

National Health Reform Lead Clinicians Groups

1 Executive Summary

1.1 Objectives of Lead Clinicians Groups

Lead Clinicians Groups will enhance the engagement of clinicians in the reform of the Australian health system, both at the national and local levels. Better opportunities for the engagement of clinicians will improve the communication between health care managers and their clinical colleagues, ultimately deliver better coordination of patient care between hospitals and primary care settings, and promote collaboration across health sectors to identify better ways to deliver services.

Lead Clinicians Groups (LCGs) will promote evidence based clinical practices and assist with the prioritisation and implementation of clinical standards and guidelines with consequent improvements in service safety, quality, efficiency and effectiveness.

1.2 Purpose of this document

This paper sets out the Commonwealth's preferred model for establishing National and Local LCGs. This has been informed by stakeholder responses to the Discussion Paper *Lead Clinicians Groups: Enhancing Clinical Engagement in Australia's Health System*; bilateral discussions with state and territory health departments; and meetings, workshops, round table discussions and interviews with a wide range of stakeholders.

Overall, there was general consensus on many elements of the model. However, views diverged considerably on some components, and little feedback was provided on others. This next phase of consultation aims to refine the proposed model presented, resolve key points of difference with regards to the establishment of LCGs and flesh out areas where more detail is required.

1.3 Summary of the Proposed Commonwealth Model

Consistent with a key underpinning of the National Health Reforms, LCGs will help to optimise patient care by informing the delivery of the right care, at the right time, in the right location, by the right provider. More specifically, they provide mechanisms to: focus on the continuity of the patient journey and improve patient pathways; provide the opportunity for clinicians to identify, inform and deliver service improvements; promote collaboration between clinicians across health sectors; champion evidence bases for clinical decision-making; inform the development, dissemination and implementation of guidelines, standards and best practice models of care; and promote effective communication between healthcare sectors.

The National LCG (supported, where required, by time limited working groups) will advise the Minister for Health and Ageing on nationally relevant priorities and strategies to improve patient care.

At the local level, LCGs will advocate for and advise on local implementation of guidelines and standards. They will consider and provide advice to Local Hospital Networks (LHNs) and Medicare Locals on matters such as integration of patient-centred care pathways across local healthcare sectors that best meet the needs of the local community.

Wherever possible, existing local clinical structures will evolve into the Local LCG. Leveraging off the experience and skills of existing clinician advisory groups will greatly enhance the capabilities of Local LCGs

Membership at both the national and local levels will be multidisciplinary and multi-sectoral, utilising the vital knowledge and skills of a wide range of health related modalities. Local flexibility will enable LCGs to best reflect the communities they serve.

The proposed model seeks to acknowledge the concerns raised by stakeholders with regard to potential duplication or displacement of successful clinical engagement structures, and the desire for existing local structures to be maintained, particularly where those local structures are working well. Many clinicians have expressed the view that current state-wide structures are working well in some states and it is not intended that these effective state-wide clinical advisory structures be altered.

In the national context, LCGs will complement the work of bodies such as the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the National Health & Medical Research Council of Australia (NHMRC).

This proposed model is represented in Figure 1 below:

