

OBJECTIVE

Increased involvement of clinicians (doctors, nurses and all other health workers) in determining health care priorities and in setting and monitoring standards of clinical practice.

FINDINGS AND OBSERVATIONS

The involvement of clinicians in setting and monitoring standards of clinical practice will be critical to improving service delivery and the quality of health care. We conclude that more structured processes are needed to involve clinicians in setting and monitoring clinical practice standards, both at a State level and within Area Health Services.

The implementation of advances in clinical practice, which will improve health outcomes and/or improve the cost-effectiveness of health care, will need the highest levels of clinical and bureaucratic leadership in order to be successful. Innovation must be documented and evaluated and there must be clear processes and accountabilities for widespread implementation.

We have noted the new directions of 'clinical governance' in the UK National Health Service^{61,62,63} and the comprehensive attempts to involve health professionals in the development of clinical practice guidelines (with doctors leading the way) and case management or clinical pathways (with nurses leading the way).

We note the accumulated evidence on the quality of care in Australian hospitals, including:

- high adverse events in Australian (and by assumption, NSW) public hospitals⁶⁴ compared with United States hospitals⁶⁵
- clinically inexplicable variations in the surgical intervention rates of non-invasive diagnostic cardiology services⁶⁶
- impressive action by some NSW public hospitals to benchmark the quality and relevance of their services against measures used by hospitals in other nations⁶⁷
- a growth of Intensive Care Units (ICUs) in NSW private hospitals, often in small units without full-time ICU physicians or trained ICU nurses
- the relatively slow speed of development of clinical practice guidelines by the Colleges of the medical and nursing professionals (acknowledging that there are exceptions, such as the development of six clinical practice guidelines by the Royal Australian and New Zealand College of Psychiatrists)

We also conclude that NSW Health needs to involve clinicians more actively in setting and monitoring clinical policy, and in supporting clinical leadership throughout NSW Health. This is essential to guarantee the quality and safety of health care and to improve the accountability of health care providers in hospitals and medical practices.

DIRECTIONS FOR CHANGE

There are two issues that must be reconciled if NSW Health is to sponsor clinical leadership. On the one hand, the medical profession is concerned about the growing interference of non-medical (mostly financial) administrators into the clinical domain of hospitals. On the other hand, this perceived intrusion comes at a time when NSW Health has finite health care resources to meet a growing demand, and when there is continuing evidence that the efficiency and quality of health care can be improved.

The net result is that the NSW Government has insisted that the agreed growth in funding must be tied to demonstrable improvements in the efficiency and quality of care. This will require a change in the relationship between managers and clinicians to create a collegiate, accountable and patient-centred culture for the State's health care system.

We recommend that:

- The Department establish a number of Clinical Implementation Groups to involve clinicians in setting and monitoring standards of clinical practice for specific health conditions.
- The Department establish a Clinical Council in order to bring together the Chairs of the separate clinical groups to provide advice on broader strategy.
- That there be greater transparency about the performance of providers.
- That there be increased clinical input and clinical representation on the Boards of Area Health Services.
- NSW Health continue to provide executive level financial and management training to senior clinicians in management positions.

Clinical Implementation Groups

In Chapter 2 we proposed the establishment of Clinical Implementation Groups made up of expert clinicians and managers to address the problems of ICUs and Emergency Departments, planned admissions and the care of people with chronic and complex health conditions. We recommend the creation of two additional groups for super-specialty care – for example, liver transplantation and paediatric care.

It is essential that these groups are ongoing, and not perceived as working parties. The groups must:

- be medium- to long-term so that they have the opportunity both to set and monitor standards of care
- include a broad range of clinicians – that is, nurses, doctors and allied health workers – and be jointly sponsored by a leading clinician and an Area Health Service Chief Executive Officer to foster bureaucratic and clinical alliances
- be well resourced, with a permanent secretariat and a capacity to commission research
- be assigned an identified Departmental senior manager with accountability for implementing agreed actions identified by the groups

It is crucial that these groups become the focus of clinical leadership in NSW Health and undertake the following roles:

- setting standards of clinical practice
- identifying data sets to monitor variations in practice
- serving as a focal point for new ideas, and for research into the most effective ways of providing clinical care
- evaluating both new technologies, and the evidence that the application of those new technologies will lead to improvements to patient care and are cost-effective
- ensuring that the way funding is allocated or services are funded does not jeopardise the quality of patient care
- examining training and workforce requirements to improve health services

Clinical Council

We recommend the establishment of a Clinical Council reporting to the Minister and the Director-General made up of the Chairs of the Clinical Implementation Groups and other clinical leaders. This will enhance the overall strategy for patient care.

