

GREATER METROPOLITAN CLINICAL TASKFORCE (GMCT)

- **Recommendations from Professor Peter Phelan Review, La Trobe University**
- **Implementation Plan**
- **Principles of Operation**

BACKGROUND

The Review of the Greater Metropolitan Clinical Taskforce GMCT was conducted on the 15th-18th March 2005 by Professor Peter Phelan a former Paediatrician and Mr Peter Derbyshire from Paxton Partners. A Steering Committee consisting of Professor Katherine McGrath, Deputy Director General, Health System Performance, Professor Kerry Goulston, Chairman, GMCT, Dr Richard Matthews, Deputy Director General, Strategic Development and Associate Professor Warwick Neilley, Minister Iemma's Office oversaw the review.

The Review was conducted to develop an agreed approach to the accountability and future reporting requirements for GMCT within the current Department of Health Structure. The Review examined the role of the current craft groups operated by the GMCT, GMCT's delegations, financial management and reporting, staffing structure of the GMCT Secretariat, appointment of and contractual arrangements for staff as well as GMCT's interaction with state-wide planning (NSW Health) and other groups such as the Clinical Excellence Commission, the Cancer Institute and the NSW Institute of Medical Education and Training.

As indicated by Professor Phelan in his report, The Greater Metropolitan Clinical Taskforce (GMCT), and its predecessors, the Greater Metropolitan Services Implementation Group (GMSIG) and the Greater Metropolitan Transition Taskforce, has been very successful in encouraging clinician involvement in the planning of health services across greater metropolitan Sydney. Its Speciality Service Networks have made valuable contributions in a number of areas.

However, Professor Phelan highlighted that there has been inadequate alignment of the GMCT activities with other planning and clinical enhancement projects within NSW Health and its various agencies.

Professor Phelan recommended that in future, GMCT activities must be better integrated with other planning and related processes within NSW Health and other health entities such as the Clinical Excellence Commission, the Cancer Institute, the NSW Institute of Medical Education and Training and the Rural Institute.

Professor Phelan also recommended that GMCT must review all projects funded from the \$64.6 million allocated in 2000 by Minister Knowles in terms of outcomes and outputs. Those projects that are not achieving their goals should be ended and the funding withdrawn. Similarly, all established Speciality Service Networks should be reviewed. Those Speciality Networks whose tasks are completed should be disbanded and those, whose ongoing activities have moved beyond planning, should shift to elsewhere within NSW Health.

Professor Phelan also recommended that GMCT should prepare an annual work plan, including proposals for new Speciality Service Networks, based on

wide consultation with interested parties for discussion with senior officials of NSW Health and its relevant agencies and subsequent approval by the Director General of Health. It should report three monthly on progress in achieving this work plan.

The Phelan Report and its Recommendations were agreed to at a meeting held with the Minister for Health on Thursday 28th June 2005. The meeting was attended by Professor Phelan, the Director General, NSW Health, representatives of the GMCT and representatives of the NSW Department of Health.

RECOMMENDATIONS CONTAINED IN THE PHELAN REPORT: APRIL 2005

Recommendation 1

GMCT should critically review the activities of each of its Clinical Service Groups, in consultation with the Deputy Director General, Health System Performance, and determine whether the Groups should continue within GMCT, should move elsewhere within NSW Health or be disbanded.

Recommendation 2

Each enhancement funded from the allocation of \$64.6 million should have KPIs and monitoring should be on outcome and outputs. GMCT should undertake, in association with the relevant AHSs, a critical review of all funded enhancements over the next 3 months and where these are not achieving their aims, funding should be withdrawn.

Recommendation 3

The principal role of GMCT Clinical Service Groups should be to advise and consult with NSW Health and its Area Health Services on best clinical practice and on enhancements to health delivery systems to improve equity of access and equity of outcomes within the limits of available resources.

Recommendation 4

Care should be taken to avoid GMCT Clinical Service Groups and other Clinical Advisory Committees within NSW Health considering identical matters by determining under whose auspices each Group / Committee best sits. Where Groups / Committees are deliberating on different aspects of the same issue, the possibility of cross membership should be considered.

