

Neurosciences & the Senses Health Network

September 2008

Discussion Forum Report

Prepared by
Health Networks Branch
September 2008



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CONTACT INFORMATION

If you would like to provide comment on this report or have any queries relating to the Neurosciences & the Senses Health Network please contact the Health Networks Branch.

Postal Address: PO Box 8172
Perth Business Centre
PERTH WA 6849

Phone: (08) 9489 2800

Fax: (08) 9489 2833

Email: Healthpolicy@health.wa.gov.au

Website: www.healthnetworks.health.wa.gov.au



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EXECUTIVE SUMMARY

The Neurosciences & the Senses Health Network (NSHN) was launched in March 2006 <http://www.healthnetworks.health.wa.gov.au/neuro/index.cfm>. The Network's Clinical Lead, Prof Bryant Stokes, was appointed in July 2005 and reappointed for another term in late 2007. The inaugural NSHN Executive Advisory Group was appointed in November 2005.

The NSHN Clinical Lead and 2005-08 Executive Advisory Group have provided leadership and coordination that enabled the Network to achieve key milestones for the disciplines represented, including Neurosurgery, Neurology, Ophthalmology and Ear, Nose and Throat.

The inaugural Executive Advisory Group (EAG) had a membership of 16, which included the Clinical Lead, a consumer representative, non-government organisation representative as well as a number of clinicians from the Neurosciences and Senses disciplines.

The EAG was reviewed in April 2008, following the review of the Clinical Lead's positions in late 2007.

The Network represents a diverse group of disciplines and this has resulted in the review of the NSHN structure in order to engage each applicant and maximise the success of the Network.

An Executive Structure has been developed for the NSHN, which includes an EAG and the establishment of Advisory Groups (AG) representing each of the overarching disciplines of the Network. The proposed new structure includes the engagement of all applicants in the AG that best suits the applicant's qualification, experience and interest.

- Consumer Advisory Group
- Neurosciences Advisory Group.
- Ear, Nose & Throat Advisory Group.
- Eye Health Advisory Group.

The aim of the Discussion Forum was to bring together all applicants to the NSHN and previously engaged members to implement the Network re-structure and strengthen development of the Network.

The Discussion Forum outcomes are in developed Terms of Reference and identification of priorities for each Advisory Group.



1. BACKGROUND

Health Networks have been set up as a part of the current health reform process to provide advice and direction on the delivery of health services across Western Australia.

Based on principles of cooperation and partnerships between key stakeholders, networks aim to improve the delivery of health services through coordination and integration of health and health related services. Further detail on the Health Networks can be found in the WA "Clinical Networks Framework" (<http://www.healthnetworks.health.wa.gov.au/publications/>).

The Neurosciences & the Senses Health Network (NSHN) was launched in March 2006 <http://www.healthnetworks.health.wa.gov.au/neuro/index.cfm>. The Network's Clinical Lead, Prof Bryant Stokes, was appointed in July 2005 and reappointed for another term in late 2007. The inaugural NSHN Executive Advisory Group was appointed in November 2005.

The NSHN Clinical Lead and 2005-08 Executive Advisory Group have provided leadership and coordination that enabled the Network to achieve key milestones for the disciplines represented, including Neurosurgery, Neurology, Ophthalmology and Ear, Nose and Throat.

Participation and input from a variety of people and organisations across different health care areas as well as the community is sought to ensure health care policy, planning and delivery is responsive to identified priorities and community need.

The NSHN held the launch and first stakeholder forum on 30 March 2006. The purpose of this forum was to provide an opportunity for clinicians to join with major stakeholders to explore the scope and begin the development of the NSHN. http://www.healthnetworks.health.wa.gov.au/neuro/docs/Neuro_Workshop_Report.pdf

2. NEUROSCIENCES & THE SENSES HEALTH NETWORK

2.1 Leadership

Prof Bryant Stokes was first appointed as the Neurosciences & the Senses Health Network (NSHN) Clinical Lead in July 2005.

Prof Stokes is a Consultant Neurosurgeon and Clinical Professor of Surgery at the University of Western Australia. He is also a past Chief Medical Officer of the Department of Health WA.

Prof Stokes has been involved in quality and safety issues for the past 15 years. He has held the position of Chairman of the Western Australian Council for Safety and Quality in Health Care since its inception in August 2002. He was also a member of the Australian Council for Safety and Quality in Health Care between 2000 and 2005.



Recently the Clinical Lead positions for each Network were reviewed by the Health Networks Branch and Prof Stokes was reappointed for another term as Clinical Lead for the NSHN.

2.2 Scope

The NSHN includes the surgical sub-specialty of Neurosurgery; the medical sub-specialty of Neurology; and the surgical sub-specialties of Ophthalmology and Ear, Nose and Throat.