The Chair should be full- or part-time, and the Council should be well resourced in order to provide advice on overall clinical strategy, high level clinical priorities, budget priorities, population health initiatives and community education.

Seconding senior clinicians into the Department

The strengths of the Clinical Implementation Groups will be their ability to deliver clinical leadership and their capacity to unite clinicians across Area Health Service boundaries, across Commonwealth-State boundaries and to influence clinical practice at the point of care.

We therefore propose that in addition to continuing in their clinical roles, the clinical leaders of these groups be offered secondments in order to devote adequate time to servicing the Clinical Implementation Groups.

We believe that bringing clinicians into the Department in a more structured way is vital to a quality health care system. The input of people who are involved in the actual delivery of health care into State-wide clinical practice guidelines will facilitate the widespread implementation of best practice. The clinicians will provide up-to-date input into overall Departmental strategy, and play a leading role in advising on information technology systems and funding systems.

Clinical representation on Area Health Service Boards

In Chapter 7 we recommend that Area Health Service Boards should be retained and strengthened. We recommend that there be increased clinical representation and clinical input on Area Health Service Boards.

Openness and transparency about the performance of health care providers

We reaffirm the directions of the NSW Quality Framework⁶⁸ and its six principles of safety, effectiveness, appropriateness, consumer participation, access and

Recommendations:

Promoting clinical leadership

86. That the Department move immediately to establish Clinical Implementation Groups to sponsor the initiatives outlined in this report, with representation determined in close consultation with the relevant medical and nursing colleges.
87. That a Clinical Council be formed made up of representatives from these groups and other leading clinicians, with a full- or part-time Chair.
88. That the Department offer full- or part-time secondments to leading clinicians to support the Clinical Implementation Groups.
89. That within 12 months the Department establish a website providing comparative data on the performance of all NSW hospitals.
90. That NSW Health expand its training programs for clinicians in the areas of health care financing, management and information technology. This should include sponsoring selected senior clinicians to participate in leading executive management programs.

efficiency. We believe that its implementation will be greatly enhanced by the establishment of a 24-hour Health Care Call Centre (see Chapter 6), an Internet site and an Electronic Health Record (see Chapter 2).

These must form the core of an information system which can be used as a reference point by doctors, nurses and consumers.

We also recommend that comparative data for all NSW hospitals – on factors such as admission rates, readmission rates, mortality rates and surgical intervention rates for the major planned surgical procedures – should be included on the website within 12 months.

Clinical management

The human resource management strategy in NSW Health must continue to promote adequate and appropriate training and support to clinicians who undertake management roles. Priority areas include:

- training and development in health care financing and management tools (it is suggested that a number of training posts be made available within the next 12 months)
- increasing the awareness of hospital-based clinicians and nurses of modern information technology, including the Internet

We further recommend that NSW Health expand the provision of executive management training to support clinicians who are increasingly asked to perform executive as well as clinical roles.

Achievable benefits – Promoting clinical leadership

- Policies, standards, practices and information technology will be informed by those undertaking clinical practice.
- A new collegiate relationship will be established between leading clinicians and managers.
- There will be structures to evaluate clinical innovation and to promote widespread implementation across NSW.

- 61 Designed to Care, Renewing the National Health Service in Scotland, Guidance on Clinical Governance, National Health Service in Scotland, 1998.
- 62 The New National Health Service Modern Dependable, The Department of Health United Kingdom, 1997.
- 63 Saving Lives: Our Healthier Nation, The National Health Service, The Department of Health United Kingdom, 1999.
- 64 Wilson R, Runciman W, Gibberd RW, Harrison BT, Newby L & Hamilton JD, The Quality in Australia Health Care Study, Medical Journal of Australia, 1995; 183: 458-471.
- 65 Medical Care (in press).
- 66 Robertson I, Richardson J, & Hobbs M, Edwards M, The Impact of New Technology on the Treatment and Costs of Acute Myocardial Infarction in Australia, Technical Report 10, Centre for Health Program Evaluation, 1998.
- 67 Benchmark Activities in the NSW Public Health System, NSW Department of Health, 1999.
- 68 NSW Health, The NSW Ministerial Advisory Committee on Quality in Health Care, The State Continuous Improvement Steering Committee, 'A Framework for Managing the Quality of Health Services in New South Wales', February 1999.

