



HEALTH CARE ADVISORY COUNCIL

**REPORT TO
THE MINISTER AND
THE DIRECTOR-GENERAL FOR
HEALTH**

REPORT NO.1

DECEMBER 2005

ABBREVIATIONS

AHAC	Area Health Advisory Council
AHS	Area Health Service
AoN	Area of Need
CEC	Clinical Excellence Commission
COAG	Council of Australian Governments
HAN	Health Advisory Network
HCAC	Health Care Advisory Council
HPT	Health Priority Taskforce
OTD	Overseas Trained Doctors
SAC	Futures Planning Strategic Advisory Committee

INTRODUCTION

This is the first report by the Health Care Advisory Council (HCAC) to the NSW Minister for Health and Director-General. It covers the period April to November 2005.

The HCAC was established in early 2005 under s20 (4) of the *Health Administration Act 1982*, and commenced operation in March 2005. The HCAC provides high level advice to the NSW Minister for Health and the Director-General of NSW Health as the peak clinical and community advisory group in New South Wales.

The HCAC is part of the Clinical and Community Participation Framework for the NSW Health System, which includes 12 Health Priority Taskforces (HPTs), eight Area Health Advisory Councils (AHACs) and the Children's Hospital Advisory Council (CHAC).

The role of the HCAC is to provide advice to the Minister and the Director General under the HCAC Terms of Reference (see at **Appendix 1**). It is co-chaired by the Rt Hon Ian Sinclair, AC and Professor Judith Whitworth, AC. The membership of the HCAC comprises a diverse group of clinicians, consumers, academics, professional and business people (see **Appendix 2**). The HPT chairs and co-chairs are members of the HCAC as are a number of Area Health Advisory Council chairs.

The relationships between the above key bodies are maintained through reporting arrangements between the HCAC and the HPTs, the AHACs, the Clinical Excellence Commission (CEC) and the Futures Planning Strategic Advisory Committee (SAC). There are identified linkages across the HPTs to ensure that common issues are considered in an integrated framework.

The Health Advisory Network (HAN), a secure website, provides current information to members and secretariats on membership, meetings and workplans. This ensures that communication across the various bodies is maintained.

The ongoing liaison between the HCAC with the HPTs, CEC and AHACs is important in facilitating the coordination of health service planning and improving NSW Health outcomes.

ACTIVITIES

The HCAC has provided advice on the following key issues in 2005:

▪ **Futures Planning**

HCAC members have provided ongoing advice into the development and implementation of the long-term state health plan, in particular, on the consultation document and plan. At the request of the HCAC an additional scenario was added to the scenario planning methodology. Rt Hon Ian Sinclair is the chair of the Futures Planning Strategic Advisory Committee.

▪ **Workforce**

Members have provided key issues for inclusion in the NSW Government submission to the Productivity Commission Health Workforce Study in the areas of education and training, regulation, funding, productivity and workforce distribution. Some of the issues that were identified were cross-border issues between States and Territories, national regulation for professionals and different models of employment for rural areas.

The Chair of the Greater Metropolitan Clinical Taskforce discussed the issues surrounding the increasing numbers of Medical Locums, providing options for solutions in the short and medium term. Members generally supported the suggestions from the Medical Locum Workshop and added suggestions for consideration by the Taskforce. These included improvement in job design for junior doctors.

The use of Overseas Trained Doctors (OTDs), the adequacy of the structures in place around the use of Area of Need (AoN) and OTDs were also reviewed by the Council. Members agreed on key overarching principles, which included that Australia try to achieve self-sufficiency in workforce supply.

Members provided advice on surgical skill mix solutions, which were presented to the HCAC by the Surgical Workforce Working Party. The issues that were raised included the retention of older surgeons in the system, workforce drift from the public sector to the private sector particularly by senior surgeons and nurses and the need to address the specialisation in rural areas and clinical time spent on paperwork.

