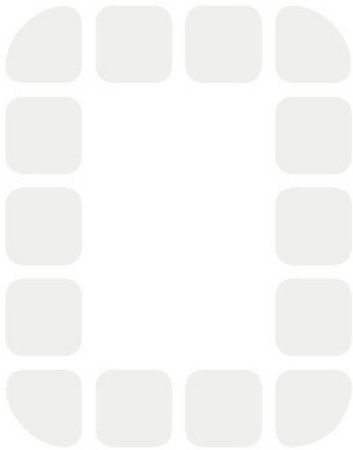


CLINICAL NETWORKS IN WESTERN AUSTRALIA

Background Paper





CLINICAL NETWORKS IN WESTERN AUSTRALIA

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.

BACKGROUND

The Reid Review recognised that in the context of population ageing and rising chronic disease prevalence in Western Australia, it is essential that the Western Australian healthcare system is patient centred, well coordinated, effective, equitable and efficient. The Clinical Services Framework developed by the Health Reform Implementation Taskforce will identify appropriate models of care for key clinical areas.

The Health Policy and Clinical Reform Division’s role has been defined in the Health Reform Implementation Project: “Health System Role Delineation – Health Policy and clinical Reform Division Overview as a sub project of Project H-04”. The conceptual framework for the Division includes the development of clinical networks to meet the strategic aims of the Division. The following is taken from the “Role Delineation Final Report to Staff” (May 2005).

“These networks will bring together key stakeholders in the public, private, non-government and academic sectors to oversee the development of priorities underpinned by epidemiology, policy and protocols, planning and performance targets for their respective clinical program areas. The networks will not hold service funding, but through the planning and performance functions will have direct impact on the process for allocating funding, while providing health services with the protocols and policies to optimise their performance”.





CONTEXT

The ability to provide quality health care in Western Australia is affected by a variety of issues such as:

- Inadequate access to specialist services in rural and remote areas, which may result in poorer health outcomes because serious and chronic conditions can go, undetected or are treated too late. There is a need for 'expert' generalist approaches given the lack of access to specialist services.
- Ongoing issues of recruitment and retention of staff and maintenance of appropriate skill levels.
- Lack of strategic management of clinical services, with a reliance on goodwill and cooperation.
- Lack of coordination and integration of services across the continuum of care (encompassing primary, acute and long term care issues).
- Geographical issues impacting on Western Australia such as distance and sparse populations, which significantly limit access to services.

Clinical Networks can provide a structure for effective and continuous working relationships between organisations and individuals to improve the health of the community.

NETWORK STRUCTURES

British Columbia, the United Kingdom and more recently, South Australia and New South Wales have introduced the concept of clinical networks. These networks are different in type and focus, but in general can be summarised as follows:

1. Enclave networks have a flat internal structure with no central authority; they are based on shared commitment. Such networks are often most successful in enabling information and ideas to be shared among professionals with a common interest.
2. Hierarchical networks have an organisational core and authority to regulate the work of members via joint provision, inspection and/or accreditation. They are most successful in coordinating and controlling a pre-defined task that involves complex division of labour.
3. Individualistic networks are those in which an individual or organisation develops a loose association of affiliates. They are often based on the procurement of network service providers through the negotiation of contracts. Individualistic networks are highly responsive to change and are most successful for exploring innovations and flexible working practices.





Each network type has its strengths and weaknesses and real networks are often hybrids of these forms¹.

Key lessons from elsewhere

The history of development of clinical networks is mixed. Departments of Health within both the UK and Australia have attempted to steer local service development by bringing clinicians together and agreeing guidelines. When forced together the tensions of loyalties to the different hospitals often outweigh any perceived advantages of the group working together².

The most formalised clinical networks in the UK have been cancer networks³. These networks are becoming effective but their goals and recommendations are often strikingly different from the local hospital's management and attempts to instruct complex organisations on how to spend money on one issue among many seem to cause difficulties.

The experience in South Australia in facilitating country health reform was to implement clinical networks to achieve change. However, these networks are managed networks and are fund holding and must meet service delivery outcomes.

Clinical Networks do however provide us with a powerful way of organizing services and creating change. The Clinical Networks will enable barriers to be broken down between primary, secondary and tertiary care, whilst focusing solutions based on patient care pathways rather than institutions, and will assist in breaking down territorial interests of institutions.

CLINICAL NETWORKS IN WA

Functions

The aim of each clinical network will be to improve the coordination of clinical services through principles of cooperation, integration and interaction between service providers and other enabling stakeholders by collaborating across area health service and institutional boundaries.

The strategic role of clinical networks will be to provide advice and direction on where and how services should be delivered. The clinical network model will involve multi-sectorial/multidisciplinary inter-relationships, referral and

¹ Goodwin, 6P, Peck E, Freeman T, Posaner R (2004) *Managing across diverse networks of care: lessons from other sectors*. Policy Report to the NHS SDO R&D Programme, Health Services Management Centre, University of Birmingham.

² Carter S, Garside P and A Black (2003). Multidisciplinary team working, clinical networks, and chambers; opportunities to work differently in the NHS. *Quality and Safety in Health Care* 12:i25

³ Department of Health. (1995) *A policy framework for commissioning cancer services: a report by the expert advisory group on cancer to the chief medical officers of England and Wales* (The Calman-Hine Report). London: Department of Health.



support structures between units, with emphasis on clinical management and partnerships.