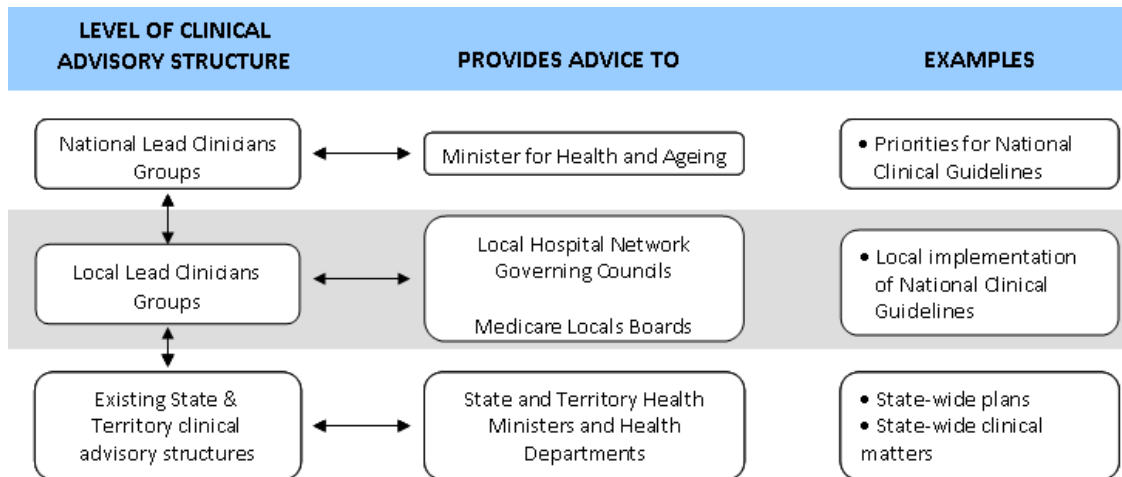


Figure 1 – Proposed model of interactions for National and Local LCGs.

2 Context and Objectives

Improved engagement of key clinicians at both the national and local level provides a platform for improvements in the coordination of patient care, which will improve the safety, quality, efficiency and effectiveness of care.

The participation of clinicians in the planning and coordination of health care services is an important element of the national health care reforms agreed at the Council of Australian Governments in April 2010 and February 2011. Most health care organisations already convene clinician participation processes, but many clinician groups have raised the opportunity for further clinician participation as the health care reforms are implemented.

In this context the term “clinician” is taken to include any individual who provides diagnosis, or treatment, as a professional medical practitioner, nurse, allied health practitioner or other health practitioner.

The Commonwealth announcement of the establishment of the LCGs in May 2010, outlined two new levels of clinical engagement through LCGs. Local LCGs will be formed at the LHN level and will be engaged to better integrate the delivery of primary care and acute care, and to strengthen the role of doctors in providing clinical leadership in the health system.

A stated aim of National Health Reform is that “Medicare Locals and LHNs work together to integrate services and improve the health of local communities”.

LCGs will help achieve this objective through:

- Recommending strategies to prioritise and promote best practice clinical guidelines to achieve the goal of patient centred coordinated care in a two-way (top-down and bottom-up) relationship between National and Local LCGs, as well as state based clinical groups;
- Establishing a clear relationship with the National LCG, the ACSQHC, the NHMRC and existing mechanisms for clinical input;
- Establishing a clear relationship with the Australian Health Ministers Advisory Council;
- Establishing a clear relationship and communication pathway between LHNs and Medicare Locals, as well as communication with other health care sectors such as aged care and the private sector;
- Acting as a 'champion' to promulgate and promote optimal care and referral pathways, and innovative local initiatives that integrate and coordinate care solutions;
- Providing clinical input into needs assessment exercises carried out by Medicare Locals; and
- Complementing the work of Medicare Locals in their role to coordinate and encourage collaboration between different medical practitioners on the patient pathway.

At both national and local level, LCGs will provide a vehicle for:

- Improving patient pathways and the optimal 'patient journey', with a particular focus on those pathways that involve both hospital and community based care;
- Promoting optimal standards and nationally consistent, evidence based guidelines that are effective; and
- Promoting a nationally consistent approach that delivers efficient and effective communication between the LHNs and the Medicare Locals.

In this way, LCGs will contribute to the National Health Reform process with the ultimate objective that patients will have the right care, at the right time and in the right location.

It is envisaged that the National LCG will provide clinical leadership and expertise at the national level. It will also be the driving force behind the implementation of new guidelines and standards throughout the health system.

Local LCGs would also provide advice with respect to the implementation of guidelines and standards at a local level, but would predominantly be aimed at facilitating the better integration of services, in particular between the Medicare Locals and LHNs, aiming for improved coordination of service delivery.