▪ **Commonwealth/State Reforms**

Members provided feedback on the Commonwealth/State Reforms paper 'Commonwealth/State Health Reforms, Opportunities and Challenges', prepared by the Department of Health. The paper considered what levels of government should fund or manage health, what service and funding models would be the most effective and efficient for the delivery of health services in the light of increasing demand and how NSW should drive the reform agenda. It was suggested that both state and federal governments have a strong interest in containing their health budgets however there may be an opportunity for trade-offs. There was support for the view that the community needs to be asked what they want from the health system.

HCAC considered the Council of Australian Governments (COAG) 9 areas of reform and requested that HPTs provide information to The Cabinet Office on their three priority areas with suggestions for change.

Members have provided ongoing advice to NSW Health on the Commonwealth/State reform process conducted by COAG. This is a standing agenda item and HCAC is kept up to date on the progress of this reform.

▪ **Cancer Services**

The HCAC members provided advice to the Cancer Institute on how their consultation process could be applied more broadly within the health sector. The advice included the importance for a risk communication strategy around the need for centres of excellence and telecounselling as being an important communication component.

The HCAC and HPTs have also provided advice to the Cancer Institute and NSW Health on cancer priority areas. There is an ongoing commitment by the Cancer Institute and NSW Health to formally consult the HCAC and HPTs on the development of key strategic documents issues relating to cancer and to refer issues relevant to HPTs and HCAC for specific expertise and direction. A commitment has also been made by the HCAC and HPTs to refer specific issues for advice, or areas of concern for resolution, to NSW Health and the Cancer Institute, NSW.

The HCAC work plan is at **Appendix 3**.

PRIORITIES FOR 2006

In 2006 the HCAC will provide advice on the following priorities:

State Health Plan and the Development of Area Healthcare Service Plans	To ensure that the plan reflects a strong partnership between the community, clinicians, Area Health Services and the Department and an appropriate balance between the provision of care and treatment and the monitoring, protection and maintenance of the health of the community.
Service delivery models	On how to reform service delivery models in key areas such as maternity services, trauma centres and primary health care ensuring that service delivery models embrace the whole of a consumers journey through the health system.
Workforce	On how changes in role delineation for workforce groups can assist in increasing the availability of the health workforce for key skill deficits focusing on what can be done at a state level to resolve ongoing workforce shortages. A key priority is General Practitioners.
Early intervention	On how to shift the emphasis over time and enhance prevention and primary and community based care to improve the overall wellness of the population and reduce demand on the acute sector. Important components of this will be improving the health of indigenous communities and links to the primary care sector.
Mental health	On how to mainstream delivery of mental health services in the context of national reforms
Quality of health care	On how the community judges the quality of health care and review of implementation of clinical governance initiatives to support sustainable change and reform in the health system

The priorities for the HPTS are at **Appendix 4**:

CONCLUSION

The HCAC with the support of the HPTs has provided input into the submissions by NSW Health into key areas of national reform such as the Productivity Commission's Health Workforce Study, the Commonwealth/State reform process being addressed by the Council of Australian Governments as well as the work of the NSW Cancer Institute and NSW Health regarding cancer services. The HCAC has also advised on workforce issues, specifically medical workforce maldistribution and the use of overseas trained doctors.

The HCAC recognises the importance of the other partners in the clinical and consumer framework and looks forward to strengthening the relationships with those partners in ensuring the provision of relevant, integrated and timely advice.

1. APPENDICIES

Appendix 1	Terms of reference
Appendix 2	Membership
Appendix 3	Work plan
Appendix 4	HPT priorities

TERMS OF REFERENCE

The NSW Health Care Advisory Council will:

- Provide advice to the Director-General and Minister on NSW health services to achieve highly integrated services that reflect best national and international standards.
- Provide advice to the Director-General and Minister on the development and implementation of the long-term state health plan. Council should ensure the plan reflects a strong partnership between the community, clinicians, Area Health Services and the Department, and an appropriate balance between the provision of care and treatment and the monitoring, protecting and maintaining the health of the community.
- Provide advice to the Director-General and Minister on innovative and effective service delivery models that embrace the whole of a consumer's journey through the health system.
- Provide advice to the Director-General and Minister on clinical governance initiatives required to support sustainable reform and change within the health system.
- Provide advice to the Director-General and Minister on recommendations arising from Health Priority Taskforces to promote a more integrated consideration of health related issues including Information Management and Technology and Workforce considerations.
- Develop a two-year work-plan for approval by the Director-General.
- Provide a regular report to the Director-General and Minister for Health.
- Undertake such other responsibilities as may be requested by the Director-General or Minister for Health.