Some of the expected outcomes of a clinical network are:

Policy

- Identify institutional or clinician led clinical innovation and where benefit for people and the effectiveness of the health system is appropriate; facilitate and support implementation of evidence-based practice across the health system in partnership with the Area Health Services.

Planning

- Provide advice on integrated models for the provision of clinical services.
- Identify issues with and provide advice on levels of staffing and service co-ordination.

Performance

- Monitor outcomes for the network goals and targets and monitor health outcomes and provide advice on the effectiveness of treatments and services.

Protocol

- Provide advice on improving the level of clinical expertise and maintenance of staff skills across sectors.
- Develop and advise on common standards and best practice protocols.
- Provide access to teaching and research expertise across the network.

Priorities

- Making recommendations to ensure the ongoing implementation and development of the Clinical Services Framework 2005, service planning strategies and associated outcomes; and
- Recommending health priorities, goals and targets;
- Providing advice on alignment with national health priorities, planning and strategies.

People

- Providing advice on strategies to improve the level of clinical expertise and maintenance of staff skills across sectors;
- Providing peer support for clinicians in isolated communities;
- Seeking and providing advice on increasing 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;





NETWORK ESTABLISHMENT

Within the newly formed Health Policy and Clinical Reform Division, the Clinical Network Development Team is currently being established. This team will be responsible for developing a framework for the establishment and ongoing support of clinical networks throughout WA.

Work is currently being undertaken to determine the scope of each clinical network as well as establish current activity and opportunities for the future. As the framework continues to be developed, key priority areas will be progressed. This includes:

1. **Cancer** has an established plan with significant election commitment funding. There has been broad stakeholder consultation and general support from both clinicians and the community. Presently, Prof Christobel Saunders has agreed to act in the capacity of Director of the Cancer Network until the position is filled.
2. **Mental Health** has developed a framework and is currently consulting with major stakeholders on the way forward for the mental health network. They have an agreed strategy that is supported by the National Mental Health Strategy and there are significant resources to assist in the implementation phase.
3. **Respiratory Health** has a well-developed Clinical Service Improvement Framework, which is due to be released within the next 2 months. There is strong clinician support for the establishment of a clinical network with opportunities for a significant shift of inpatient activity to the ambulatory setting.
4. **Endocrine** will build upon the existing national and state strategies for the prevention, treatment and management of diabetes. Over time the focus of this network will expand to include all endocrine disorders.
5. **Cardiovascular** will incorporate, cardiothoracic, cardiology and vascular services. The key priorities for this network will be to focus upon the reform of cardiothoracic services as well as improve the prevention, diagnosis, treatment and management of heart failure. There is currently no overarching plan for cardiovascular services and this will have to be addressed.
6. **Neurosciences** have already begun to organise themselves and propose a clinical network structure. Prof Stokes currently leads this group. There is no overarching plan for neurosciences and once again this will have to be addressed.

Other areas to be developed include Women's Network, Child and Youth Network, Aged Care Network, Trauma, Injury and Poisoning Clinical Network, Genitourinary Clinical Network (including renal) and Musculoskeletal Clinical Network.





ACCOUNTABILITY CAVEAT

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

NETWORK CHARACTERISTICS

In Western Australia, a fully formed clinical network will have the following characteristics.

Leadership

The network clinical leads will be people with appropriate clinical qualifications as well as a record of achievement in management. There will be fixed terms of appointment and they will maintain some clinical role.

Membership

The network will be supported by a small advisory group to assist in the leadership and coordination required. Membership will be drawn from key stakeholders and clinical experts from within Western Australia. Members of the advisory group should be at an appropriate senior level as to be able to effect change within the system.

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.

Secretariat/structure

There will be a level of administrative support commensurate with the extent of the work of the network, to support coordination and leadership.

Reporting

An appropriate reporting structure needs to be determined – to ensure that the network continues beyond the Health Reform Implementation.





Funding

The Health Policy and Clinical Reform Division will meet funding for the clinical lead and secretariat.

Role Delineation

The network will have a key role in supporting the implementation of the Clinical Services Framework and role delineation profiles for services within its grouping.

Clinical pathways and protocols

Networking will provide an excellent opportunity to develop and support the implementation of pathways and protocols of care.

Outcomes

A Clinical Network will work in partnership with Area Health Services and the Department of Health to achieve effective coordination and delivery of health care by:

- Promoting and enabling consistent, high quality, evidence-based clinical care across the entire state;
- Assisting in the planning and development of services across the state, that focus upon specific target populations;
- Promoting the whole continuum of care for specified diseases – prevention, critical care, acute care, sub-acute care and maintenance throughout the network;
- Standardising clinical pathways of care for common disorders;
- Promoting teamwork and multidisciplinary care across the network;
- Advising on major equipment or technology changes as they arise;
- Communicating with the private sector, the government and non government sectors, universities, carers and consumer groups wherever relevant;

SUMMARY

In brief, clinical networks are designed to deliver increased and improved services.

The significant differences between models are around the nature of governance, administration and the general focus of the network. Issues that need to be considered include:





- The nature of the formal agreements between provider agencies to work together under single or multiple chief executives or network chair.
- Possible 'virtual' arrangements, which establish clinical structures across agencies but with preservation of existing administrative and governance structures.
- Appointment of staff and the degree of staff involved in the network.
- Development of links with health care networks already in existence.

A framework for the initiation and development of the clinical networks is being developed to ensure that the outcomes required of the networks are achieved.



Delivering a **Healthy WA**

