3DHB HSD
Health Services Development

WORKING TOGETHER

Issue 6: 12 August 2011

THE SUB-REGIONAL CLINICAL LEADERSHIP GROUP NEWSLETTER

The Sub regional Clinical Leadership Group (SRCLG) was formed by Wairarapa, Hutt Valley and Capital and Coast DHBs in 2010 with the aim of working more closely together to provide better and more sustainable services for our combined population.

Members: Chief Medical Officers, Directors of Nursing, Directors of Allied Health, Primary Care Liaisons, other clinical leaders as required, Chief Executives, Chairs, General Managers of Planning and Funding, Chief Operating Officers, Communications Managers.

Improving patient services through sub-regional collaboration and clinical leadership

‘3D’ initiative progress update

The 3D initiative provides a forum for us to work through initiatives that will improve care against 7 quality parameters (accessible, appropriate, continuous, effective, efficient, responsive and safe) for our wider population.

The May meeting of the SRCLG was a dedicated workshop, to prioritise the more than 20 services provided across the 3 DHBs that were shortlisted for potential to benefit (against the 7 quality parameters) from a sub-regional approach. The services were analysed against a variety of criteria, including vulnerability, complexity, clinician engagement and readiness for change and potential acceptability of change. The analysis was then taken back to clinical staff in the 3 DHBs for validation, with ranking of the priorities brought back to the SRCLG markedly close to those originally identified. This work will help in developing a balanced programme of subregional workstreams. More on this in the next newsletter.

Clinical Lead and Programme Director appointed

3D Clinical Lead Ken Clark is based in Palmerston North and has been the Chief Medical Officer for MidCentral DHB for eight years.

The Clinical Lead (part time) for the 3D initiative is **Dr Kenneth Clark,** MBChB(Otago) FRANZCOG FRCOG FRTCOG(Hon).

Ken participates in high-level management and strategic direction setting for the MidCentral DHB and has substantial involvement in regional service development.

Ken’s clinical leadership is well known and respected in the Central Region (the six DHBs in the lower North Island) through chairing the Regional Leadership Committee. He also undertakes specialist obstetric and gynaecological clinical work.

Ken contributes to professional College activities including being the Chair of the Asia-Pacific Committee of RANZCOG and Chair of the Ethics Advisory Committee of RANZCOG. He was President of RANZCOG from 2004 to 2006 and was the Australasian representative on the Executive of FIGO (the world body for O & G societies and colleges) from 2006 until 2009.

3D Programme Director Sam Kemp-Milham is based in the Hutt, but will spend at least one day each week in each DHB. Sam previously worked as Senior Project Manager within the Ministry of Health’s Electives team, leading the clinical programme to develop referral guidelines and prioritisation tools for managing bariatric surgery in New Zealand.

The Programme Director (full time) is **Sam Kemp-Milham.**

Sam has been a project manager and registered nurse for over twenty years. Her career has spanned nursing, change and project management and consultancy services in the health sector in both New Zealand and the United Kingdom. Prior to moving to New Zealand in 2010, Sam was based in London where she ran her own consulting practice primarily supporting the NHS to develop and implement a change programme looking at delivering care out of hours for the largest acute Trust in the UK, serving a population of over seven hundred thousand people. A key area focus was in working with operational services from a range of sites to improve patient pathways and access to emergency care. Sam has worked on a variety of national and local projects, including implementing the hospital@night model of care in several trusts in the UK.

One of the major national projects she worked on was the introduction of the 48-hour working week for doctors in training. This project looked at redesigning doctors’ rosters, ensuring all educational needs were met whilst still meeting the service demand.

It also looked at enhanced roles for nursing and allied health workers to support this change.

As a Registered Nurse in the NHS, Sam worked in a range of services including medical and surgical wards and the emergency department. As a senior bed manager, she undertook a range of projects including capacity and demand management assessment, development of models of care to manage regional demand, and leadership of associated process and systems redesign and implementation.

Sam is married with three children, and is enjoying living in Paremata and the lifestyle that New Zealand offers.

ENT report marks a milestone reached

The SRCLG has received the ENT Project Report, the first of the reports they commissioned into services that would most benefit from a sub-regional clinical approach. The ENT Project Team was highly commended for their process of clinical and collective engagement, for sharing the learnings from their project development, and for the depth and quality of their report.

"While SRCLG agreed that we would recommend to our Boards that we work towards a single sub-regional service for our three communities, it was clear that we could move forward on some of the actions quite quickly. Some recommendations that had significant resource or practice implications will require more data to fully describe the business implications for our Boards," says Alan Shirley, CMO Wairarapa.

"Sharing the key learnings from this first report is of huge benefit to subsequent work," says Wairarapa CEO Tracey Adamson. "SRCLG has been able to refine the scope of information we need in order to make recommendations to our Boards. I offer my congratulations to the teams from across our sub-region, who have worked together in new ways to reach this point."

"I'd like to personally thank the team for the many hours and creative ideas they contributed, and for helping colleagues understand the vision of a 'single population' approach," says Clinical Lead Liz Fitzmaurice.

An executive summary of the ENT report will be published, containing the recommendations and key learnings. The ENT steering group will work with a wider resource augmented by Planning and Funding staff, an analytical resource, Ken Clarke and Sam Kemp-Milham and HR input , to shape the SRCLG recommendation to our Boards. Subsequently, this group will morph into an implementation group.

The report on Child Health Services will be presented to SRCLG at the next meeting.

Sharing the learnings

"As this was the first commissioned Report SRCLG has recieved, there have been many learnings that will be of real benefit to those working on subsequent reports," says SRCLG Chair Iwona Stolarek. "We've presented a snapshot of these learnings in this newsletter, and they will be presented in full in the ENT executive summary."

Key learnings from the ENT project

- Relationships take time to develop and are key to establishing the trust required for making change.
- Allowing time for the valuable conversations and progress that happened in the process of understanding each others "world view" and thinking of what is best for the patients.
- Defining the problem we were trying to address early. Mapping patient pathways was a really helpful way of understanding the problem we are trying to solve.
- Fulfilling the IHI triple aim framework through recommendations that aim at increasing the health of the population and improving the quality and access for the patients while containing costs.
- Clinicians and managers were very aware of making efficient use of limited resources.
- The continuum of care is across whole spectrum with primary care having a significant role.
- The multidisciplinary approach has proved invaluable from a clinical pathway, quality and a financial sustainability perspective.
- Have valid data available at very beginning of process before clinicians meet.
- We cannot let funding models determine clinical collaboration for the sub region.
- A holistic view of capacity and capability is needed across the sub-region especially for areas where proposed changes will impact on other services.
- While there will be community and expert consumer engagement in working groups; formal community consultation will also occur if there is substantive change recommended. This will require formal support from DHB Boards.

  Note: Such changes will only be recommended where staff and unions have been fully engaged and appropriately consulted.

Contact us:

We welcome your comments. Your feedback can be given through your CEO, CMO, DoN, DAH or Primary Care advisor in each DHB.
Email jill.stringer@wairarapa.dhb.org.nz if you want to go onto the email distribution list for this newsletter.