolution of authority to Area Health Services, and the need for Area Health Services to involve their communities more closely in decisions about the role and distribution of health services.

Greater devolution to Area Health Services has major implications for the role and skill mix of Boards and must be supported by greater accountability, openness and community involvement, as well as clinical involvement at the local level. Without these local checks and balances there is a lack of contestability of advice and a potential for services to become detached from community interests.

We believe three changes are necessary for Boards to perform their role effectively. First, they must play a greater part in setting and monitoring local strategy. Secondly, their skill profile and skill mix should be enhanced to reflect the substantial public responsibility that has been devolved to them. Finally, they must be held accountable and subjected to a strong performance management system.

Increasing the involvement in local strategy

We have argued the case for improvements to planning and budgeting arrangements in NSW Health, and the use of one comprehensive plan for Area Health Services. We recommend that each Area Health Service Board have responsibility for developing an Area Health Plan on advice from its Chief Executive Officer, and for establishing the performance criteria to ensure the Plan's objectives are achieved. These criteria should include identification of key performance indicators, a performance management cycle, reporting requirements, and a risk management strategy. Each Board should also have responsibility for meeting all quality requirements.

Finally, Area Health Service Boards should ensure adequate input from the community and other relevant stakeholders, to increase the contestability and accountability of advice.

Skill mix

We recommend that the Department should identify the required skill mix for Area Health Service Boards and ensure that this skill mix is maintained. It should be stressed that Area Health Services are significant business enterprises, and that it is essential that each Board's skill mix reflects the scale and complexity of their operations. Based on their role, that skill mix should include:

- clinical representation
- business skills (particularly business planning) and contract management skills
- financial skills
- legal skills
- information technology skills
- facilities and asset management

We believe that it is vital that the Boards maintain their community of interest representatives (that is, key community interests relevant to the successful functioning of the Area Health Service).

We recommend that the Department require Area Health Services to develop a skill profile of its current Board membership, and that future vacancies should be filled in a way which addresses gaps in the profile.

Performance management

Finally, we recommend that the Department continue with its annual performance reviews of the Area Health Service Boards. These should have a greater focus on measuring performance against both the Area Health Plan and the overall strategy for NSW Health. If Board members are to be paid (as is currently being canvassed within NSW Health), then to ensure full accountability the performance management must be at the individual as well as the collective level.

Recommendations:

Medium-term priorities

111. That the Minister and the Department should work together over the next three years to ensure that administrative arrangements reflect a substantial devolution of authority to all levels of the system. This should include the Board advising the Minister on the appointment of the Chief Executive Officer, and the appropriateness and efficiency of Area boundaries.

Medium-term priorities

We believe that the changes we have outlined are essential to the success of our recommendations. However, we recommend that in the medium term NSW Health must continue to improve the effectiveness of administrative structures, as follows:

- There must be an ongoing devolution of authority and decision-making. We believe that the most effective approach for a system as large and complex as NSW Health is for Area Health Services to function as semi-autonomous bodies, with Boards taking on full governance responsibilities, including advising the Minister on the appointment of the Chief Executive Officer.
- Area Health Services should have greater autonomy to purchase services on the basis of price and quality, and greater levels of control over the budget allocated to meet the needs of their population.
- The points of accountability should be clear – for example, three-year plans for Area Health Services should form the basis of performance agreements.
- Performance agreements should reflect a greater balance between financial and health outcome criteria.
- There should be complete transparency of all costs associated with providing health care. This will strengthen the purchasing role of Area Health Services.
- There must be greater benchmarking of costs and market-testing in order to determine the effectiveness of the performance of the public, private and other non-government sectors.
- Where there are well-developed markets – as in areas such as non-clinical services (for example catering and cleaning) – there should be robust market-testing and a greater level of competition.
- Consumers, communities and clinicians should have increased levels of involvement in decision-making.
- The efficiency and appropriateness of Area Health Service boundaries should be reviewed, having regard to informed research about the optimum size of an Area Health Service and the cost-effectiveness of changes or alterations to boundaries.

We believe that the benefits of additional funding, more certainty about budgets and our recommendations for improving patient care will not be sustained unless the NSW Government and NSW Health work to ensure that the administrative structures are characterised by the features we have outlined.



Achievable benefits – Corporate governance, planning and accountability arrangements

- A revised and clearer strategy will provide guidance and clarity.
- A single financial strategy will improve the coherence of financial planning.
- A single Area Health Plan will improve accountability, and increase the opportunities for community input into decision-making.
- Performance agreements will be linked to Area Health Plans, and will improve accountability.
- IMT&T changes will provide greater leadership and fast-track the Electronic Health Record.
- Local clinicians and managers will gain improved authority and accountability as a result of greater specification of outputs and targets.
- There will be improved opportunities for private and other non-government providers to be involved in the delivery of health care.
- Boards will have greater authority, and therefore priorities will better reflect local needs.