HCAC MEMBERSHIP

NAME	POSITION
Rt Hon Ian Sinclair	Co-Chair HCAC
Professor Judith Whitworth	Co-Chair HCAC, Director, John Curtin School of Medical Research and Howard Florey Professor of Medical Research ANU
Ms Sandra Bailey	Co-Chair Aboriginal Health HPT
Professor Bruce Barraclough	Chair of the Board, Clinical Excellence Commission
Professor Jim Bishop	CEO, Cancer Institute NSW and Chief Cancer Officer NSW
Ms Kath Brewster	Co-Chair, Chronic, Aged & Community Health HPT President, Council on the Ageing (NSW)
Dr Tony Burrell	Co-Chair, Critical Care HPT Medical Director, NSW Intensive Care Coordination and Monitoring Unit
Professor Simon Chapman	Co-Chair, Population Health HPT
Mr Chris Crawford	Chief Executive, North Coast Area Health Service
Ms Barbara Daly	Co-Chair, Critical Care HPT Nurse Manager, Emergency Department, Prince of Wales Hospital
Prof John Dwyer	Chair, Australian Health Care Reform Alliance
Prof Sandra Eades	Co-Chair Aboriginal Health HPT
Professor Malcolm Fisher	Area Director, Critical Care Royal North Shore Hospital
Professor Kerry Goulston	Chair, Greater Metropolitan Clinical Taskforce HPT
Mrs Irene Hancock	Co-Chair, Children and Young People's Health HPT
Dr Diana Horvath	Chief Executive, Sydney South West Area Health Service
Dr William Hunter	Co-Chair, Rural Health HPT Retired Surgeon
Professor Stephen Leeder	Chair, Population Health HPT Director, Australian Health Policy Institute University of Sydney
Professor Judy Lumby	Emeritus Professor, UTS, Honorary Professor USYD, Adjunct Professor, UWS
Ms Wendy McCarthy	Co-Chair, Sustainable Access HPT
Professor Brian McCaughan	Co-Chair, Sustainable Access HPT Cardiothoracic Surgeon, Royal Prince Alfred Hospital
Professor Philip Mitchell	Co-Chair, Mental Health HPT Head of School of Psychiatry, Black Dog Institute, Prince of Wales Hospital
Dr Diane O'Halloran	Inaugural Chair, NSW Ministerial Advisory Council on General Practice, Chair RACGP (NSW Faculty), General Practitioner
Dr Sue Page	National President, Rural Doctors Association
Professor Ron Penny	Co-Chair, Chronic, Aged & Community Health HPT Senior Clinical Advisor, NSW Health
Ms Liz Rummery	Co-Chair, Rural Health HPT Deputy Chancellor of the Southern Cross University
Assoc. Professor Stuart Schneider	Co-Chair, Information Management & Technology HPT Chief Executive Greater Southern Area Health Service
Ms Laraine Toms	Co-Chair, Mental Health HPT Vice President Carers NSW
Dr Roger Traill	Co-Chair, Information Management & Technology HPT Co-Director, Department of Anaesthetics, Royal Prince Alfred Hospital
Professor Graham Vimpani	Co-Chair, Children and Young People's Health HPT Clinical Chair, Kaleidoscope, Hunter Children's Health Network
Mr Richard Walsh	Advisor, Techne-Ventures P/L

NAME	POSITION
	Director, Text Media Group Ltd
Emeritus Professor William Walters	Chair, Maternal and Perinatal HPT Senior Staff Specialist in Obstetrics John Hunter Hospital, Newcastle
Professor Jeremy Wilson	Professor of Medicine, UNSW
Mr Talal Yassine	Director, PricewaterhouseCoopers Legal, Lawyers

Note: The appointment of Co-Chairs for the Workforce HPT is pending.

