Delivering a **Healthy WA**

Clinical Networks Framework

Clinical Networks Framework

Introduction

Clinical networking has been recommended by the Health Reform Implementation Taskforce as a means of providing *"a new focus across all clinical disciplines toward prevention of illness and injury and maintenance of health"*.

Networking aims to improve the delivery of health services through coordination and integration of health and health related services, whilst utilizing principles of cooperation and partnerships between health care providers and key enabling stakeholders.

This framework provides the foundation for the development of clinical networks and strengthens the commitments described within the Department of Health Strategic Intent 2005-2010. The proposals are consistent with the Clinical Services Framework 2005.

It is important to emphasise from the outset that networks will be "required to demonstrate that their activities are linked to prevention strategies and that new prevention strategies are considered and, where practicable, developed to the same extent as new diagnostic procedures and treatment regimes"[1].

Goal

The principal goal of each network is to advise on delivering patient-centred, sustainable, and effective clinical services across all continuums of care. These models of care should be readily accessible and efficiently provided. Whilst the Area Health Services are and will remain responsible for the implementation of these models of care, the networks will support changes to service delivery through improved co-ordination between health services and through partnerships with other health care providers, key stakeholders, consumers and the community.

Establishing Clinical or Health Networks will be based on the following

"Guiding Principles of Network Formation"

- Engaging clinical leaders and key stakeholders in state-wide planning, policy and clinical reforms;
- Focusing on the patient and the community by increasing participation, partnerships, communication and responsibility;
- Improving patient care in terms of developing models of care that address quality, access, appropriateness and integration;
- Providing a focus on improving and promoting links between country and metropolitan health services;
- Driving an increased focus on the provision of co-ordinated population health strategies;
- Facilitating the alignment of strategic and operational functions of the health system;
- Promoting continuous improvement in all services and clinical practices by developing and advising on the implementation of
  1) Evidence based practice standards and protocols
  2) Referral and support structures between and within health services with an emphasis on clinical management and partnerships;
- Ensuring accountability and reporting arrangements for the network are clearly defined and the networks' operation and dealings with all stakeholders are transparent.

Accountability Caveat

1. Area Health Services shall remain responsible for the provision of clinical services and credentialing

Structure

The structure and governance of each Clinical Network will be determined by the immediate priorities facing the network and the tasks required to develop and mature the network.

1 Health Reform Implementation Taskforce Health System Role Delineation - Final Report to Staff. Project H-04. 25 May 2005.

Each network will develop a "Charter of Responsibilities."

All clinical networks will be accountable to the Executive Director, Health Policy and Clinical Reform. The group of network directors will constitute a Clinical Network Directors' Forum to work directly with the Director General. In the first instance, 12 networks will be established (see below). Where appropriate, the network directors may establish discipline or disease-based sub-networks to facilitate the work of the network and to foster partnerships with clinical groups, carers, other health organisations and the community.

Community groups, primary care practitioners, carers and health consumers will be encouraged to participate directly in planning and developing models of care with the intent of providing services close to home or within the home where appropriate. The networks will facilitate working relationships between all care providers to focus on priorities for patients and carers.

These initiatives will include a specific focus on the needs of patients with chronic health problems to optimise care out of hospital and reduce the dependence of these patients on inpatient care.

Membership

Membership of the network will be multi sectoral, multi-disciplinary, time limited and include representation from consumer organisations. This could be a large number of individuals. Not all will be active members in the sense of attending meetings on a regular basis. However, it is critical that all members are supportive of each network's principles and expected outcomes.

Membership of each network will vary according to the network's needs but the core membership should include representatives of:

- Patients and carers;
- Clinicians;
- Specialists;
- Area Health Services;
- Primary Care Team;
- Allied Health;
- GP Divisions; and
- Relevant voluntary organisations.

Charter of Responsibilities

Clinical Networks are a means to providing a new focus across all disciplines towards prevention of illness and injury and maintenance of health.