Recommendation 5

GMCT Clinical Service Groups should be a principal source of advice on best clinical practice models for the Clinical Excellence commission (CEC). Data collected by the CEC on the outcomes of health interventions should be an important source of information for the development, by GMCT, of best clinical practice models.

Recommendation 6

GMCT should discuss with the CEC that where data on the outcomes of enhancements it has auspiced are currently being collected by GMCT whether this could be more effectively and efficiently collected by the CEC.

Recommendation 7

GMCT should draw the attention of MTEC to deficiencies in medical training identified by its Clinical Service Groups and such Groups should be available to provide advice to MTEC in its review of various medical specialist training programs.

Recommendation 8

NSW Health and its AHSs should make specific requests to GMCT when it requires assistance from GMCT with clinical redesign and quality / safety projects and indicate to GMCT when they wish GMCT to encourage individual clinician involvement in such projects.

Recommendation 9

GMCT should indicate to NSW Health and its AHSs what role it could play in role delineation projects for metropolitan hospitals and the development of clinical service plans for the greater metropolitan AHSs and NSW health and its AHSs should indicate to GMCT what assistance and advice it requires from it.

Recommendation 10

GMCT should maintain and extend communication and collaboration with the Rural Health Taskforce and the Rural Institute. It should seek nominations from the Rural Health Taskforce to Clinical Service Groups considering planning issues that may impact on rural patients seeking health services in the greater metropolitan area. It should make available Best Clinical Practice Models, for modification as required, to the Rural Health Taskforce and Rural Institute and provide advice, as requested, on their implementation in rural areas. It should respond to requests for joint Clinical Service Groups from the Rural Health Taskforce to consider planning issues for statewide services.

Recommendation 11

All GMCT Clinical Service Groups should have agreed precise terms of reference, set tasks and a time frame within which the tasks are to be achieved.

Recommendation 12

The current approach to membership of Clinical Service Groups should be continued with the addition of a medical or health service administrator as an independent appointee, not as a representative.

Recommendation 13

When a Clinical Services Group is established, a budget should be set for administrative and other supports.

Recommendation 14

The GMCT should prepare, with appropriate inputs, an annual work plan, for discussion, at a meeting chaired by the Director General of Health and comprising representatives of the office of the Minister for Health, appropriate other senior officers of the Health Department, AHS CEOs, and the CEO of the CEC and for subsequent approval or not by the Director General.

Recommendation 15

That there be fixed terms for the appointment of Chairman and Deputy Chairmen of GMCT but in the present circumstances these should be applied flexibly to allow effective succession planning and to avoid too many retirements within a short period of time.

Recommendation 16

There should be quarterly meetings for GMCT to present progress reports on current activities and recommendations from completed projects to the Deputy Director General, Health System Performance with the office of the Minister for Health, AHS CEOs, the Chairman of the CEC, and as appropriate other senior officers of NSW Health invited to participate in these meetings.

Recommendation 17

There should be a response within three months to recommendations made to the Director General of Health from GMCT for enhancements in health service delivery in greater metropolitan Sydney and when proposals are not accepted, reasons should be given. Where proposals are accepted, three monthly reports on their implementation should be provided to GMCT by NSW Health and GMCT should seek quarterly reports from clinicians involved in their implementation.

□□□□□□□□□□

**Implementation Plan – Resulting from the Review of the Greater
Metropolitan Clinical Taskforce
Undertaken by Professor Peter Phelan in April 2005**

Background:

The NSW Minister for Health and the NSW Department of Health want the opportunity to formally receive input from, and have dialogue with, statewide representatives of clinical specialities

NSW Health, both at the Department of Health level and at the Area Health Service level, recognises the strong advantages in having formal mechanisms to seek and receive advice from clinicians across the state.

The Minister is committed to a reshaping of clinical services across the state, continuing to improve their accessibility to the community, as well as their quality and safety. These initiatives require a collaborative partnership between clinicians and administrators at all levels.

There is however, evidence which suggests that in some situations administrators and clinicians still do not connect with each other in an open and positive way, as expected by the NSW community. The Minister wants to support processes that irreversibly change the internal climate across the whole of the NSW public health service.