Specifically, the NSHN portfolio currently includes:

- Stroke - *Model of Stroke Care for Western Australia* endorsed in February 2006;
- Acquired Brain Injury;
- Epilepsy - *WA Epilepsy Services Model of Care* endorsed in May 2008;
- Motor Neurone Disease - *Motor Neurone Disease Services for Western Australia* endorsed in September 2008;
- WA Eye Health Services - Draft *WA Eye Health Services Development Plan*, and
- Ear, Nose & Throat.

3. RESTRUCTURE

3.1 2005-08 Executive Advisory Group

The inaugural Executive Advisory Group (EAG) had a membership of 16, which included the Clinical Lead, a consumer representative, non-government organisation representative as well as a number of clinicians from the Neurosciences and Senses disciplines.

The EAG was reviewed in April 2008, following the review of the Clinical Lead's positions in late 2007.

The strategy for review and attraction of members included a call for Expression of Interest (EOI). The Network represents a diverse group of disciplines and this together with the remarkable response to the EOI has resulted in the review of the NSHN structure in order to engage each applicant and maximise the success of the Network.

3.2 Proposed Structure

The NSHN wanted to appoint all EOI applicants to the Network. However, the consensus is that the Executive Advisory Group (EAG) should be reduced in membership in order to be effective.

As a result, an Executive Structure has been developed for the NSHN, which includes an EAG and the establishment of Advisory Groups (AG) representing each



of the overarching disciplines of the Network. The proposed new structure includes the engagement of all applicants in the AG that best suits the applicant's qualification, experience and interest.

- Neurosciences Advisory Group.
- Ear, Nose & Throat Advisory Group.
- Eye Health Advisory Group.

3.3 Consumer and Community Engagement

The NSHN absolutely values the input of the community to the Network business. The NSHN Executive Advisory Group and project groups encourage consumer, general practitioner, non-government organisation and carer membership.

The NSHN has established a Consumer Advisory Group that will strengthen the consumer presence into all Network business. The CAG underwent an Expressions of Interest process with assistance from the Health Consumers' Council.

3.4 2008-09 Executive Advisory Group

The Clinical Lead, the elected Chair of each AG and a WA Country Health Services representative will make up the membership of the Executive Advisory Group.

Executive Support will be available for the Executive Advisory Group and Advisory Group levels.

4. DISCUSSION FORUM

4.1 Aim

The aim of the Discussion Forum was to bring together the applicants to the EAG EOI, CAG EOI and previously engaged members to implement the Network re-structure and strengthen development of the Network.

4.2 Objectives

The objective of the NSHN Discussion Forum held on 12 September 2008:

- To inform the attendees of the NSHN role, business and progress to date;
- To establish the Advisory Groups;
- To determine the operation of each Advisory Group;
- To discuss and identify initial priorities for each Advisory Group which will inform the Network's work plan for 2008-09, and
- Encourage participation in Network business.

4.3 Attendance

The Discussion Forum was held on 12 September 2008 at the St Catherine's College of the University of Western Australia from 8.30am to 12.30pm.



Invitations were sent electronically to each applicant to the EAG EOI, the CAG EOI and a number of previously engaged members and stakeholders to the Eye Health and Ear, Nose & Throat disciplines.

33 participants attended the workshop, which included representation from clinical specialties, allied health, general health organisations, consumers, country and metropolitan area health services and non-government organisations that provide services or have an interest in services for the NSHN.

Additionally, eight Health Networks Branch staff provided facilitation and scribing support throughout the Forum and specifically for the group discussions.

4.4 Speakers

Mr Mark Slattery, Manager Health Networks Branch, presented an overview of the Health Networks Branch strategic direction, implementation and achievements.

Dr Peter Silbert, State Director of Neurology and member of the 2005-08 NSHN Executive Advisory Group, provided an overview of the NSHN neurological models of care. Endorsed models of care include the *Model of Stroke Care for Western Australia*, *WA Epilepsy Services Model of Care* and the *Motor Neurone Disease Services for Western Australia*.

Ms Helen Hoey, Consumer Representative and member of the 2005-08 NSHN Executive Advisory Group, presented on the significance of the consumer voice within the planning for health services and reform programs.

Professor Bryant Stokes provided an overview of the NSHN and its progress and barriers since its establishment in late 2005. Additionally, Prof Stokes presented the vision for the next phase of the Network.

Ms Margitta Docters van Leeuwen, Development Officer Health Networks Branch and executive support to the Neurosciences & the Senses Health Network, facilitated the workshop.

4.5 Format

The format of the Discussion Forum included facilitated group discussions, where attendees were allocated to proposed Advisory Groups (AG) based on their position, experience and interest.

For the first discussion, the groups were asked to develop the Terms of Reference (TOR) for their respective Advisory Groups. The TOR will determine the operation, goals and business of each Advisory Group.