71 Commonwealth funding is provided through two main agreements: the Australian Health Care Agreement (AHCA), which replaced the former Medicare Agreement in 1998/99, and the Public Health Outcome Funding Agreement (PHOFA). The AHCA is a five-year agreement under which Commonwealth funding is linked to population growth and ageing, increased hospital activity above growth, and a cost index linked to efficiency gains. Funding under this Agreement is also tied to the level of uninsured people in the population.

72 'Market testing' in the public sector is a mechanism where an outside organisation is given the opportunity to provide a service in order to demonstrate the most efficient and effective mode of delivery, which is then compared with the performance of an internal provider.

73 There is no separate capital budget set aside for information technology. Physical infrastructure refers to facilities such as buildings.

FINDINGS AND OBSERVATIONS

We believe we have put forward practical and realistic changes that will improve the quality of health care for the people of NSW and relieve pressure on health care workers. The success of our recommendations will depend on leadership from both NSW Health and clinical experts. Some of the ideas and suggestions contained in this report are already operating in NSW hospitals, many community health teams and many communities. These initiatives must be extended to the system as a whole to promote equity and greater effectiveness.

There are a number of elements that would support a successful change management strategy, including:

- the establishment of a coordinating body to oversee implementation
- the identification of key recommendations, and their inclusion in all executive level performance agreements
- a critical and continuous appraisal and evaluation of our recommendations
- demonstration projects which would see at least two Area Health Services fast-track the implementation of our recommendations, with a renewed focus on coordinating health services with the activities of other Commonwealth and State Government services, particularly human services agencies

DIRECTIONS FOR CHANGE

The establishment of a coordinating body to oversee change management

There are a number of reasons for recommending the establishment of a coordinating body. These include:

- A body focussed on implementation with independent representation can provide greater clarity about intended outcomes and the most effective means of achieving them.
- Many elements of the change management strategy need to be linked. For example, decisions about the role and distribution of health services across the whole of Sydney will impact on the capacity of Area Health Services to undertake local planning, and this in turn will impact on their budget allocations. Similarly, our recommendations to improve the delivery of health care services in rural areas need to be brought together with those of the Ministerial Advisory Committee on Health Services in Smaller Towns in order to achieve a comprehensive focus on rural health. In short, it is important that the key interactions between separate elements of the reform program be understood and carefully managed.
- We have stressed the need to link increased funding to reform. To maintain the confidence of the NSW Government, the progress of implementation must therefore be the subject of ongoing review.

Recommendations: Implementation and change management

112. That a coordinating body with a significant proportion of independent representation be established to oversee the implementation of the recommendations contained in this report.
113. That key recommendations be included in all executive level performance agreements.
114. That the coordinating body oversee the critical appraisal of our recommendations.
115. That the majority of reforms are implemented within two years.
116. That two Area Health Services be set up as demonstration projects in order to fast-track both the implementation of our recommendations and the increased coordination of human services agencies.

- Some changes need to be linked with other Government activities. For example, the implementation of new approaches to providing care to people with chronic and complex conditions will require the support of a number of agencies, including community services, housing, ageing and disability services.

We recommend that the coordinating body be made up of Department representatives, central agencies (Cabinet Office and Treasury) and representatives from the key implementation structures we recommend, namely:

- the Clinical Council
- the Metropolitan Planning Taskforce
- the Rural Health Steering Group
- the State-wide Consumer and Community Forum
- a person or group specifically focussed on achieving better cooperation between the private and non-government sectors

Clearly, the Minister and Director-General will have the discretion to include other representatives who can contribute to advancing the reform process.

The coordinating body should:

- report to the Minister and have a formal work program and executive support
- the coordinating body should have the role of developing and overseeing a detailed implementation plan which spells out relevant time frames and responsibilities
- progress those matters that we have not been able to address because of our limited time – such as training, research, public and population health
- ensure that our recommendations are subjected to critical appraisal
- take responsibility for ensuring that those matters that require Commonwealth Government support are appropriately progressed

We recommend that the coordinating body operate for approximately two years, after which its continued role will be subject to review by the Minister and Director-General.

Key recommendations

We consider the following key recommendations to be fundamental to the success of both the reform program and the overall effectiveness of the State's health care system.

They should be included in all executive level performance agreements, which should specify the expected role and contribution of individuals and providers to deliver on both the recommendations and the required timeframes.