To achieve this, NSW Health is undertaking a substantial reform agenda through the Clinical Services Redesign Program. The principal focus of this Program is on ensuring that each patient journey through the health system is safe and one the patient, their family and health professionals believe is of the highest quality and delivering the best outcomes.

There are numerous and important initiatives being pursued that need structured clinical inputs from the State's clinical leaders and their Specialty Networks. These include Area Health Service clinical service planning, performance improvement, safety and quality, predictability for surgical services, workforce planning, strong investment in IT and e-medical record systems, strengthening primary health care and improving community care arrangements.

In addition to these programs, there is continuing debate regarding overall reform of service provision and the respective roles of the two jurisdictions – state and national. There are also major reviews being conducted by the Productivity Commission into the impact of medical technology, and ways to sustain the health workforce and increase its flexibility.

The work of the Greater Metropolitan Clinical Taskforce (GMCT), the Cancer Institute (CI), and the Clinical Excellence Commission (CEC), needs clearly defined mechanisms for statewide engagement with clinicians and administrators.

Status of GMCT;

- Resources will be provided to GMCT to support the establishment of agreed Specialty Service Networks following consultation between GMCT, the Department of Health and the Minister.
- The GMCT has evolved from the Greater Metropolitan Services Implementation Group and the previous Greater Metropolitan Transition Taskforce, which was originally constituted as a Section 20 Ministerial Advisory Committee and was subject to the provisions of the Health Administration Act (1982) and the Health Service Act (1997). The GMCT will continue to report to the Director-General and the Minister.
- The new GMCT will be established as a Health Priority Taskforce (HPT). As such, the GMCT will provide a regular report to the Health Care Advisory Council and advice to the Director General and the Minister.
- Processes for requesting, receiving and responding to information from these Specialty Service Networks will be established between the Director-General and GMCT, to set the “rules for engagement” and ensure appropriate governance procedures are in place.
- GMCT is also committed to appraising ways in which the private and public sectors can cooperate to improve health services in NSW.
- The overall budget for NSW public health services is set through the Australian Health Care Agreement (AHCA) and the annual NSW State budget process. There are also special programs, which the Federal and NSW Governments agree to fund or support.
- GMCT may provide information to assist in decision making about the allocation of resources across the state, but none of its work will be dedicated to developing proposals for additional expenditure beyond what is actually available from these two sources.
- An annual budget for GMCT will be agreed with the Director-General and approved by the Minister.
- The GMCT and the Department of Health will undertake a financial review at year end for all projects over \$50,000 and jointly decide on the satisfactory use of funding for the previous year and recommendations for funding for future years.
- Projects under \$50,000 will be reviewed on an ad hoc basis only.
- The GMCT will however, continue to assist and review the work the Specialty Service Networks it has created.

Functions of GMCT:

- GMCT's clinicians will build and strengthen networks for specific specialities (Speciality Service Networks – SSNs) promoting integration and collaboration across the public hospital system. GMCT Speciality Service Networks (SSNs) will provide informed clinical advice regarding issues of accessibility and improvements to the delivery of health services in their specialities.
- GMCT Speciality Service Networks (SSNs) will develop service plans in partnership with the NSW Health Department and Area Health Services. Approval must be sought from the Director-General or Minister prior to a GMCT Speciality Service Network (SSN) commencing a clinical service planning exercise.
- A major role of the GMCT Speciality Service Networks is to provide advice on service provision, workforce issues, safety and quality initiatives and system improvement in specific areas.
- GMCT and its Speciality Service Networks (SSNs) will provide expert advice on request, regarding emerging health related issues. At the same time, the Speciality Service Networks are obliged to identify emerging issues that may impact on health service delivery.
- GMCT and its Speciality Service Networks are to identify and advocate the application of technological advances that would improve health outcomes.
- GMCT is to participate in and promote the NSW Health Clinical Service Redesign Initiative.

Governance and Accountability GMCT:

- GMCT will provide advice to the Minister and the Director General when they see the need to, or when requested by the Minister. Operationally, GMCT will report to the Director-General through the Deputy Director-General, Health System Performance.
- GMCT will meet quarterly with the Deputy Director-General, Health System Performance, the Deputy Director General, Strategic Development, a representative of the Minister's Office and AHS Chief Executives, the Chief Executive Officer of the CEC, and other appropriate Departmental officers.
- At these meetings the GMCT will present progress reports on current activities and recommendations from completed projects that can be actioned by agreement with all relevant parties.