OBJECTIVE

The empowerment of individuals and communities in decisions about health care.

FINDINGS AND OBSERVATIONS

In Chapter 1 of our report, we argued that there needs to be a more informed debate in the community about what the health system can realistically achieve, and the desirability of achieving a better balance between the promotion of health and the treatment of illness. We emphasise that these changes will not occur unless consumers and communities are actively involved in the health debate and in identifying priorities. Consumer and community participation will help ensure that health care dollars go to those in greatest need and not, as has sometimes been the case, to the most powerful and articulate.

We have also argued that substantial changes are needed in clinical practice, and that the role and distribution of services in metropolitan and rural communities must change to ensure that services are relevant, appropriate and affordable. Unless individual consumers have access to information and communities are involved in decision-making, the substantial changes which we believe are essential for an up-to-date, sustainable health care system may be misunderstood by the community – or worse, rejected.

In the course of our review we therefore examined current initiatives to provide information to consumers of health care in NSW, and to improve the accessibility of that information. We also examined the levels of consumer and community participation in planning and in the making of decisions affecting their access to health care. We are particularly impressed with the work of the local Health Councils. Our meetings with them convinced us of the value of greater support to community participation initiatives and more access to information.

We examined both local and international initiatives to improve access to information, such as health call centres and Internet services. We believe these initiatives have enormous potential to involve consumers more actively in decisions about their own health, and to improve access to health services.

DIRECTIONS FOR CHANGE

We propose immediate action in three areas. First, NSW must increase consumer access to specific types of information by creating a State-wide, 24-hour Health Call Centre, together with expanded Internet advice services. Secondly, opportunities for local communities to participate in decisions about the type and location of health services must be enhanced. Thirdly, the Department must create a structure for consumer and community representatives to participate in identifying health priorities at a State level.

Recommendations:

Improving access to information

91. That NSW Health establish a 24-hour Health Call Centre, to operate with full coverage across NSW.
92. That the Department prepare an action plan for the establishment of the 24-hour Health Call Centre, which should specify:
 - what services it will provide, and how they will be phased in
 - how clinical protocols will be developed and endorsed
 - how to incorporate the call centre activities which already operate in various hospitals
 - whether the call centre should be established under contract arrangements with expert private sector operators, or as a stand-alone unit within NSW Health
 - how disadvantaged people and people with low incomes can obtain equal access to the service
93. That the Government fund a new health care Internet site to provide information which supports the advice available through the 24-hour Health Call Centre.
94. That consumer and clinical representatives be clearly involved in the establishment of both the Internet site and the 24-hour Health Call Centre.

Improving access to information

NSW Health must take a leadership role in empowering individuals and families, patients and providers through several new, State-wide developments.

We propose the funding of a new, State-wide 24-hour Health Call Centre which would make the following information available on request:

- how to access appropriate types of care in both emergencies and non-emergencies, including telephone access on a 24-hour basis
- advice about the types of services which are available locally
- how to measure quality of care and select high quality providers of hospital and medical services
- how to negotiate with providers of care to obtain information and appropriate access to care
- how to digest information on medical breakthroughs or otherwise highly technical information, in order to gain a better understanding of the role of modern medical technology
- risk factors affecting the health of the public, and methods to reduce them
- how to undertake self-care when the situation is appropriate

To support the information available through the State-wide 24-hour Health Call Centre, we recommend that the NSW Government fund a new Internet site to provide other types of information – including reviews of evidence of the effectiveness of new surgical interventions, diagnostic tests and modern medicines. This Internet service would be part of a State-wide network that could be accessed by both consumers and their doctors. Dedicated Internet access could be made available from a number of locations, including pharmacies and public libraries.

Both the 24-hour Health Call Centre and the Internet service must be designed to meet the needs of people from non-English speaking backgrounds (NESB) and people with disabilities which affect their capacity to use such services. We recommend that NSW Health actively involve clinicians and consumer representatives in the development of both the 24-hour Health Call Centre and the Internet site. It is also important that NSW Health should take advantage of the considerable work that has been undertaken in Western Australia⁶⁹ and within NSW (for example, at the New Children's Hospital⁷⁰), to agree on and prepare relevant clinical protocols to be used by call centre operators. We note the Commonwealth Government's decision to provide funds to Western Australia, and believe that there is an equally strong case for NSW to be assisted.