For the second discussion, the groups were asked to discuss and identify initial priorities for the AG's.

Following the two group discussions, the AG's were asked to provide brief feedback of their key decisions to the entire group.



Attendees worked in four (4) AG's:

- Consumer Advisory Group;
- Ear, Nose & Throat Advisory Group;
- Eye Health Advisory Group, and
- Neurosciences Advisory Group.



5. OUTCOMES

5.1 Consumer Advisory Group - Terms of Reference

1. NAME

The group shall be known as the **Consumer Advisory Group (CAG)**.

2. PURPOSE

The Consumer Advisory Group was formed in September 2008 to advise on the implementation of service provision relating to the Neurosciences and the Senses Health Network. Health 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.

3. GOAL

The principal goal of the Consumer Advisory Group is to advise on the development of patient-centred, sustainable and effective clinical services across all continuums of care. These models of care should be readily accessible and efficiently provided, equitable and affordable.

Process

This goal will be achieved through improved communication, consultation and co-ordination between the Consumer Advisory Group, Executive Advisory Group, all Network Advisory Groups and project/work groups of the Neurosciences & the Senses Health Network. These groups shall include key stakeholders, consumers and the community as well as Rural and Remote and Aboriginal populations.

The Consumer Advisory Group will advise on service planning, policy development, performance monitoring, priority setting, and workforce planning and protocol development.

4. ACCOUNTABILITY

The group is accountable to the Neurosciences and the Senses Health Network (NSHN) Executive Advisory Group (EAG).

5. RESPONSIBILITIES

5.1 Service



The Consumer Advisory Group will deliver the following:

- Consult and be consulted by receiving all minutes, documents and advice from other project/working groups for comment;
- Provide participative consumer representation as appropriate and as deemed necessary on any single working group task project, policy or initiative;
- Provide broader consumer input through strategic partnership with peak bodies such as Health Consumers' Council, specific support interests groups, non government sector organisations, community and rural and remote networks;
- Consult with the broader community through personal networks;
- Identify and recommend consumers to represent consumers' interest on a specific time limited working project, and
- Expand communication opportunities and consumer consultation by using website infrastructure through Health Networks Branch website.

5.2 Reporting

A monthly report, or after each meeting, to the Clinical Lead of NSHN, on the activities and progress of the group.

6. CHAIR

The Chair of the Consumer Advisory Group will be Ms Helen Hoey.

7. MEMBERSHIP

The Consumer Advisory Group members will include a maximum of eight (8) members:

- Ms Helen Hoey (Chair)
- Ms Zaza Lyons
- Mr Michael Linto
- Mr David Inglis
- Ms Kate Baxter
- Vacant
- Vacant
- Vacant



The group or the Chair may nominate or co-opt persons to temporary membership of the group and any project/working group as required.

8. OPERATING PROCEDURES

8.1 Meetings

Meeting frequency is at the discretion of the group, but initially monthly.

8.2 Quorum

50% of the members constitute a quorum.

8.3 Agenda

Standing agenda items include:

- a. Apologies
- b. Minutes of last meeting
- c. Review of action items
- d. General business
- e. Date and location of next meeting

9. GUIDING PRINCIPLES

The Consumer Advisory Group will adhere to the following:

- Members of the group that are present as organisation representatives will present the views of the organisation and not personal views;
- Feedback and/or review of documentation responses are to be provided within requested timeframes;
- Discussion and issues remain confidential to the group;
- A declaration of conflict of interest is required where a member has competing professional or personal interests. In this instance, the member will advise the Chair and either refrain from voting/participating in consensus decision making or retire from the room at that point;
- It is each member's responsibility to canvas views and provide feedback to their constituency as appropriate and as directed by the group;
- Resolution of dissenting issues shall be achieved by a vote of members present and the Chair shall have the deciding vote, and
- The group, through or at the direction of the Chair, is able to co-opt/seek expert advice on a need basis.



10. RECORDS

The Secretariat will be provided by the Health Networks Branch and shall issue agendas and supporting material at least seven (7) days in advance and prepare a Minute Sheet from each meeting. The Secretary shall keep separate files of at least the following and forward them to each succeeding Secretary:

1. Agendas, minutes and papers circulated with them;
2. Correspondence, papers tabled at meetings and papers circulated other than with agendas.

The Secretary's files are the property of the Department of Health - Western Australia and must be preserved in accordance with the *Library Board Act* and the *Freedom of Information Act*. The *Health Services (Quality Improvement) Act* may also apply to the documents.

11. ADOPTION AND AMENDMENT OF TERMS OF REFERENCE

These Terms of Reference shall be reviewed annually by the group and any changes shall be approved as accepted by the Consumer Advisory Group.

The modified Terms of Reference must also be endorsed by the NSHN Executive Advisory Group.