All clinical networks will have six major functions including the **planning** of services based upon the needs of the population and changes in the health system, particularly in respect to changing technologies and demographic profiles; developing policy that supports the changing needs of the population and fosters innovation in our system; defining meaningful **performance measures**, setting targets and monitoring outcomes for patients and services; developing **protocols** to ensure efficiency, effectiveness and safety in the services we deliver; investing in **people**, providing opportunities to develop skills and knowledge; fostering leadership and advising on future workforce planning which will subsequently influence the **priorities** on how resources are allocated across the system.

The following are core activities for each network and will form the basis for all the advice put forward by them:

Planning

- Placing emphasis on illness prevention strategies and maintenance of health;
- Providing advice on the direction on where and how services should be delivered;
- Providing advice on an integrated model for the provision of clinical services;
- Operating within the service delineation guidelines appropriate for the health services involved;
- Providing advice on gaps in facility requirements and equipment for effective and efficient service delivery; and
- Making recommendations to ensure the ongoing development and revision of the Clinical Services Framework 2005.

Priorities

- Recommending health priorities, goals and targets;
- Aligning with national health priorities, planning and strategies;
- Identifying and recommending strategies to address issues with respect to levels of staffing and service co-ordination;
- Recommending strategies to support the implementation of the Clinical Services Framework 2005, service planning strategies and associated outcomes; and
- Ensuring that the recommendations made by the network lead towards outcomes that are clear, well defined and achievable.

Policies

- Making recommendations to ensure provision and delivery of care is patient-centred;
- Providing advice and support in the development of policies that support integration of services through partnerships and collaborations across organisations and service providers state-wide;
- Promoting the development of mechanisms to share organisational resources to facilitate networked services (e.g. resource sharing arrangements and staff involvement in the network); and
- Fostering partnerships between health care providers across a range of disciplines, sectors and services, such as General Practitioners, nursing, allied health staff and other health support staff, which enhance the capacity for multidisciplinary care.

Protocol

- Ensuring that recommended models of care are based on research and best practice;
- Developing common policy, standards and protocols based on best evidence to achieve consistency in service provision;
- Recommending and reviewing results of clinical audits, reviews and quality management programs that promote the use and application of best practice and common performance indicators; and
- Facilitating the development and supporting the application of agreed clinical pathways on the provision and delivery of care at the health service or local level. These pathways need to be developed by each health service or region to suit their local needs, priorities and resources.

People and Partnerships

- Making recommendations for identifying and appointing a co-Lead Clinician in the network from senior or junior clinicians, nurses, doctors, clinician/managers, where appropriate;
- Engaging key stakeholders and networking of clinical expertise to share and support best practice in the provision of care and service delivery;
- Ensuring membership of the network is truly multi-sectoral and multi-disciplinary and time limited;
- Collaborating with existing established networks at the national, local and regional level;
- Establishing strong partnerships with government and non-government sectors, as well as the community to address identified areas of health priority (e.g. integration of services, consumer input into service planning, governance arrangements and quality issues);
- Advising on strategies to improve the level of clinical expertise and maintenance of staff skills across sectors;
- Providing peer support for clinicians in isolated communities;
- Proving advice on the creation of opportunities for teaching and training across a variety of situations in both metropolitan and rural health services, as well as research and evaluation to encourage collaborative projects and research relevant to the needs of the population related to that particular network clinical practices;
- Collaborating with universities and non-government providers, consumers and the community to ensure increased participation and involvement of stakeholders in planning and provision of clinical services; and
- Promoting a collaborative ethos in the conduct of projects and research relevant to the Network's disease specific area related to improving clinical practices and the health needs of the population. Expertise, innovation and research are to be shared across the Network.