3 Preliminary Consultation Outcomes

In January 2011, a multi-staged consultation process intended to generate discussion and inform the further design of the measure at both the national and local levels, formally commenced with the release of the discussion paper *Lead Clinicians Groups: Enhancing Clinical Engagement in Australia's Health System*. More than sixty submissions were received in response to this discussion paper. Bilateral discussions have been held with all States and Territories and have now concluded.

Additionally, the Department engaged Ipsos Eureka Social Research Institute to undertake further market and qualitative research to inform the design and implementation of the LCGs. This included analysing submissions received in response to the discussion paper and the outcomes of scoping phase interviews; and conducting and analysing the outcomes of focussed workshops with stakeholders, round table discussions with clinical experts and in-depth interviews with practicing clinicians.

Key issues raised by stakeholders to date include:

- Clinicians want more effective engagement (both top down and bottom up), with demonstrable and relevant outcomes;
- Existing clinical structures that work well should not be duplicated or displaced, and there is a need to complement and build upon these whenever possible;
- Composition of LCGs should be truly multi-disciplinary, including but not limited to doctors, and have representation from across all healthcare sectors, including acute and primary care;
- There was general support for LCGs to: focus on the continuity of the patient journey and champion the implementation of better practice and improved service delivery; and
- The message of “*The right care, at the right time and in the right location and by the right provider*” resonated with stakeholders.

4 The National Lead Clinicians Group

4.1 Objectives, Key Functions and Responsibilities

The objectives of the National LCG are to:

- Provide clinical advice on the prioritisation of the development and implementation of national clinical standards and guidelines that will maximise health outcomes for patients;
- Improve patient care by providing a clear, direct pathway for the Minister for Health and Ageing to receive clinical advice;
- Provide a national focal point for the engagement of senior clinicians; and
- Provide a forum for clinicians from across sectors to collaborate and raise issues with regards to health service delivery.

The National LCG will report to and provide advice to the Minister for Health and Ageing on:

- The prioritisation of the development and strategies for implementation of national clinical standards and guidelines as formulated by the NHMRC and the ACSQHC;
- Opportunities to improve the quality, effectiveness and efficiency of the Australian health system; and
- Clinical matters as requested by the Minister for Health and Ageing.

The National LCG will not provide advice to the Minister on matters relating to state and territory public health services. These are matters for state-wide clinical consultation bodies and state and territory governments.

The National LCG will not make key operational decisions on the management of the health system.

The National LCG will be supported by a secretariat accommodated by the Department of Health and Ageing.

The draft Terms of Reference for the National LCG are attached at **Attachment 1**.

Key operational arrangements proposed for the National LCG are described in **Attachment 2**.

4.2 Membership

The membership of the National LCG will include actively practising clinicians with a breadth of experience and skills including:

- Clinical leadership;
- Primary care practice;
- Specialist practice;
- Rural and remote experience;
- Indigenous health experience;
- Mental health experience; and
- Aged care experience.

Actively practicing clinicians who are currently participating in a Local LCG will also be included.

All National LCG members must have a strong background in evidence based practice.

A strong consumer presence will be established on the National LCG and the CEOs of the NHMRC and the ACSQHC will attend, as well as a nominee of the Australian Health Ministers Advisory Council. The Commonwealth Chief Medical Officer and Chief Nursing Officer will also attend.

4.3 Relationship with Existing National Health Organisations

The National LCG will not duplicate the role of existing national health organisations such as the NHMRC, ACSQHC, Cancer Australia, the National Health Prevention Agency, and others. The National LCG will provide an opportunity for such organisations to collaborate and clarify national clinical priorities and implementation strategies. It is expected that the National LCG will interact frequently with each of these national bodies, with a regular two-way exchange of information and advice.