- A Committee comprising representatives of the Area Health Services, the Chair and Deputy Chairs of GMCT (later CEO and Committee Chairman), NSW Health Deputy Director-Generals, Health System Performance and Strategic Development), Chief Executives and the Minister's office are to meet yearly in August to review all GMCT funded groups and programmes, reviewing their achievements, KPIs, Clinical outcome measures and their work plans.
- The GMCT Committee will recommend to this oversight Committee the continuation or cessation of funding to Speciality Service Networks and special projects.
- The express agreement of the Minister and NSW Health Department is required by GMCT and its respective Speciality Service Networks prior to discussing service development or reorganisation matters with any individual or agency (including those of the Australian Government) outside of NSW Health and its Area Health Services.
- GMCT Speciality Service networks are to refrain from entering into agreements independently that may have implications on health service delivery in New South Wales without a formal discussion with the Minister and the representatives from the NSW Health Department.

NSW Health and GMCT relationships:

- GMCT will operate as both a Health Priority Taskforce (HPT), and as an advisory body to the Minister through the Director General.
- The GMCT Speciality service networks will be involved in the implementation of service improvements within their specialities, in partnership with AHSs and with the Department.
- NSW Health will engage with GMCT Speciality Service Networks for the purposes of clinical consultation on a range of matters including specialty service planning, quality and safety, Clinical Service Redesign and clinical services support. Membership of Speciality Service Networks should include appropriate numbers of representatives from Area Health Services.
- Speciality Service Network initiated proposals/ views/ suggestions/ findings will be presented to the GMCT Executive. These views will be conveyed to the Minister and Department via agreed channels and via the agreed rules of engagement.
- Collaboration and mutual respect between a number of the statewide specialist committees, HPTs, Speciality Service Networks and specific Branches of the Department of Health is essential and requires the promotion of effective working relationships. As such, the Department

will collaborate with these entities when developing policy, planning services, or seeking immediate clinical advice. Therefore, direct contact between individual Branches and the Speciality Service Networks is supported. Where a broader consultation on a range of issues is required, an individual will be nominated to ensure effective liaison.

- Interaction with the Department of Health should be through a single point of contact, the GMCT Relationship Manager. This will facilitate dialogue with appropriate Branches and HPTs for a specific topic and ensure the establishment of effective working relationships.
- For the purposes of supporting regular meetings between the GMCT as a whole and the Department, the Relationship Manager will distribute information to, and seek information from, any of the NSW Health Divisions and Branches, to inform specific discussions.

Partnerships:

- GMCT, the Clinical Excellence Commission (CEC) the Cancer Institute (CI) and the Rural Taskforce will work in partnership, meet regularly, and develop mechanisms for engaging the Speciality Service Networks in the development of best practice frameworks, clinical outcome measures and data exchange.
- Given the critical importance of workforce issues, GMCT has already established a working relationship with IMET. An IMET representative is now a member of the GMCT Committee and this will continue. GMCT should also ensure regular dialogue with the Department's Workforce Development and Leadership Branch.
- NSW Rural Health Taskforce has arranged to meet with the GMCT at least twice a year to discuss joint clinical service issues and will jointly advise the Department on statewide service planning initiatives.
- The GMCT may develop working relationships with related Health Priority Taskforces.
- The GMCT will also work in partnership and in consultation with the Rural Institute.
- It may be appropriate at some time in the future for some of the GMCT Specialty Service Networks to be auspiced by some other entity or organisation. For example, the CEC or the Cancer Institute.