Performance

- Supporting the use of information systems with common IT Infrastructure, common datasets and definitions supported by IT policy, standards, guidelines to improve linkages and consistency of information. This will enable sharing of client information between clinicians across organisations, for example case management of patients and strategies to improve patients' care or the health of a specific group of clients;
- Supporting the development of mechanisms that demonstrate co-ordination and service integration of clinical management of patients across the continuum of care of prevention, detection, treatment, acute, sub-acute and continuing management;
- Regularly reviewing, evaluating and identifying gaps in policy and protocols and making recommendations on the development of strategies for improvement to ensure responses, policy and protocols are relevant, achievable and result in desired health improvements;
- Ensuring that the outcomes of the network are measured continuously and that audit is an integral part of the network;
- Ensuring the production of an Annual Report for the network, which is available to the public.

Expected Outcomes of Networks' Activities

- An integrated model of sustainable health services that reduces duplication, improves access to health services, facilitates and enhances the continuum of care from preventative, primary, acute to long term aspects of care;
- Improved quality and safety of clinical services underpinned by the Clinical Governance Framework, common clinical standards, protocols, and pathways;
- Stronger consumer participation;
- Increased flexibility of clinical function in times of demand;
- More proactive responses to technology changes as they arise to discourage ad-hoc adoption;
- Collaboration with existing networks and linkage with Primary Health Care Networks to enhance population health and facilitate effective workforce utilisation;
- Improved communication with the private sector, the government and non- government sectors, universities, carers and consumer groups wherever possible;
- Improved information and communication interface; and
- Expanded opportunities for professional development, collaborative research, teaching and clinical experience, which strengthens levels of clinical expertise and maintenance of staff skills.

Setting Up A Clinical Network

Implementation Plan

1. Identify lead clinician ■ Appoint lead clinician
2. Identify and appoint project leader and manager ■ Secure administrative/secretariat support and office ■ Secure support team
3. Draft network development plan and timetable
4. Identify key clinicians in the disciplines ■ Identify network membership across sectors and disciplines
5. Hold first meeting with Lead Clinician and support team to: ■ Agree on network development plan and timetable ■ Agree number and remit of network membership ■ Agree number and remit of working groups ■ Discuss possible membership of working groups ■ Identify barriers to progress of network development ■ Agree on responsibilities
6. Recruitment of network membership
7. Hold first meeting with network members: ■ Discuss vision and goal of network ■ Agree on Charter of Responsibilities ■ Identify network's priorities and desired outcomes ■ Agree on working groups required ■ Agree membership for working groups ■ Agree on outcomes for each working groups ■ Agree on frequency of meetings
8. Establish working groups: ■ Agree on work programmes ■ Agree timetable and key outcomes
9. Launch of network
10. Arrange regular network support team meetings: ■ Co-ordinate, review and guide working groups' progress ■ Produce regular newsletter for network
11. Hold regular network meetings to consult on and refine: ■ Quality assurance programmes and standards ■ Care pathways and protocols ■ Any core documents, referral and discharge documents