Subsequent revision dates:

No.	Date	Nature of change(s)
1	12/09/2008	Working Draft



5.1.1 Organisation of Priorities - Consumer Advisory Group

- Set up processes for meetings of the group;
- Participate in Health Consumers Council;
- Develop relationships with other working groups;
- Develop the processes for participation with other workings groups
- Engage and recruit additional consumers members, and
- Develop content with advice and support for Consumer web page and provide input into Health networks publications, NetNews, Media Release and the like.

The consumers discussed ways in which they link with the other working groups, communicate effective, remain included without being overwhelmed to attend and participate on every working group.

They felt the HCC training was important - no cost to HNB if offered by HCC to consumers.

Need to link into other groups and use mechanisms to communicate and engage consumers in the broader community and develop networks to provide consumer input into the Network overall.



5.2 Ear, Nose & Throat Advisory Group - Terms of Reference

1. NAME

The group shall be known as the Ear, Nose & Throat Advisory Group (ENTAG).

2. PURPOSE

The Ear, Nose & Throat Advisory Group was formed in September 2008 to examine service provision relating to the Neurosciences and the Senses Health Network. Health 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.

3. GOAL

The principal goal of the Ear, Nose & Throat Advisory Group is to advise on the development of patient-centred, sustainable and effective clinical services across all continuums of care. These models of care should be readily accessible and efficiently provided.

Process

This goal will be achieved through improved co-ordination between health services and through partnerships with other health care providers, key stakeholders, consumers and the community.

The Ear, Nose & Throat Advisory Group will advise on service planning, policy development, performance monitoring, priority setting, and workforce planning and protocol development.

4. ACCOUNTABILITY

The group is accountable to the Neurosciences and the Senses Health Network (NSHN) Executive Advisory Group (EAG).

5. RESPONSIBILITIES

5.1 Service

The Ear, Nose & Throat Advisory Group will deliver the following:

- Collaborating broadly with a range of key stakeholders to ensure a smooth transition into implementation stage;



- Partnerships with key stakeholders - identify processes for collaboration;
- Environmental scanning for state-wide benchmarking - to ensure that universal state-wide policy guidelines are endorsed;
- Providing a mechanism for feeding back the issues discussed and identifying barriers to the processes;
- Prioritisation of policy areas by targeting specific problem areas - impacts, costs, gaps e.g. Prevention and early diagnosis of hearing loss (reducing the impact of hearing loss, reduce the incidence of this condition - through early intervention and management);
- Ensuring there is integration between different Models of Care being endorsed - by looking at synergies between the Models of Care and how that link in with the work produced by this Ear, Nose & Throat Advisory Group to assist with the implementation process;
- Facilitating the development of Models of Care - acting as an advisory or review group for the work produced by the project/working groups;
- Advocating the key issues in Ear, Nose & Throat field to ensure there is equality and equity in the WA health system (rural health, screening, workforce issues), and
- Scrutinising to ensure the quality assurance in the WA health system.

5.2 Reporting

A monthly report, or after each meeting, to the Clinical Lead of NSHN, on the activities and progress of the group.

6. CHAIR

The Chair of the Ear, Nose & Throat Advisory Group will be Steven Rodrigues.

7. MEMBERSHIP

The Ear, Nose & Throat Advisory Group members include:

- ENT surgeons - Harvey Coates, Steven Rodrigues, Stuart Miller;
- Audiologist - Paul Pal (also rep WACHS - videoconference), Jay Krishnaswamy
- Speech Pathologist - Jodi Lipscombe (also rep PMH)
- Early Childhood Education - WAIDE (follow up with Jay for a rep)



- Australian Hearing - Sally Reagen, General Manager (liaise with Sally to nominate a rep)
- Child and Adolescent Health Service (PMH, Community Health) - Mark Morrissey (eg Angela Corrigin)
- Area planner - Jim Codde
- Researcher from Ear Science Institute Australia

The Ear, Nose & Throat Advisory Group or its Chair may nominate persons to temporary membership of the group as required.

8. OPERATING PROCEDURES

8.1 Meetings

Meeting frequency is at the discretion of the group, but initially monthly.

8.2 Quorum

50% of the members constitute a quorum.

8.3 Agenda

Standing agenda items include:

- a. Apologies
- b. Minutes of last meeting
- c. Review of action items
- d. General business
- e. Date and location of next meeting

9. GUIDING PRINCIPLES

The Ear, Nose & Throat Advisory Group will adhere to the following:

- Members of the group that are present as organisational representatives will present the views of the organisation and not their personal view;
- Feedback and/or review of documentation responses are to be provided within requested timeframes;
- Discussion and issues remain confidential to the group;
- A declaration of conflict of interest is required where a member has competing professional or personal interests. In this instance, the member will advise the Chair and either refrain from voting/ participating in consensus decision making or retire from the room at that point;



- It is each member's responsibility to canvas views and provide feedback to their constituency as appropriate and as directed by the group;
- Resolution of dissenting issues shall be achieved by a vote of members present and the Chair shall have the casting vote, and
- The group, though or at the direction of the Chair, is able to co-opt/ seek expert advice on a need basis.