GMCT Organisational Structure and Staffing:

- GMCT will have a Chair and one Deputy Chair and an Executive. The GMCT Committee will advise and support their activities.
- A full-time Chief Executive Officer (CEO), with broad clinical experience and with ongoing clinical practice, will be recruited, with support staffing as required to carry out the agreed work plan and to service the GMCT Executive, Committee and Speciality Service Networks.
- The Minister will appoint the Chairman and Deputy Chairman. The Chair in consultation with the Deputy Chair will determine membership of the Executive and recommend membership of the full committee to the Director-General and the Minister.
- The Chair and Deputy Chair of GMCT will recommend membership of the full Committee to the Director-General and the Minister.
- New Contracts for the Chair and Deputy Chair will be of two years duration, with reappointment for one additional term at appropriate and agreed levels of remuneration.
- The Chair and Deputy Chair of GMCT will develop a Position Description for the position of Chief Executive Officer GMCT and commence recruitment action within the next six months. This process will be in consultation with NSW Health, and will require approval by NSW Health.
- The new Chief Executive Officer will carry forward the daily work of the GMCT, under the guidance and assistance of the Chair and Deputy Chair.
- The core GMCT secretariat will be flexible, and agreed to between the Chair, Deputy Chair, Chief Executive Officer and the Department.
- The employment of all current Managers of Speciality Service Networks and their core Directorate budgets are to be transferred to the GMCT Secretariat and provide services to all agreed Speciality Service Networks.
- The GMCT Secretariat will be funded from a combined allocation of the current secretariat budget (\$800,000) and the networks Directorate funding (\$2,813,000) a total of \$3,613,000.
- The employment of all Network Managers' will be through Northern Sydney/Central Coast Area Health Service to ensure consistency of recruitment practices, grading and conditions.

- Position descriptions will be developed and graded as per Area Health Standard processes.
- The employment of secretariat staff will commence immediately, or when existing contracts are about to expire, to meet the GMCT's agreed work program.

GMCT Clinical Speciality Networks:

- There are currently a number of Speciality Service Networks and projects, which are funded within the GMCT budget allocation. These include:
 1. Bone Marrow Transplantation-Bone Marrow Transplant Network NSW
 2. Severe Burns - NSW Severe Burns Injury Service
 3. Spinal Cord Injury - NSW State Spinal Cord Injury Service
 4. Ophthalmology - Statewide Ophthalmology Service
 5. Cardiac Services - Cardiac Services Network
 6. Brain Injury Rehabilitation – BIRP Directorate
 7. Neurosurgery - Neurosurgery Network
 8. Stroke -Stroke Services Network
 9. Renal Services - NSW Renal Services Network
 10. Radiology/Interventional Neuro Radiology -Greater Metropolitan Radiology Services Network
 11. Nuclear Medicine - Greater Metropolitan Nuclear Medicine Services Network
 12. Gynaecological Oncology
 13. Transition Care for young people with chronic childhood illness/disability
 14. Information Management
 15. Severe Trauma - Institute of Trauma and Injury Management (*Separate budget*)

GMCT Special Projects:

- Home Enteral Nutrition
- Aged Care
- Consumer and Community Participation
- Metropolitan Hospitals (to be completed August 2005)

Future Speciality Service Networks will be finalised after further discussion but may include, (in addition to Networks/Projects listed above):

- Gastroenterology
- Respiratory Medicine
- Orthopaedics
- Urology
- Haematology combined with Bone Marrow Transplantation and plasmapheresis
- Anaesthetics
- Rheumatology

- ENT
- Dermatology
- Plastic Surgery
- Diabetes Services
- Neurology

The GMCT have agreed to consider reorganising and combining Specialty Service Networks where clinically appropriate, for example.

- Imaging Services – Radiology / Nuclear Medicine
 - Haematology combined with Bone Marrow Transplantation and plasmapheresis
- It is anticipated that 3 or 4 of the new proposed Specialty Service Networks will be established before June 2006.
 - The final number of Speciality Service Networks will be agreed between the GMCT, the Director-General and the Minister for Health. The creation of any future Speciality Service Networks will only proceed after an agreed process of consultation between the GMCT, the Director-General and the Minister for Health.
 - Speciality Service Networks should primarily focus their attention on managing “network” issues. In this respect, Speciality Service Networks will not be directly involved in funding clinicians to undertake clinical work though they will advise from time to time on remuneration issues that may potentially affect the delivery of quality services.
 - The final number and composition of Speciality Service Networks in 2005/06 will be cost neutral, as they will be funded within the current GMCT budget and its adjustments in future years.
 - If the abovementioned reorganisation is accepted, a total of between 20 and 25 Speciality Service Networks will be anticipated by 2008/09 with GMCT creating approximately four new Networks per year.
 - The GMCT is to develop generic Terms of Reference for all Speciality Service Networks. All Speciality Service Networks are to develop by May a work plan for the following financial year with ratification of that plan by GMCT and NSW Health occurring by June in any year.
 - The GMCT will seek input from the Department of Health, Area Health Services, CI, CEC, Rural Taskforce and IMET, as to the possible scope of GMCT’s work program.
 - All Speciality Service Networks are to develop Key Performance Indicators (KPIs) for their work program.
 - GMCT is responsible for obtaining and reviewing KPI information by the end of June in any given year from all Speciality Service Networks.
 - Speciality Service Networks will be subject to an annual review by the