Appendix 1

Support Team Charter of Responsibilities

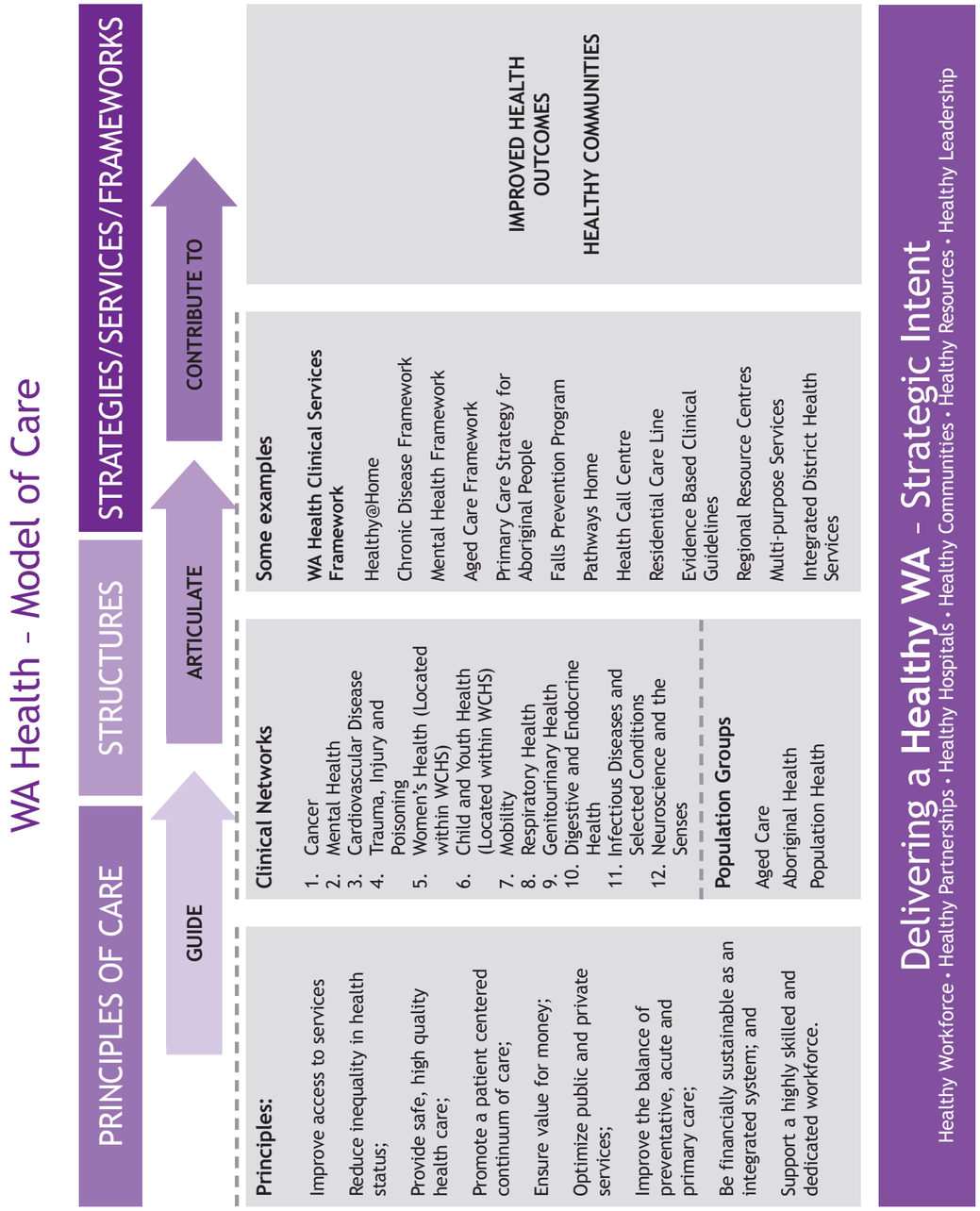
The support team or secretariat for each network is a small core group of staff with a complementary skill set as determined by the unique needs of the network. It is anticipated that each support team will support up to three networks.

Roles and functions of the secretariat will be developed according to the specific needs of each network.

Core Responsibilities:

- Support the Clinical Leader in the administration and management of the network's portfolios, programs and resources;
- Provide administrative and project support to the networks' special sub-working groups and committees;
- Facilitate a review and realignment of all current committees, working groups and advisory groups to the relevant network;
- In collaboration with the Clinical Lead and Statewide Health System Support, identify information and research needs, collate data, evaluate cost effectiveness and efficiency of specified services and prepare reports for each network;
- Identify appropriate quality indicators and monitor effectiveness and appropriateness of services in which each network is involved in;
- Liaise with relevant stakeholders within Area Health Services to build working relationships and ensure alignment of strategic direction and operational outcomes;
- Liaise and communicate with all stakeholders relevant to the network, for example government and non-government sectors, the private sector, universities, carers and consumer groups wherever possible;
- Promote the whole continuum of care from prevention, early intervention, critical care, acute care and health maintenance throughout the network;
- Consult with area specific stakeholders to discuss needs and priorities of the network.
- Collaborate within the Health Policy and Clinical Reform Division to ensure consistency and co-ordination across all program and portfolio areas; and
- Co-ordinate activities for each Network.

Appendix 2



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