HEALTH CARE ADVISORY COUNCIL
WORK PLAN 2005/06

	Terms of Reference	Activity	Timeframe	Comments	Progress
1.	Provide advice to the Director-General and Minister on NSW health services to achieve highly integrated services that reflect best national and international standards.	<ul style="list-style-type: none"> ▪ Presentation on a key service delivery issue at each meeting. ▪ Workforce issues/ and Commonwealth/State Reforms are standing agenda items for HCAC meetings 	ongoing	<ul style="list-style-type: none"> ▪ HPTs have provided input into Council of Australian Governments (COAG) regarding actions for change which includes improving the integration of services ▪ Presentation on Integrated action by a HPT –Cancer by the NSW Cancer Institute HCAC meetings ▪ Presentation on Surgical Services Working Party – model for examining surgical skill redesign options. 	<ul style="list-style-type: none"> ▪ HPT input into priorities for cancer services ▪ Input into the Health Workforce Productivity Commission Issues paper ▪ HCAC input into NSW Health submission to COAG ▪ HCAC comment on Productivity Commission Position Paper 'Australia's Health Workforce' ▪ HCAC comment on 'Meeting the Medical Locum Challenge-Options for Action Within the NSW Public Hospital System' ▪ GMCT Draft discussion Locum paper.
2.	Provide advice to the Director-General and Minister on the development and implementation of the long-term state health plan. Council should ensure the plan reflects a strong partnership between the community, clinicians, Area Health Services and the Department and an appropriate balance between the provision of care and treatment and the monitoring, protecting and maintaining the health of the community.	<ul style="list-style-type: none"> • Paper on Futures Planning to be presented to HCAC meeting. • First Futures Planning Roundtable • Futures Forum • Draft Consultation Document. • Finalisation of consultation document • Release of Futures Planning consultation document and commencement of statewide consultation process • End of consultation process • Second Futures Planning Roundtable • Submission of Future Directions for Health document to Minister. 	<p>29/03/05</p> <p>9/11/05</p> <p>9/11/05</p> <p>Jan 06</p> <p>April 06</p> <p>May 06</p> <p>Jul 06</p>	<ul style="list-style-type: none"> ▪ HCAC members invited ▪ HCAC members invited ▪ Draft document circulated for comment ▪ Discuss the proposed consultation process <p>All HCAC members are invited</p>	<ul style="list-style-type: none"> ▪ HCAC members participated in the Futures: <ul style="list-style-type: none"> - Roundtable - SAC meeting - Forum ▪ Progress reports to each HCAC meeting. ▪ HCAC input into consultation process and communication strategy.
3.	Provide advice to the Director-General and Minister on innovative and effective service delivery models that embrace the whole of a consumer's journey through the health system.	<ul style="list-style-type: none"> ▪ Consultation with non-health sector eg transport, housing, local council. 		<ul style="list-style-type: none"> ▪ HPTs requested to advise the patient/consumer experience in 20 years time as part of the Futures Planning consultation 	<ul style="list-style-type: none"> ▪ Workshops for Rural Health HPT and Sustainable Access HPT are scheduled in November/December.