GMCT Executive by the end of July.

- Speciality Service Networks will include medical, nursing, allied health professionals, and medical or health service administrators and consumers in their respective memberships

Financials:

- The overall budget for NSW public health services is set through the Australian Health Care Agreement (AHCA) and the annual NSW State budget process. There are also special programs, which the Federal and NSW Governments agree to fund or support.
- GMCT may provide information to assist in decision-making about the allocation of resources across the state, but none of its work will be dedicated to developing proposals for additional expenditure over and above what is available through these two sources of funds.
- An annual budget for GMCT will be negotiated with the Director-General and approved by the Minister.
- GMCT funded clinical services will be transferred to the appropriate Area Health Service. In this respect, GMCT will cease the active monitoring of projects that have been funded previously through the GMCT's past allocations, provided they are now satisfactorily operational.
- The budget setting in future years will be in line with the standard rules applied to the new Area Health Services. Budget escalation will occur as per the norm.
- The total funding for GMCT will be based on the number of Speciality Service Networks and special projects agreed by the Director-General.
- Recurrent funding for GMCT for 2005/2006 will be for secretariat functions only. The recurrent funding available will be composed of the 2004/2005-secretariat budget (\$800,000). Directorate budgets for 2004/2005 (\$2.813M) and previously distributed recurrent funding not satisfactorily utilised by target programs and therefore not continued in 2005/2006.
- Special projects requested by the Minister, Director-General, Department of Health, Area Health Services, or other bodies, would need to identify a source of funds.
- The Department of Health is developing a Delegation manual for GMCT and the other bodies (including statutory authorities) to establish approval processes for financial expenditure.
- The GMCT will put in place a Service Level Agreement with HAC and Northern Sydney/ Central Coast AHS, outlining the expectations of the GMCT in regard to:

- Financial reporting
- Processing of accounts
- Personnel Services, including evaluation of Position Descriptions and payroll
- Information Management

An appropriate service fee agreed and will be paid to NS/CCAHS.

□□□□□□□□□□

Principles of Operation

GMCT is established for the purpose of providing a formal structure for independent clinical advice to the Department of Health, Director-General and the Minister.

GMCT will operate as both a Health Priority Taskforce and as an advisory body to the Minister through the Director General.

The GMCT is composed of Speciality Service Networks governed by an overarching governance committee – the *GMCT Committee*

1. Function:

1.1 A major role of the GMCT Speciality Service Networks is to provide advice on service provision, workforce issues, safety and quality initiatives emerging technological and system improvement in specific clinical areas.

1.2 The GMCT does not provide the management of clinical service provision; the GMCT is an advisory body only.

2. Networks:

GMCT is comprised of clinical Speciality Service Networks in each of the major speciality areas.

2.1 The final number of Speciality Service Networks will be agreed between the GMCT, the Director-General and the Minister for Health. The creation of any future Speciality Service Networks will only proceed after an agreed process of consultation between the GMCT, the Director-General and the Minister for Health.

2.2 The networks were agreed to at the GMCT Meeting held on Friday 5th August 2005 and confirmed once again at the GMCT meeting held on Friday 2nd September 2005.

