

WORKING TOGETHER

THE SUB-REGIONAL CLINICAL LEADERSHIP GROUP NEWSLETTER

Issue 4: 21 December 2010



Improving patient services through regional collaboration and clinical leadership

Keeping you informed

The Sub-Regional Clinical Leadership Group was formed by the three DHBs earlier this year to progress working more closely together with the aim of providing better and more sustainable services for our communities. It meets every 1-2 months, and this newsletter will report discussions and decisions.

Collaboration – ‘making it work’

‘Timing is of the essence’ was a message clearly heard by the Clinical Leadership Group, as DHB Chairs Dr Virginia Hope (Hutt Valley; Capital and Coast) and Bob Francis (Wairarapa) spoke at the Clinical Leadership Group meeting last week.

Virginia briefly described the background to the current drive for regional and sub-regional collaboration from her previous experience as a member of the Ministerial Review Group that produced the ‘Meeting the Challenge’ report in 2009. She reiterated that collaboration is not amalgamation and that there is no set agenda or predetermined programme, other than that being set by groups such as the Clinical Leadership Group. She strongly supported building on our collaborative initiatives, but more strongly and more quickly, as this is where we have the best chance to improve patient journeys, population health, clinical sustainability and quality; and manage and control costs.

Bob Francis spoke frankly about the position of Wairarapa as the second smallest DHB and one of the most efficient against a range of national measures - but one that is not clinically or financially sustainable unless we work in partnership with our neighbouring DHBs.. He applauded the existing collaborative networks with the neighbouring DHBs, but said they had to move even faster if we are really going to make a difference. Regional and sub-regional collaboration will mean changes to the way we all deliver

services – and decisions about ‘what is provided where’ need to be made in the context of the whole sub-region and what is right for our combined populations taking account of our collective need for a sustainable position.

CEOs Tracey Adamson, Shaun Drummond, and Graham Dyer all said they were ‘up for the challenge’ and were waiting for clinicians to bring them ‘headaches’ to solve, so that real and perceived barriers to sub-regional collaboration are broken down.

Kerry Hayes, DoN at CCDHB said having clear support from the Chairs and CEOs gave clinicians a mandate to work across traditional boundaries.

Chief Medical Officers Geoff Robinson, Alan Shirley, Robert Logan and Iwona Stolarek advised that having a good secretariat is key to supporting clinicians to make real progress. They stressed that collaboration must become ‘business as usual’, not an optional extra.

Project updates

There were reports back from 3 of the 4 projects

ENT

Clinical Lead: Dr Liz Fitzmaurice, Primary Care Liaison, Hutt Valley DHB

Project Manager: Joanne Doherty 0212 107 454

In the last month, the team has looked at short-term solutions for the after-hours roster and is submitting a plan, in discussion with surgical directors of the

3 DHBs, around a new Registrar post to align with sub-regional strategic direction. Senior Clinicians in all 3 DHBs have endorsed support for sub-regional ENT training.

Work on sub-regional ENT pathways progresses, with initial focus on 3 pathways, and drafting consistent referral guidelines for GPs and referrers. Finally, the team is considering the 'strategic fit' of this workstream with overall surgical services sub-regionally.

Child health

Well known and respected Paediatrician (ostensibly retired!) Archie Kerr has been appointed as Clinical Lead for this project.

Project Manager: Stephanie Chapman (04) 5666 999 x 9245

Nominations spanning primary and secondary, and a wide range of child health professionals have been received, and membership of the working group will be decided in the next 2 weeks. Archie stated he was very optimistic about this work stream, as his experience has been that professionals involved in child health have traditionally held a wider view than that defined by their employing DHB.

The goal of the Child Health project is to develop a 5-10 year plan that will result in a unified specialist Paediatric Service (in-patient, out-patient and specialist community paediatric services) for the sub-region (Capital & Coast, Hutt Valley and Wairarapa DHBs). Implementation of the plan will lead to a service that is clinically and financially sustainable for 10 years, and able to effectively meet the specialist paediatric health needs of children living in the districts of the three DHBs.

Health of Older People

Clinical Lead: Colin Feek, with Althea Lord and Sisira Jayathissa

A Project Manager is yet to be appointed for this work stream.

A recent meeting cementing the relationship between this Clinical work stream and Planning and Funding services reached agreement that the areas of focus need to be future capacity planning for aged residential care services, Needs Assessment Service Coordination, psychogeriatric services and stroke services.

Other important areas being picked up in the Regional Service programme of work include

understanding the health journey of high-needs or frequent service users and designing a model of care that better meets their needs, including a shared patient record. Younger persons' rehabilitation services and Dementia Care services are also being looked at regionally.

Where to from here?

As the Clinical Leadership Group looked at potential barriers to progress, it became clear that in tandem with looking at how individual services work best across the sub-region; we need to be looking at a '4-campus' approach (Wairarapa, Hutt Valley, Kenepuru and Wellington).

A 4-campus model?

If we can more clearly define what, for the sub-region, is the best use of our 4 campuses, it would enable the work streams to better describe how their services should operate sub-regionally. It will also help describe how links with local health agencies would best work.

That will mean asking the hard questions about levels of service at each campus in the first instance. This is not new – work began on this 4 years ago as we tackled the first Regional Clinical Services Plan – but the models used there were not universally accepted and need to be customised to better describe the patterns of need/service across the sub-region.

The Clinical leadership Group proposed a workshop in January to really focus on the 4-campus approach, to support more rapid progress on the collaborative work-streams.

We'll keep you updated as soon as possible.

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.