10. RECORDS

The Secretariat will be provided by the Health Networks Branch and shall issue agendas and supporting material at least seven days in advance and prepare a Minute Sheet from each meeting. The Secretary shall keep separate files of at least the following and forward them to each succeeding Secretary:

1. Agendas, minutes and papers circulated with them;
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11. ADOPTION AND AMENDMENT OF TERMS OF REFERENCE

These Terms of Reference shall be reviewed annually by the group and any changes shall be approved as accepted by the Ear, Nose & Throat Advisory Group.

The modified Terms of Reference must also be endorsed by the NSHN Executive Advisory Group.

Subsequent revision dates:

No.	Date	Nature of change(s)
1	12 September 2008	Working Draft



5.2.1 Organisation of Priorities - Ear, Nose & Throat Advisory Group

- Sensory Neural Hearing Loss (e.g. Congenital Hearing Loss/ Newborn Screening)
- Tracheotomy
- Paediatric Obstructive Sleep Apnoea
- Phoniatrics - Laryngeal dysfunction
- Congenital Hearing Loss

5.2.2 Additional notes - Ear, Nose & Throat Advisory Group

Possibly aim for the development of a model of care.

Prioritisation of policy areas by targeting problem areas - impacts, costs, gaps.

Will focus on a range of disease areas - identify the areas and provide guidance around each.

Implementation - role clarification of health care providers - but Model of Care will not be too prescriptive around operations.

Identifying major problem or priority areas:

1. Focusing on age continuum - childhood to elderly.
2. Ensuring the services continuum - primary, secondary and tertiary.
3. Application of neonatal screening:
 - i. Who will take responsibility, what are the roles - clinical nurse lead the screening? Assign a dedicated screener?
 - ii. The screening program was axed - why? It wasn't cost effective so change the focus on at-risk babies - to make it more productive and effective and efficient. How is the data captured?
4. Service planning and identify the gaps.
5. Identification of other key areas missing in the current structure.
6. How to address gaps in the system.

The role of this group is to focus on broader key target areas NOT specific areas - look at the broader picture.

Data collection and data analysis to ensure key issues are addressed and advocated by the group.

Identifying the relevant stakeholders to ensure everyone is involved.



Other representatives who will also be involved:

- Epidemiologist
- School health nurses or Child health nurses
- The Senses Foundation
- Telethon Institute for Child Health Research (TICHR)
- Telehealth coordinator
- Researcher or academics from university

Priority for first meeting:

1. Working group development.
2. Propose a date for first meeting: early mornings (not before 8) - Fridays.



5.3 Eye Health Advisory Group - Terms of Reference

1. NAME

The group shall be known as the **Eye Health Advisory Group (EHAG)**.

2. PURPOSE

The Eye Health Advisory Group was formed in September 2008 to examine service provision relating to the Neurosciences and the Senses Health Network. Health 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.

3. GOAL

The principal goal of the Eye Health Advisory Group is to advise on the development of patient-centred, sustainable and effective clinical services across all continuums of care. These models of care should be readily accessible and efficiently provided.

Process

This goal will be achieved through improved co-ordination between health services and through partnerships with other health care providers, key stakeholders, consumers and the community.

The Eye Health Advisory Group will advise on service planning, policy development, performance monitoring, priority setting, and workforce planning and protocol development.

4. ACCOUNTABILITY

The group is accountable to the Neurosciences and the Senses Health Network (NSHN) Executive Advisory Group (EAG).

5. RESPONSIBILITIES

5.1 Service

The Eye Health Advisory Group will deliver the following:

- An eye health plan for the state, which will encompass:



- Issues of workforce and infrastructure- (the possibility of training multi-skilled health workers with training for aboriginal health for rural areas);
- Call for a co-ordinated response for service across the entire State (through mapping on a regional level or gap analysis);
- Education, prevention and public awareness on eye health and safety;
- Aboriginal eye health and issues of specific services for the Aboriginal populations;
- Opportunities for partnerships and alliances;
- Telehealth;
- Forum for the coming together of relevant stakeholders;
- Recommendations for further sub-groups, and
- Ensure that this group maintains links with other Networks for example Aged Care, Falls, and Child and Youth Health Networks.

5.2 Reporting

A monthly report, or after each meeting, to the Clinical Lead of NSHN, on the activities and progress of the group.

6. CHAIR

The Chair of the Eye Health Advisory Group will be Ms Suellen Tapsall.