The Speciality Service Networks as of 10 October 2005 include:

- Bone Marrow Transplantation – Bone Marrow Transplant
- Severe Burns – NSW Severe Burns Injury Service
- Spinal Cord Injury – NSW State Spinal Cord Injury Service
- Ophthalmology – Statewide Ophthalmology Service
- Cardiac Service – Cardiac Services Network
- Brain Injury Rehabilitation – BIRP Directorate
- Neurosurgery – Neurosurgery Network
- Stroke – Stroke Services Network
- Renal Services – NSW Renal Services Network
- Radiology/Interventional Neuro Radiology – Greater Metropolitan Radiology Services Network

- Nuclear Medicine – Greater Metropolitan Nuclear Medicine Services Network
- Gynaecological Oncology
- Transition Care for young people with chronic childhood illness/disability
- Severe Trauma – Institute of Trauma and Injury Management. (Separate budget)
- Gastroenterology
- Orthopaedics
- Urology
- Respiratory Medicine

GMCT Special Projects:

- Home Enteral Nutrition
- Aged Care
- Consumer and Community Participation
- Metropolitan Hospitals

2.3 Speciality Service Networks will focus their attention on issues relating to the provision of services in their speciality area in any topic areas identified in 1.1. In this respect, Speciality Service Networks will not be directly involved in funding clinicians to undertake clinical work, though they will advise from time to time on funding issues that may potentially affect the delivery of quality health services.

2.4 The Speciality Service Networks must be managed within the budget allocated by NSW Health to the GMCT.

2.5 The GMCT will develop generic Terms of Reference for all Speciality Service Networks. All Speciality Service Networks are to develop by May each year, a work plan for the following financial year with ratification of that plan by GMCT and NSW Health occurring by June in any year.

2.6 It is recognised that duplication must be avoided and therefore NSW Health will engage with GMCT Speciality Service Networks for the purposes of clinical consultation on a range of matters including specialty service planning, quality and safety, Clinical Service Redesign and clinical services support. Membership of Speciality Service Networks should include appropriate numbers of representatives from Area Health Services.

2.7 Each Specialty Service Network must establish a set of Key Performance Indicators (KPIs) for monitoring outcomes of their work program.

2.8 Each Specialty Service Network should focus on Outputs rather than Inputs. In this respect, each Specialty Service Network is required to look at meaningful Health Outcomes premised on reliable and meaningful data.

3. Service Planning:

3.1 GMCT Speciality Service Networks (SSNs) will only participate in service planning in partnership with the NSW Health Department and Area Health Services.

3.2 It is to be recognised that the Clinical Service Plans developed by each of the Area Health Services are the key clinical service planning tools/primary instruments for health service delivery in each of the Areas. The respective Clinical Service Plans are supported by Asset Strategic Plans.

3.3 Approval must be sought from the Director-General or Minister prior to a GMCT Speciality Service Network (SSN) commencing a clinical service planning exercise.

4. Governance and Accountability:

4.1 GMCT will provide advice to the Minister and the Director General when they see the need to, or when requested by the Minister.

4.2 Operationally, GMCT will report to the Director-General through the Deputy Director-General, Health System Performance.

4.3 GMCT will meet quarterly with the Deputy Director-General, Health System Performance, the Deputy Director General, Strategic Development, a representative of the Minister's Office and AHS Chief Executives, the Chief Executive Officer of the CEC, and other appropriate Departmental officers. Commencing 2006, meetings are to be held in February, May, August and November. These meetings are referred to as the GMCT – DOH Executive Meeting. (GMCT attendees should be the Chairman, Deputy Chair and Chief Executive Officer).

4.4 At these meetings the GMCT will present progress reports on current activities and recommendations from completed projects that can be actioned by agreement with all relevant parties.

4.5 At the August meeting, a Committee comprising representatives of the Area Health Services, the Chair and Deputy Chairs of GMCT as well as the Chief Executive Officer, NSW Health Deputy Director-Generals, Health System Performance and Strategic Development), Chief Executives, representatives from the Minister's office and a representative from Finance, NSW Health are to meet to review all GMCT funded groups and programmes, reviewing their achievements, KPIs, Clinical outcome measures and their work plans. This meeting will replace the GMCT – DOH Executive Meeting for the quarter. The meeting will be referred to as the Annual GMCT – DOH Performance Review Meeting.

