

Working as a team

NSW Government Action Plan for Health

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NSW Health is currently implementing substantial, comprehensive improvements right across our State's public hospital system. Teams of clinicians, managers and consumers are leading this unique and challenging process, which is firmly based on principles of clinical improvement.

Setting the scene

In 1999 the NSW Minister for Health, Craig Knowles, commissioned two major reviews of the health care system in NSW:

1. *The Report of the Ministerial Advisory Committee on Health Services in Smaller Towns* (chaired by the Hon Ian Sinclair) was delivered in February 2000. This focused on strategies for improving health services in smaller rural and remote communities in NSW.
2. *The Report of the NSW Health Council* was delivered in March 2000. This focused on strategies for improving the delivery of quality health services, the cost-effectiveness of that delivery, and health outcomes of the people of NSW.

NSW HEALTH

Better Health Good Health Care

Both Reports found that the system was performing well. However, they also found that people working within the system were under intense pressure, due to:

- the demands of delivering health care to a growing population
- the increasing use of technology
- an ageing population increasing community expectations.

Many areas of innovation and excellence were identified, but most were not system, Area Health Service or even hospital-wide.

Both Reports made a series of practical and achievable recommendations designed to ease current pressure points within the system as a whole and to achieve long-term improvements to the public hospital system.

At the Minister's request the Director-General, Mr Michael Reid, began the process of implementing the recommendations in March 2000. The NSW Government is supporting the implementation process by injecting an additional \$2 billion into the State's health care system over the three years to 2002/2003.

This gives funding certainty and allows three-year budgets and increased funding to growth areas of NSW. It will bring total expenditure in the NSW health system to almost \$8.1 billion by 2002/2003.

The Director-General has brought together a team of leading clinicians, managers and consumers from across NSW to lead the change process, under the banner of the Government Action Plan for Health ('the GAP').

Health
Working as a Team
The Way Forward

To maximise the success of the implementation the GAP team has:

- adopted an incremental approach to change
- invited clinicians to drive the changes, through clinical leadership
- ensured consumers are actively involved in the change process.

Clinicians across NSW have taken to the work with great enthusiasm and generosity – and are critiquing the process at every stage. The views of the community and consumers are being systematically addressed.

The GAP is achieving concrete results – clear and specific goals, objectives and strategies that are gradually bringing the recommendations of the Reports into reality. Some examples include:

- An additional 12 ICU beds have been opened, resulting in a 52% decrease in the need to transfer patients because no ICU beds are available on site.
- Rural ICUs have been issued enhancement grants for capital and education.
- New targets for Day of Surgery Admission have seen a 13% increase in the past year alone.
- Metropolitan Service Plans have been completed for Heart and Heart Lung Transplant, Renal Transplant, Ophthalmology Services and Gynaecological Oncology.
- \$36.5million has been allocated to Area Health Services for mental health resources, bringing us closer to equitable funding with 190 new acute psychiatric beds including 90 in rural areas.
- NSW Telehealth services have been expanded, with 46 new services and 18 new or expanded clinical services.
- Chronic and complex care funding has been provided for 65 new programs.

General aims

The GAP aims to create an environment of greater certainty and stability for the NSW health system. By building on the strengths already present in the system it is promoting best practice patient care. The GAP's ultimate aim is to provide the people of NSW with a health service that is both consistent and more effective.

Expected benefits

The community

- Each Implementation Coordination Group (ICG) includes community and/or consumer representation.
- The GAP is committed to ensuring community and consumer awareness and participation in health service planning – the Community and Consumer Participation ICG have produced draft guidelines to enhance consumer and community participation at an Area Health Service and State level.

Medical practitioners

- Nine ICG Co-chairs are leading clinicians.
- Over 20 GPs are included in the various ICGs.
- The GAP is focused on streamlining patient care throughout the system.

Nurses

- Five ICG Co-chairs have nursing backgrounds.
- Each ICG includes the Chief Nursing Officer (or a nominated delegate).
- The GAP is addressing issues impacting on nurses, particularly the need for a skilled nursing workforce – the Rural Health ICG is coordinating the extension of scholarships for nursing students from rural communities.

Allied health professionals

- Eight ICGs include allied health professionals.
- The Models of Care ICG is developing a Health Care in Community Re-investment Strategy.
- The Chronic and Complex Care, Rural Health and Information Management ICGs are working on projects to benefit community and primary health care, allied health staff and specialist outreach services.

General staff

- Each ICG includes a broad, area-appropriate mix of health service staff.
- All staff will benefit from the the overall improvements to the system achieved by the GAP.

GAP structure

The GAP implementation structure includes:

- over 500 clinicians, managers and consumers in leadership positions – an innovative approach for fostering alliances across traditional boundaries
- 12 clinical Implementation Coordination Groups (ICGs) – one for each key area of change, co-chaired by an Area Health Service CEO and a leading clinician, or by a leading nurse and medical clinicians
- a Clinical Council that oversees and leads the overall implementation process – chaired by the Director-General and including the ICG Co-chairs, key independent clinicians and senior executives from NSW Health
- community and/or consumer representation – included in every ICG.

