



Gastrointestinal and Endocrine Clinical Network

Draft for Discussion





GASTROINTESTINAL AND ENDOCRINE CLINICAL NETWORK

1.0 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.

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

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2.0 BACKGROUND

The development of the new clinical networks will be informed by the aims, recommendations and strategic objectives articulated in the following key documents:

- Report of the Health Reform Committee (Reid Review)
- WA Clinical Services Framework 2005 – 2015 (CSF)
- Clinical Services Consultation 2005 documents

Issues identified by the Reid Review

- Fragmentation of the health system between the primary care sector (GP, Pharmacist, Allied Health Professional, Community Health Nurse) and the public hospital system
- Poor coordination and communication between primary care and acute care leading to avoidable admissions, adverse events and poor patient outcomes
- Lack of strategic policy focus on health promotion and early intervention
- 80% of admissions to tertiary hospitals are for secondary care
- Concentration of hospital beds in large tertiary hospitals
- Barriers to patients accessing the system (culturally, geographically, socio-economically). This is particularly relevant to the health needs of the Aboriginal and Torres Strait Islander community.

Recommendations of the Reid Review

- A major coordinated, long-term health promotion program which has an integrated lifestyle approach to prevent cardiovascular disease, cancer and



diabetes should be implemented. This program should include a particular focus on Aboriginal communities (Rec 2)

- Evidence-based clinical guidelines should be developed and implemented, focusing in the first instance on the needs of patients with chronic and complex conditions. This development should involve a multi-disciplinary clinical team, both hospital and community-based, and consumers (Rec 17).

Considerations identified by CSF consultation

- The need for a greater focus on workforce planning
- The role of training and research
- The importance of participation from clinicians and staff in decision making and planning processes
- The need for greater integration of the health care system across the state
- The need for a more defined continuum of care across levels of care within many disciplines
- The need for work on appropriate models of care for specific clinical programs
- The importance of the private and non-government sector in health care provision.

Specific Considerations in the CSF

- Endocrinology and gastroenterology (including colonoscopy) services moved to four General Hospitals (Swan, Joondalup, Armadale and Rockingham); full general medicine services established in the new Fiona Stanley Hospital by 2015/16
- General medicine and surgery (including endocrinology and gastroenterology) services available in Regional Resource Centres in Albany, Broome, Geraldton, Kalgoorlie and Port Hedland. Partner Metropolitan Health Services to provide support to regions (visiting specialists, telehealth, recruitment, in-service training and clinical advice and audit)
- General medicine and surgery (including endocrinology and gastroenterology) services provided locally in SW Area Health Service hospitals by 2011.

3.0 ESTABLISHING A GASTROINTESTINAL AND ENDOCRINE CLINICAL NETWORK

The aim of the Gastrointestinal and Endocrine Clinical Network is to facilitate a collaborative and partnership approach to service provision across the continuum of care in order to improve access to consistent and high quality services across the state, maximize the efficiency of resource use and minimise health costs through prevention and early intervention.



Establishment of the Gastrointestinal and Endocrine Clinical Network will be based on the following principles:

- 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 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.

4.0 STRUCTURE

The Gastrointestinal and Endocrine Clinical Network will cover a very broad range of clinical policy and practice covering digestive conditions, gastroenterology and endocrine areas.

It is recognized that there is minimal overlap between the gastrointestinal and endocrine areas in terms of tasks and procedures that clinicians undertake. However, there is significant overlap in terms of what is happening for patients and community issues and concerns. There is also synergy in terms of shared lifestyle risk factors and the methods and strategies that are employed to modify them. The structure of this network needs to reflect the needs of both patients and clinicians.

To accommodate both the differences and synergies differences the feasibility of establishing a single Network Advisory or Management Group, covering both gastrointestinal and endocrine conditions is worthy of consideration. Based on epidemiological data it is expected that diabetes will be a priority area.

The structure of the Gastrointestinal and Endocrine Clinical Network is outlined in Appendix 1.



5.0 MEMBERSHIP

Membership of the Gastrointestinal and Endocrine health 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 the network's principles and expected outcomes.

Core membership should include representatives of:

- Patients and carers;
- Clinicians;
- Specialists;
- Area Health Services;
- Primary Care Team;
- Allied Health;
- GP Divisions;
- Relevant Non-Government Organisations.

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6.0 CHARTER OF RESPONSIBILITY

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.