7. MEMBERSHIP

The Eye Health Advisory Group members include: *invite members from*

- Indigenous
- Regional/ rural health
- Optometry, ophthalmology and other eye health professionals→ Eye Health Association
- Commonwealth health - Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
- Consumer representation - may be multi-faceted
- Population health
- Lions Eye Institute- Prof Yogesan



- Aboriginal Health Council of WA - KAMS (Kimberely Aboriginal Medical Service)

The group or its Chair may nominate persons to temporary membership of the group as required.

8. OPERATING PROCEDURES

8.1 Meetings

Meeting frequency is at the discretion of the group, but initially monthly.

8.2 Quorum

50% of the members constitute a quorum.

8.3 Agenda

Standing agenda items include:

- a. Apologies
- b. Minutes of last meeting
- c. Review of action items
- d. General business
- e. Date and location of next meeting

9. GUIDING PRINCIPLES

The Eye Health Advisory Group will adhere to the following:

- Members of the group that are present as organisation representatives will present the views of the organisation and not personal views;
- Feedback and/ or review of documentation responses are to be provided within requested timeframes;
- Discussion and issues remain confidential to the group;
- A declaration of conflict of interest is required where a member has competing professional or personal interests. In this instance, the member will advise the Chair and either refrain from voting/ participating in consensus decision making or retire from the room at that point;
- It is each member's responsibility to canvas views and provide feedback to their constituency as appropriate and as directed by the group;
- Resolution of dissenting issues shall be achieved by a vote of members present and the Chair shall have the casting vote, and



- The group, though or at the direction of the Chair, is able to co-opt/ seek expert advice on a need basis.

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11. ADOPTION AND AMENDMENT OF TERMS OF REFERENCE

These Terms of Reference shall be reviewed annually by the group and any changes shall be approved as accepted by the Eye Health Advisory Group.

The modified Terms of Reference must also be endorsed by the NSHN Executive Advisory Group.

Subsequent revision dates:

No.	Date	Nature of change(s)
1	12 September 2008	Working Draft

5.3.1 Organisation of Priorities - Eye Health Advisory Group

- Review of the draft Eye Plan
- Mapping of services on a regional level
- Workforce
- Indigenous access and service issues
- Issues of the ageing population on the continuum of care



5.4 Neurosciences Advisory Group - Terms of Reference

1. NAME

The group shall be known as the **Neurosciences Advisory Group (NAG)**.

2. PURPOSE

The Neurosciences Advisory Group was formed in September 2008 to examine service provision relating to the Neurosciences and the Senses Health Network. Health 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.

3. GOAL

The principal goal of the Neurosciences Advisory Group is to advise on the development of patient-centred, sustainable and effective clinical services across all continuums of care. These models of care should be readily accessible and efficiently provided.

Process

This goal will be achieved through improved co-ordination between health services and through partnerships with other health care providers, key stakeholders, consumers and the community.

The Neurosciences Advisory Group will advise on service planning, policy development, performance monitoring, priority setting, and workforce planning and protocol development.

4. ACCOUNTABILITY

The group is accountable to the Neurosciences and the Senses Health Network (NSHN) Executive Advisory Group (EAG).

5. RESPONSIBILITIES

5.1 Service

The Neurosciences Advisory Group will deliver the following:

- Implementing models of care;
- Leadership, and



- Education

5.2 Reporting

A monthly report, or after each meeting, to the Clinical Lead of NSHN, on the activities and progress of the group.

6. CHAIR

The Chair of the Neurosciences Advisory Group will be Dr Peter Silbert.

7. MEMBERSHIP

The Neurosciences Advisory Group members include:

- Dr Peter Silbert
- Professor Neville Knuckey
- Professor John Dunne
- Dr Andrew Granger
- Professor Frank Mastaglia (Co-Chair Education & Research subcommittee)
- Associate Professor Garry Allison (Co-Chair Education & Research subcommittee)
- Ms Erin Godecke (Chair Neurosciences Clinical Care subcommittee)
- Nurses
- Research and academia
- Paramedical group
- Allied health

The group or its Chair may nominate persons to temporary membership of the group as required.

8. OPERATING PROCEDURES

8.1 Meetings

Meeting frequency is at the discretion of the group, but initially monthly.

8.2 Quorum

50% of the members constitute a quorum.



8.3 Agenda

Standing agenda items include:

- a. Apologies
- b. Minutes of last meeting
- c. Review of action items
- d. General business
- e. Date and location of next meeting

9. GUIDING PRINCIPLES

The Neurosciences Advisory Group will adhere to the following:

- Members of the group that are present as organisation representatives will present the views of the organisation and not personal views;
- Feedback and/ or review of documentation responses are to be provided within requested timeframes;
- Discussion and issues remain confidential to the group;
- A declaration of conflict of interest is required where a member has competing professional or personal interests. In this instance, the member will advise the Chair and either refrain from voting/ participating in consensus decision making or retire from the room at that point;
- It is each member's responsibility to canvas views and provide feedback to their constituency as appropriate and as directed by the group;
- Resolution of dissenting issues shall be achieved by a vote of members present and the Chair shall have the casting vote, and
- The group, though or at the direction of the Chair, is able to co-opt/ seek expert advice on a need basis.