	Terms of Reference	Activity	Timeframe	Comments	Progress
				process.	
4.	Provide advice to the Director-General and Minister on clinical governance initiatives required to support sustainable reform and change within the health system.	<ul style="list-style-type: none"> Seek advice on how to build the interface with CEC from CEO, CEC. CEC to report to HCAC at HCAC meetings. 	3-4 months Ongoing	<ul style="list-style-type: none"> CEC Board to present work program and linkages to HCAC /HPTs/AHACs at September meeting Ongoing reports to HCAC meetings. 	<ul style="list-style-type: none"> CEC report to HCAC meetings Workforce issues that were raised at the July HCAC meeting were sent to the CEC Board for information. Meeting between Deputy CEO CEC and Primary Health & Community Partnerships Branch on linkages between clinical and community structures.
5.	Provide advice to the Director-General and Minister on recommendations arising from Health Priority Taskforces to promote a more integrated consideration of health related issues including Information Management and Technology and Workforce considerations.	<ul style="list-style-type: none"> Each HPT to provide reports to HCAC for tabling at HCAC meetings. Reporting by exception at meetings. 	Ongoing	<ul style="list-style-type: none"> Build recommendations from HPTs into standing agenda item at each meeting and also into Action arising- HPT referrals. 	<ul style="list-style-type: none"> HPTs report to HCAC at May/Jul meetings HPTs linkage information provided to HCAC HPT sub-committee information provided to HCAC HPT input to COAG on priority areas for Commonwealth/State reform. HPT input into priority areas for cancer services.
6.	Develop a two-year work-plan for approval by the Director-General.	<ul style="list-style-type: none"> Draft plan to Co-Chairs and DG Pick up: <ul style="list-style-type: none"> service priorities NSW Health priorities Member priorities 	To be developed over 8 months	<ul style="list-style-type: none"> The inclusion of service priorities, NSW Health priorities and member priorities into the work plan. 	<ul style="list-style-type: none"> Opportunities are provided for members to propose agenda items for future meetings at each HCAC meeting Regular meetings are organised with the Co-Chairs and the Director-General. It is proposed that regular meetings are organised between the Co-Chairs and the Minister. Input provided by members on the priority areas for 2006.
7.	Provide a regular report to the Director-General and Minister for Health.	<ul style="list-style-type: none"> Co-Chairs to provide 6 monthly progress reports to the DG and Minister. 		<ul style="list-style-type: none"> Proposal 6 monthly report Consultation on the draft report 6 monthly report to the 	<ul style="list-style-type: none"> Proposal taken to the July meeting for endorsement. Draft distributed to members early September 2005

	Terms of Reference	Activity	Timeframe	Comments	Progress
				Minister endorsed by HCAC members at the September meeting.	<ul style="list-style-type: none"> ▪ Yearly report for 2005 ▪ Proposed 6 monthly reports thereafter.
8.	Undertake such other responsibilities as may be requested by the Director-General or Minister for Health.	<ul style="list-style-type: none"> ▪ Assess whether there are any aspects of the current arrangements on the use of overseas trained doctors that leaves NSW vulnerable to situations as occurred in the Patel case in Queensland 	July 2006	Members agreed on key overarching principles regarding overseas trained doctors.	<ul style="list-style-type: none"> ▪ Workforce issues that were raised in regards to overseas trained doctors were sent to the Clinical Excellence Commission Board.

HPT Priorities

- Aboriginal Health – providing direction, leadership and developing agreed positions relating to Aboriginal health policy, strategic planning and broad resource allocation issues
- Children and Young People’s Health - facilitating provider and consumer leadership of children and young people’s health services;
- Chronic Aged & Community Health –access to information – patient/carer/ clinician /population; access to and implementation of appropriate integrated care; funding and workforce
- Critical Care – Critical Care services planning
- Greater Metropolitan Clinical Taskforce – supporting the clinical service network and evolving groups such as Acute Aged Care and Gynaecological Oncology
- Information Management & Technology – the review and monitoring of the new IM&T strategy
- Maternal & Perinatal – providing direction and leadership for NSW maternal and perinatal services
- Mental Health – prevention, early recognition, early intervention and promotion and acute care
- Population Health – overweight and obesity –the economic costs of obesity, addressing obesogenic environments in terms of urban planning and engaging provide providers in food and physical fitness industries in public/private partnerships
- Rural Health - monitoring the implementation of the NSW Rural Health Report and NSW Rural Health Plan
- Sustainable Access – Review of the Waiting List policy, Predictable Surgery Program, review of patient journeys and Emergency Department performance targets;
- Workforce – membership pending