4.6 The GMCT Committee will recommend to the GMCT – DOH Performance Review Meeting the continuation or cessation of funding to each of the Speciality Service Networks and special projects.

4.7 GMCT Speciality Service Networks are to refrain from entering into agreements independently that may have implications on health service delivery in New South Wales without a formal discussion with the Minister and the representatives from the NSW Health Department.

5. Resources:

5.1 Resources will be provided to GMCT to support the establishment of agreed Specialty Service Networks following consultation between GMCT, the Department of Health and the Minister.

5.2 The Annual Budget for GMCT will be agreed with the Director General and approved by the Minister.

5.3 The Minister may from time to time approve one-off funding for special projects.

5.4 Future additional recurrent funding for GMCT is at the discretion of the Minister and Director General.

5.5 In terms of resources, GMCT must demonstrate value for money allocated and expended.

5.6 GMCT will not fund the delivery of clinical services.

5.7 Any project requiring one-off or recurrent funding must be approved by the Director General or their delegate.

5.8 The GMCT and the Department of Health will undertake a financial review at year end for all projects over \$50,000 and jointly decide on the satisfactory use of funding for the previous year and recommendations for funding for future years.

6. GMCT the Entity:

6.1 GMCT will have a Chair and one Deputy Chair appointed by the Minister.

6.2 The Chair and Deputy Chair of GMCT will recommend membership of the full GMCT Committee to the Director-General and the Minister for approval.

6.3 A full-time Chief Executive Officer (CEO), with broad clinical experience and with ongoing clinical practice, will be recruited in early 2006. This position with appropriate support staffing is required to carry out the agreed work plan and to service the GMCT Executive, Committee and Speciality Service Networks.

6.4 The Chair and Deputy Chair of GMCT will develop a Position Description for the position of Chief Executive Officer GMCT and commence recruitment action within the next six months (by March 2006). This process will be in consultation with NSW Health, and will require approval by NSW Health.

6.5 New Contracts for the Chair and Deputy Chair will be of two years duration, with reappointment for one additional term at appropriate and agreed levels of remuneration.

6.6 It is recognised that the current Chair and Deputy Chair contracts will expire on 30th March 2006. It is anticipated that the new Chair and Deputy Chair will be appointed by 1st July 2006 with new contracts signed accordingly.

7. Conflict Resolution:

7.1 There may be instances when issues cannot be appropriately addressed at the quarterly GMCT –DOH Executive Meetings. It is envisaged that such occurrences will be few.

7.2 However, when such issues do occur, matters are to be formally referred in writing to the Director General for consideration and advice. In such instances, copies of correspondence must also be forwarded to the Deputy Director General, Health System Performance and/or the Chairman GMCT.

8. Reports and Submissions:

8.1 Documents/Discussion Papers and Reports that are prepared by the GMCT must be discussed with NSW Health at “Draft” level. Final documents cannot be issued by GMCT without prior formal input and comment from NSW Health.

8.2 Speciality Service Network initiated proposals/ views/ suggestions/ findings or requests for funding will be presented to the GMCT Executive. These views will be conveyed to the Minister and Department via agreed channels and via the agreed principles of operation. In this respect all correspondence is to be initially directed to the Deputy Director General, Health System Performance for appropriate dissemination and for the preparation of a co-ordinated timely response back to GMCT.

8.3 For the purposes of supporting regular quarterly meetings between the GMCT as a whole and the NSW Health Department, a Relationship Manager from NSW Health will distribute information to, and seek information from, any of the NSW Health Divisions and Branches, to inform specific discussions. Agendas and Minutes of the quarterly GMCT – DOH Executive Meeting will be co-ordinated by the Department’s Relationship Manager.

8.4 Minutes of the quarterly meetings should be distributed to the Director General, the Deputy Directors General and the GMCT Chairman, Deputy Chair and CEO for information only.

8.5 Minutes of the GMCT Committee are to be distributed to the Director General and Deputy Directors General for information only.

9. Other Activities:

9.1 GMCT may from time to time conduct activities such as the Metropolitan Hospitals Forum. Issues raised need to be referred to the Department for wider consideration and to other peak groups such as Health Priority Taskforces and the relevant Departmental Branch for review.

□□□□□□□□□□