Improving community involvement

Communities must be involved in decisions about the way health care is delivered and about the types and location of health services. Given the changes taking place to the way health care is provided, this involvement is vital. These changes include new medical technology, the provision of more care in the community and new ways for hospitals to provide care, including shorter stays and more services provided on a day-only basis.

In the course of our review, we examined the adequacy of current arrangements for consumer and community participation, including:

- the level of information available to individual consumers about local priorities, services and treatment options
- the degree to which local communities have been involved in planning and decision-making about the distribution of services
- the degree to which the broader community has been involved in debate at the State level about setting health care priorities

We believe that it is a fundamental right for all members of the community to be involved in the management of changes to their health care system. As taxpayers, citizens and residents, they are the principal stakeholders and are entitled to a sense of ownership of the health care services they receive. This is especially true in rural communities, where (as stated in Chapter 3) the local health facility is often a major source of employment, so that the loss or scaling down of a health service can lead to a decline in other services, such as schools and retail activities.

Community organisations can also play an active role in promoting the overall health of a community. We were impressed with the work of many local Health Councils, who are involved in providing self-help groups and quit smoking initiatives, and are assisting State-funded transport services by providing voluntary transport to assist people to visit their GP or have a test done at a local hospital.

We conclude that permanent and continuous structures for involvement are essential for community participation to be effective. There must also be openness about planning and budgeting processes, so that communities can obtain accurate information and make timely input. Finally, communities must be supported and well resourced in the participation process.

Recommendations:

Improving community involvement

95. That formal structures for ongoing community participation should be established in each Area Health Service, and:
 - be published in each Area Health Service's Annual Report
 - that each Area Health Service indicate how it has involved local communities in the development of its Area Health Plan
 - that the performance agreement of each Area Health Service Chief Executive Officer must include expectations about levels of consumer and community participation
96. That Area Health Services should make their planning and budgeting processes and timetables clear to the community
97. That each Area Health Service establish a sub-committee of the Area Health Service Board with responsibility for overseeing community participation.
98. That each Area Health Service designate at least one position to facilitate community participation activities and to provide support and resourcing to community organisations.

Recommendations:

State-wide representation

99. That the Department should establish a State-wide Consumer and Community Representative Forum to provide advice on planning, policy development and resource allocation at the State level. This forum should report to the Minister via the Director-General.
100. That the Department should develop a central resource group to support consumer organisations to be more actively involved in health care service planning at the State level.

State-wide representation

At present there is no permanent structure for consumer organisations or peak organisations to influence State-wide health care policy. There are a number of specific issues where community representatives have had extensive involvement at a State-wide level, such as mental health and Aboriginal and Torres Strait Islander health. There has also been State-wide consultation on specific policy initiatives, such as drug and alcohol and HIV/AIDS programs.

We propose that the Department should establish a permanent and continuous forum for consumer and community participation in setting State-wide directions and priorities.

We believe that there is considerable value in obtaining advice, input and external review of decision-making from people who are closely connected with consumers and local communities. Ideally this forum should contain representatives from particular population groups, such as older persons and people knowledgeable about conditions such as mental health and diabetes. It should also include representatives from the rural regions of NSW (for example, from local Health Councils) and from peak non-government organisations who bring a wider perspective to health care policy – particularly about the interface between health care and other Government services, and the relationship between disadvantage and health.

The Consumer and Community Representative Forum must be well resourced, and consideration needs to be given to creating a central resource group to sponsor and resource consumer and community participation activities. This could be either a non-government organisation funded by the Department, or run and administered by the Department itself.

Achievable benefits – Consumer and community participation

- Everyone in NSW will have improved access to information on health care services and treatment options and the performance of providers.
- Consumers will be more involved in decisions about their own health care.
- Community organisations will know which decisions they can influence.
- There will be a clear and permanent structure for involvement.
- Community representatives will be well resourced.
- Consumers and communities will have a focal point for participation at the State level.
- Decisions about resource allocation will be more transparent, and subject to external review.
- There will be an opportunity to improve the public debate about demand, and the need for public education and realistic community expectations.

69 In May 1999 the Health Department of Western Australia launched HealthDirect. This help-line allows people to talk directly to a registered nurse and receive information and advice on which health service can provide help, on the level of urgency, and what people should do until they receive face-to-face medical attention.

70 Kidsnet is a telephone advice service for parents run by the New Children's Hospital. Calls are answered by experienced paediatric nurses supported by the medical staff of the Emergency Department. The line provides advice on what to do for a sick child, appropriate health care and how to access services.