10. RECORDS

The Secretariat will be provided by the Health Networks Branch and shall issue agendas and supporting material at least seven days in advance and prepare a Minute Sheet from each meeting. The Secretary shall keep separate files of at least the following and forward them to each succeeding Secretary:

1. Agendas, minutes and papers circulated with them;
2. Correspondence, papers tabled at meetings and papers circulated other than with agendas.



The Secretary's files are the property of the Department of Health - Western Australia and must be preserved in accordance with the *Library Board Act* and the *Freedom of Information Act*. The *Health Services (Quality Improvement) Act* may also apply to the documents.

11. ADOPTION AND AMENDMENT OF TERMS OF REFERENCE

These Terms of Reference shall be reviewed annually by the group and any changes shall be approved as accepted by the Neurosciences Advisory Group.

The modified Terms of Reference must also be endorsed by the NSHN Executive Advisory Group.

Subsequent revision dates:

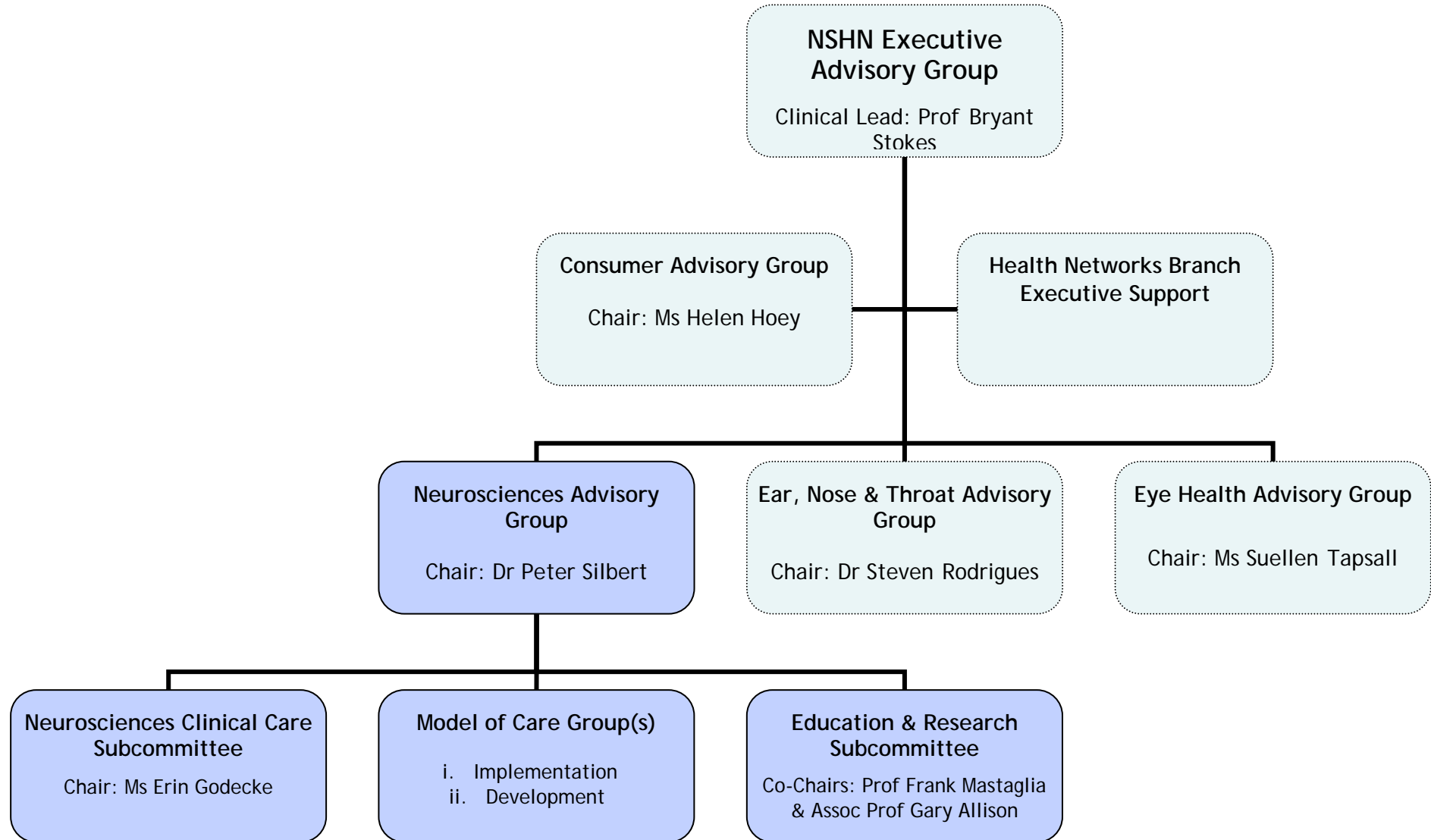
No.	Date	Nature of change(s)
1	12 September 2008	Working Draft