Our key recommendations are as follows:

- the development of a revised strategy for NSW Health, and new performance indicators
- the implementation of the changes to clinical practice, including admission on day of treatment/surgery and day-only admissions

- the introduction of episode funding for all planned and acute hospital admissions
- the implementation of the 24-hour Health Call Centre for consumers, and an expanded Internet site accessible by every NSW resident
- the fast-tracking of decisions about the role and distribution of health services for the whole of Sydney
- the implementation of strategies to improve rural health services – in particular, fast-tracking telemedicine, improving the telecommunications base, extending rural workforce initiatives such as scholarships and remote allowances, and formally networking rural and metropolitan health services
- the development and implementation of the three-year emergency care plan to improve the effectiveness of Emergency Departments and their links with the wider hospital
- the implementation of the development of Priority Health Care programs for people with chronic and complex conditions
- the establishment of Clinical Implementation Groups and an umbrella Clinical Council
- the establishment of the State-wide Consumer and Community Forum
- the creation in each Area Health Service of structures and dedicated resources to support consumer participation
- the implementation of demonstration projects in two Area Health Services
- the updating of the information management, technology and telecommunications plan with a staged timetable for the implementation of an Electronic Health Record for every individual who accesses the State's health care system, commencing with the introduction for Priority Health Care programs across the State and in demonstration projects in two selected Area Health Services
- the implementation of a Unique Patient Identifier, commencing with the Priority Health Care programs across the State and in demonstration projects in two selected Area Health Services
- the development of a three- to five-year growth formula to guide funding allocations from Treasury beyond this current three-year budget

Continuous and critical appraisal

It is essential that Council's recommendations be subjected to continuous critical appraisal to determine whether the intended outcomes have been achieved. We have based many of our recommendations on discussions we held with a wide variety of health workers and consumers, and on our own observations about what is already working well and could be successfully applied across the State's health care system as a whole. However, it may be the case that particular recommendations (such as the Priority Health Care programs) should be adapted to suit local circumstances and local practices.

Independent and ongoing appraisal and review will therefore be essential and should be overseen by the coordinating body responsible for the overall implementation of our recommendations.

Demonstration projects

We recommend the establishment of demonstration projects in at least two Area Health Services, for two reasons: First, we have identified significant challenges in the management of chronic and complex conditions, and the potential benefits to individuals and their families of improving the delivery and coordination of care. These challenges are typified by a disproportionate number of hospital admissions (particularly unplanned admissions through the Emergency Department) which means that a large share of resources are being consumed by a small number of people. With the proportion of the population aged over 65 years and expected to rise to 18% by 2021, the State's health care system must be able to demonstrate that it can successfully manage the care of people with chronic and complex health conditions.

Secondly, we have outlined the substantial benefits which would result for all consumers of health care in NSW from the introduction of an Electronic Health Record. We have also emphasised the significant privacy, confidentiality and logistical issues which will need to be overcome to ensure its successful introduction and acceptance by the community.

NSW Health must demonstrate that it can successfully introduce both the Electronic Health Record and a single Unique Patient Identifier. Their benefits will need to be articulated to the community, and NSW Health must ensure that the privacy and confidentiality issues can be managed. Finally, NSW Health must demonstrate to clinicians that information technology can become a useful and even critical part of clinical practice at the point of care. This will require a building of trust about the accuracy and reliability of information.

We therefore recommend that NSW Health implement demonstration projects in two selected Area Health Services, which represent a significant enhancement of the coordinated care trials operating in NSW and other parts of Australia.

These demonstration projects are intended to be structural, clinical and patient focussed. We recommend they include the following characteristics:

- information technology and telecommunication links between health care providers to bring together primary, acute and community health providers – these would include computerised discharge summaries and the use of telemedicine to transfer diagnostic results
- sponsoring teams of clinicians to implement the Priority Health Care programs with an emphasis on community education and health promotion
- the use of Unique Patient Identifiers to assist in providing continuity of care for people with chronic and complex conditions, where linkage of data is critical to patient outcomes
- fast-tracking the introduction of the Electronic Health Record for an entire population
- changes to clinical practice, such as admission on day of treatment/ surgery, day-only admissions, and the use of clinical case managers and clinical pathways

- linking human services agencies in the development of a single human services plan, either for an entire Area Health Service or for key communities
- developing notional budgets which would reflect the totality of health care expenditure between the State and Commonwealth Governments
- establishing a single, local consumer forum to provide advice on both a human services plan and wider budget priorities, and to participate in the implementation of the Priority Health Care programs (at present, Government departments often use separate forums for community involvement)

The Government has provided \$15 million over three years to these projects.

We recognise that certain Area Health Services are already well advanced in clinical reforms, the use of episode funding, the integration of patient information systems and links with other human services agencies. These Area Health Services may be ideal candidates for the demonstration projects, since they would provide opportunities for early assessment of benefits such as increased access, improved productivity and consumer satisfaction.

We recommend that at least one of the demonstration projects be in a rural Area Health Service.

Achievable benefits

- Implementation will be open and accountable.
- Implementation will be coordinated to ensure that priority areas of reform are progressed rapidly.
- Accountabilities for implementation will be clear.
- Demonstration projects will provide an opportunity to focus on and fast-track the totality of reforms for two Area Health Services, alongside better coordination with human services agencies.
- Demonstration projects will allow for the early assessment of productivity gains and improved access – for example, reductions in waiting times.