5 Local Lead Clinicians Groups

5.1 Objectives, Key Functions and Responsibilities

The objectives of Local LCGs will be to:

- Improve patient-centred care by enhancing the communication and coordination between clinicians and management of both LHNs and Medicare Locals, as well as with other health care sectors such as aged care and the private sector;
- Promote the improvement of the coordination of care between hospitals, primary care and the aged care sector by encouraging clinical collaboration between all sectors;
- Provide a pathway for clinical advice to be provided to local health service managers;
- Provide a mechanism for improved clinical communication between primary care clinicians and hospital-based clinicians to improve the provision of seamless care and outcomes for patients;
- Provide advice on the implementation of clinical standards and guidelines in the local setting that will best meet the needs of the local community; and
- Provide advice on improving patient pathways and the optimal patient journey, with a particular focus on those pathways that involve both hospital and community based care.

Local LCGs will provide advice to the Governing Council and CEO of their respective LHN (or group of LHNs) and the Board and Chief Executive Officer (CEO) of their respective Medicare Local(s), with a focus on improving coordination of care between hospitals, aged care and the community.

It is envisaged that the Local LCGs will provide advice on issues including, but not limited to:

- The implementation of national and state clinical standards within its respective partner LHN and Medicare Local(s), with a particular focus on aspects of implementation that involve improved coordination between a LHN and its associated Medicare Local(s), such as implementation of local chronic disease patient pathways for conditions such as diabetes, schizophrenia and asthma;
- Strategies to improve the safety, quality, efficiency and sustainability of clinical services between a LHN and its partner Medicare Local(s);
- Strategies to improve the integration of services to patients across all the settings of care within a LHN and its associated Medicare Local(s), such as improvements to discharge communications;
- Strategies to improve the links between a LHN, Medicare Local(s) and teaching, training and research partners;
- Clinical research opportunities across the LHN and its associated Medicare Local(s);
- Local innovations in health care;
- Strategies to ameliorate the growth in hospital demand within an LHN;
- Education and local dissemination of emerging best practice based on new research findings; and
- Strategies to address local issues identified in the Healthy Communities Reports.

Some states and territories already convene extensive clinical advisory structures at local levels, such as Clinical Advisory Councils in New South Wales, Local Clinical Networks in Queensland and the Tasmanian Clinical Advisory Council. These existing local clinical advisory structures will be used as a starting point for the formation of Local LCGs as long as they meet the minimum Commonwealth requirements. In most cases, this will require the inclusion of nominees from Medicare Local boards and a range of non-medical personnel, such as nurses and allied health professionals.

Local LCGs are not intended to displace or duplicate any clinical consultative bodies within LHNs or Medicare Locals. In fact, it is intended that the skills and experience of clinicians who currently participate in existing clinical advisory structures will provide a strong base for the Local LCG.

Key operational arrangements for Local LCGs are described in **Attachment 2**.

5.2 Minimum requirements for Commonwealth Funding

Where arrangements already exist that satisfy the minimum requirements then existing appointments will rollover into the Local LCG. However, in order to achieve the key objective of enhancing the communication between clinicians based in LHNs and those working in primary care, a strong presence of primary care clinicians on Local LCGs is essential. The presence of consumer representatives will provide a voice for those receiving health care services and a focus on the needs of consumers.

In order to qualify for Commonwealth funding, the Local LCG is required to meet the following criteria:

- The LCG contains at least two clinician nominees from the equivalent Medicare Local Board;
- The LCG is chaired by a practising clinician;
- At least 75% of the membership of the LCG are practising clinicians;
- The LCG Chair reports directly to the LHN Governing Council and Medicare Local Board(s);

- The LCG Chair is directly involved in the use of the Commonwealth funds allocated;
- The LCG is multidisciplinary in scope with the inclusion of a broad range of health roles;
- The LCG includes a consumer representative;
- The respective LHN Governing Council and Medicare Local Board(s) publish their response to LCG recommendations on a website; and
- Agreement to specific Commonwealth reporting requirements for funding contracts.