Implementation Coordination Groups (ICGs)

The Acute Care ICG

is focusing on strategies to improve the quality and accessibility of public hospital facilities and has implemented new day of surgery and day-only admission targets for NSW. Higher rates of day of surgery and day-only admissions show:

- There is a reduction in infection rates and blood clotting, resulting in a general reduction in complications.
- Patients will be better prepared for their procedure when admitted to hospital, due to better planning and attendance at pre-admission clinics.
- Patient satisfaction is not diminished by shorter lengths of stay in hospital and in many cases is improved.
- There is better bed management and utilisation.

The group is now analysing variations in length of stay and developing clinical pathways for the top 20 hospital admissions.

The Chronic and Complex Care ICG

is focusing on improving health services for people with chronic and complex conditions (and minimising their urgent and unplanned admissions through emergency departments) by coordinating and managing the range of health services they need to access. An additional \$45million over three years has been

provided, and allocated to Area Health Services to implement best practice standards and models of care for three Priority Health Programs – targeting cardiovascular disease, respiratory illness and cancer. System-wide implementation began in July 2000 and is being led by clinical expert reference groups.

The Intensive Care ICG

is focusing on short- and long-term strategies to meet increased demand for intensive care services.

An additional \$15million over three years has been allocated, and 12 additional intensive care beds are now operating in NSW. The group is assessing future ICU needs in NSW and developing and implementing a statewide Intensive Care Services Plan with an agreed networking model.

The Emergency Departments ICG

is focusing on easing the pressure on emergency departments. An additional \$30million over three years has been provided, and the group is overseeing the expenditure of the additional funds and monitoring and evaluating improvements. It will develop and implement a statewide Emergency Services Plan and develop strategies to improve collaboration between emergency departments and GPs.

The Models of Care ICG

includes the Co-chairs of the Acute Care, Chronic Care, Intensive Care and Emergency Departments ICGs. This Group ensures that the principles of quality are incorporated across the GAP.

A sub-committee has been established to develop a Health Care in the Community Re-investment Strategy aimed at improving the integration and continuity of care delivered to patients across the NSW health care system. This sub-committee will release a draft strategy in early 2001, followed by a consultation period at the end of which the final strategy will be released to Area Health Services for implementation.

The Mental Health ICG

is focusing on improving services for people with mental health needs. \$107million has been allocated over three years, and the 'Mental Health Response to Disasters' and 'Mental Health Care in Emergency Departments' guidelines have been developed. The group is now developing a strategic plan for mental health inpatient care for children and young people, a service plan for eating disorders and a strategic plan for non-acute mental health care.

The Consumer and Community Participation ICG

is focused on ensuring the system meets consumer and/or community needs at every level and at every stage of the implementation process. It has ensured that every ICG includes at least one community /consumer representative. The Group has developed draft guidelines for enhancing participation at a local level and a mechanism for statewide community and consumer participation. The guidelines will undergo community consultation before public release.

The Metropolitan Services ICG

is focused on producing a plan for Greater Metropolitan Sydney – including separate plans for selected specialties and effective networking to optimise patient care. Four specialty plans have already been completed and 10 more will be completed during 2001. A networking plan is being developed for paediatric services, cardiology services, neurosciences and trauma.

The Rural Health ICG

is focused on overseeing improvements to the delivery of health services in rural and remote NSW. The Group's work program includes: developing a community transport system; commissioning 34 multipurpose service sites; enhancing mental health, orthopaedics and renal services in rural referral hospitals and developing a State–Commonwealth bilateral agreement on rural residential aged care.

The Funding Models ICG

is focused on overseeing the expenditure of the \$2 billion funding and ensuring that services are funded to reflect population growth and health needs. Episode funding commenced 1 July 2000.

The Information Management ICG

is focused on developing a comprehensive IM&T strategy for ensuring that patient information is available to clinicians when and where it is needed. A system-wide privacy and security framework will ensure the quality, consistency, timeliness and ethical use of patient information. This framework can be achieved by replacing statewide core clinical systems; upgrading telecommunications infrastructure as well as application and support networks and by introducing a Unique Patient Identifier (subject to the recommendation of the Ministerial Advisory Committee in Privacy) along with an Electronic Health Record. This Group will also provide data to support new funding models and optimise health service management.

The Teaching & Research ICG

is focused on developing a health service research program to evaluate the clinical effectiveness of the GAP. This Group will also coordinate the design and implementation of education and training strategies for clinicians and managers within the health system.

Measuring success

To ensure that GAP outcomes are being achieved:

- Each ICG is developing monitoring and evaluation processes for the key aspects of its work program.
- An External Review and Evaluation Reference Group (ERERG) is closely following the implementation process – monitoring and evaluating economic and financial performance, health outcomes and clinical effectiveness. The ERERG is chaired by Mrs Gabrielle Kibble and membership includes the Hon Mr Ian Sinclair as well as representatives from the Cabinet Office, Treasury and Premiers Department.

Next steps

Some key milestones to be achieved during the first quarter 2001 include:

- system-wide implementation of Acute Care priority conditions and clinical pathways
- the Intensive Care Services Plan
- draft three-year NSW Emergency Services Plan
- NSW Service Plan for Eating Disorders
- draft NSW Primary Health Care Re-investment Strategy
- statewide roll-out of the GP Linkage Program
- selected specialty Service Plans – including for Neurosciences, Brain Injury Rehabilitation, Spinal Injury, Renal Services and Trauma Services
- establishment of a Rural/Metropolitan Health Service Networking Model.

For more information / have your say

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Government Action Plan updates are available at:

HealthWeb www.health.nsw.gov.au

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