5.4.1 Organisation of Priorities - Neurosciences Advisory Group

- Supporting the implementation of existing models of care;
- Establishing Stroke Unit protocols, particular around nursing care and clinical care;
- Establishing and planning future Models of Care, including supporting the role of champions in progressing future MoC;
- Education and training;
- Establish a resource framework;
- Distribution of the subcommittee along continuum of care lines;
- Liaison with AHS decision makes around MOC implementation;
- Support the implementation of the stroke unit at SDH (July 08);and
- Assist in the development/implementation of the Stroke unit at Joondalup by July 2009.



5.4.2 Proposed Structure - Neurosciences Advisory Group





6. CONCLUSION

Each Advisory Group will develop a work plan, based on the results of the September 2008 Discussion Forum, to guide the business of the group. The individual Advisory Group work plans will be collated to develop an overarching Neurosciences & the Senses Health Network 2008/09 Operational Plan, which will be administered by the Executive Advisory Group.

Additionally, the Operational Plan will also be guided by the results of the March 2008 Stakeholder Forum

7. RECOMMENDATIONS

7.1 Appointment

That the Clinical Lead sends Appointment letters to all Advisory Group members, outlining terms and conditions of their position.

7.2 Executive Advisory Group (EAG)

That the Clinical Lead calls the first EAG meeting with each nominated Chair of the Advisory Groups, to endorse the Terms of Reference of the following:

- i. 1. Consumer Advisory Group
- ii. 2. Ear, Nose & Throat Advisory Group
- iii. 3. Eye Health Advisory Group
- iv. 4. Neurosciences Advisory Group

Additionally the NSHN will need to develop a Terms of Reference for the EAG itself.

8. EVALUATION

Attendees were asked to review the Forum and fill out an evaluation form. The results have been analysed and are provided in **appendix 1**.



7. APPENDICES

Appendix 1 - Evaluation Results

Q1.1 I feel I was able to contribute to the Forum

	Valid Percent
Strongly Agree	32.0
Agree	64.0
Neutral	0.0
Disagree	4.0
Strongly Disagree	0.0
Total	100

Q1.2 I feel my contribution to the Forum was valued

	Valid Percent
Strongly Agree	33.0
Agree	48.0
Neutral	16
Disagree	0.0
Strongly Disagree	4.0
Total	100

Q1.3 Attendance at the Forum was a valuable use of my time

	Valid Percent
Strongly Agree	41.6
Agree	50.0
Neutral	4.2
Disagree	0.0
Strongly Disagree	4.2
Total	100



Q2.1 The facilities (rooms/toilets etc) at the venue

	Valid Percent
Very Satisfied	40.0
Satisfied	52.0
Neutral	4.0
Dissatisfied	0.0
Very Dissatisfied	4.0
Total	100

Q2.2 The access (parking/transport) to the venue

	Valid Percent
Very Satisfied	56.0
Satisfied	40.0
Neutral	0.0
Dissatisfied	0.0
Very Dissatisfied	4.0
Total	100

Q2.2 The catering for the event

	Valid Percent
Very Satisfied	28.0
Satisfied	48.0
Neutral	20.0
Dissatisfied	0.0
Very Dissatisfied	4.0
Total	100



3. What did you value most about the Neuroscience and Senses Health Network Discussion Forum.

Common themes that emerged from this question were in relation to the opportunities the forum provided to network with people of similar interests and participate in the process of developing a neuroscience and senses health plan.

Meeting other interested parties and identifying problem areas to act upon.

The consultative process.

Opportunity to be part of the process.

Excellent structure and day to create the framework for future development.

Ability to meet and discuss the issue with a variety of people from different organisations.

Very practical.

4. What did you value least about the Neurosciences and the Senses Health Network Discussion Forum.

Some valuable comments from the audience in relation to his question are listed below.

Short timeframe.

To understand that so many conditions have overlapping similarities and by understanding this we can improve health.

That there are already plans on how this would go ahead and therefore difficulty for change.

Lack of end point for forward plan - not least valued but found frustrating.

Unsure of what the expectations of the advisory group are. Whether project orientated or big picture orientated.

5. What could be done to improve future Neurosciences and Senses Health Network Forums?

Some important comments in relation to this question are listed below.

Pre-meeting discussion paper/article on issue of relevance.

Contact list of people on tables/working groups/presenters for the day.

Further meetings needed.



Delivering a **Healthy WA**

Health Networks Branch
Level 1, 1 Centro Ave
Subiaco
Western Australia 6008