Membership of individual Local LCGs should be flexible enough to allow these groups to better reflect the local circumstances of the communities they represent.

5.3 Relationship to National Lead Clinicians Group and existing state wide clinical bodies

To operate effectively the Local LCGs will need to have a productive relationship with the state and territory clinical bodies (known as senates and state-wide clinical networks in some jurisdictions) and the National LCG. As the states and territories currently operate their own state-wide clinical engagement programs, the interaction of these programs with the new Local LCGs will be a matter for the state health departments. The expertise of the Local LCGs will be available to support state or territory-wide clinical structures. There will be no duplication of existing state-wide and territory-wide clinical consultative bodies.

The Local LCGs will be required to engage with the National LCG via an annual convention of Local LCG Chairs operated by the National LCG. State and territory-wide clinical advisory bodies will also be invited to attend this convention.

Local LCGs will be supported to raise issues of national significance with the National LCG at any time.

6 Evaluation

The design, governance and functionality of the National and Local LCGs will be assessed after three years, with the results of the review to feed back into improvements in clinical engagement at the national and local levels.

Compliance of Local LCGs with funding requirements will be evaluated annually by the Department, with input from the National LCG.

Attachment 1:

Draft Terms of Reference – National Lead Clinicians Group

The National Lead Clinicians Group is an eminent group of practicing clinicians and consumer representatives who will provide advice to the Minister for Health and Ageing on:

1. The prioritisation of the development of national clinical standards and guidelines, as formulated by the National Health and Medical Research Council and the Australian Commission on Safety and Quality in Health Care, that will maximise health outcomes for patients;
2. Strategies for implementation of national clinical standards and guidelines;
3. Clinical matters of national significance raised by the clinical community, Local Lead Clinicians Groups or other sources;
4. Clinical matters as requested by the Minister for Health and Ageing;
5. Opportunities to reinforce the quality, effectiveness and efficiency of the Australian Health System.

Attachment 2:

1. Key operational arrangements for the National Lead Clinicians Group.

1.1 Reporting line

The National LCG will report to the Minister for Health and Ageing. The Minister may request advice from the National LCG about issues that may arise in relation to issues in the health system.

1.2 Appointment process

The National LCG members will be appointed by the Minister for Health and Ageing, through a transparent process.

No person can chair the National LCG for more than one term of two years duration.

1.3 Working parties

In addition to the National LCG, time limited working groups involving additional members or clinicians with relevant expertise, including existing members of the National and/or Local LCGs if necessary, could be established from time to time, with the agreement of the Minister for Health and Ageing, to focus on issues of key importance to the Government's health system priorities.

The National LCG will determine the terms of reference and membership of each time-limited working group.

2. Key operational arrangements for the Local Lead Clinicians Group.

2.1 Reporting line

The Local LCG will report to the Governing Council and Board of its respective LHN and Medicare Local(s). Where a Medicare Local is not yet in operation in a locality, the existing Divisions of General Practice Boards will fill the role of the Medicare Local Board until such time as it is established. The CEOs of the LHNs and Medicare Locals should attend the Local LCG meetings. This will better enable communication between the LCGs and their respective LHNs and Medicare Locals. The minutes of the Local LCG meetings must be copied to their respective LHN Governing Council and the Medicare Local Board.

2.2 Appointment process

Members of the Local LCGs will be appointed via a transparent process by the LHN Governing Council and the Medicare Local Board(s) (or the Boards of Divisions of General Practice where a Medicare Local is yet to be established). As stated in the Membership and other Minimum Requirements section above, at least two members of the Local LCG must be directly appointed by the Medicare Local Board.

2.3 Coverage

A Local LCG will be established across each of the LHNs (or group of LHNs in some circumstances) and their associated Medicare Locals.

In cases where there is overlap between the boundaries of the LHN with more than one Medicare Local then the LHN should seek participation from clinicians practising within the LHN boundary in the Local LCG.