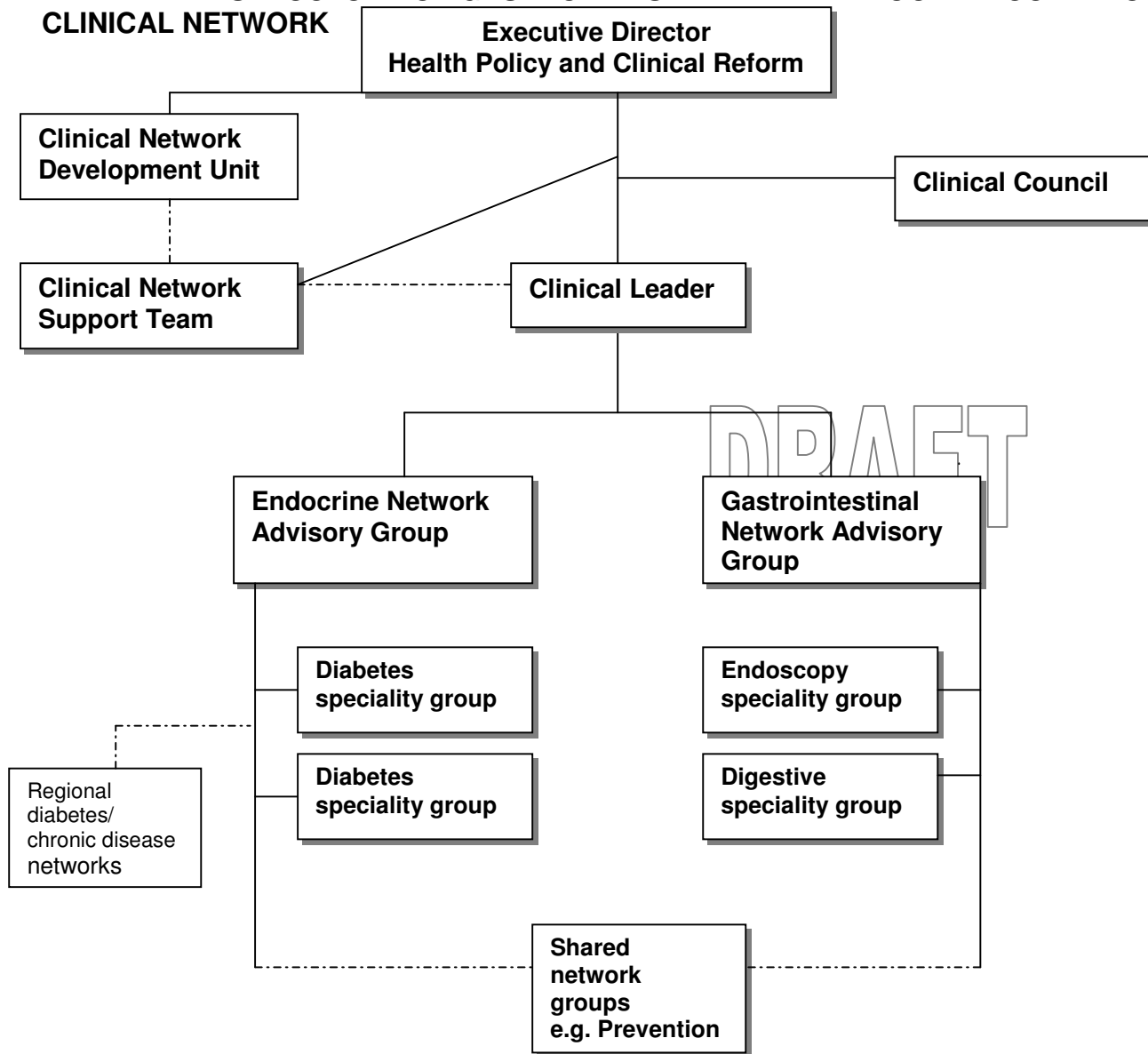
| Planning | Policy | Protocol | Performance | People/Partnerships | Priorities |
|---|---|---|--|--|--|
| <ul style="list-style-type: none"> • Placing emphasis on illness prevention strategies and maintenance of health; • Providing advice on the delivery of gastrointestinal and endocrine services; • Providing advice on an integrated model for the provision of clinical services; • Providing advice on gaps in facility and equipment for effective and efficient service delivery; • Providing advice on workforce training and development requirements. | <ul style="list-style-type: none"> • Making recommendations for the delivery of patient-centred care. • Providing advice and support in the development of policies that support integration of services through partnerships and collaboration across organisations and service providers statewide; | <ul style="list-style-type: none"> • Ensuring that recommended models of care are based on research and best practice; • Developing common clinical policy and practice, standards and protocols based on best evidence to achieve consistency in service provision; • 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. | <ul style="list-style-type: none"> • Supporting the use of information systems with common IT infrastructure; • 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. | <ul style="list-style-type: none"> • 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. | <p>To be determined with reference to the CSF.</p> |

7.0 DELIVERABLES – 2005/2006

| Planning | Policy | Protocol | Performance | People/Partnerships | Priorities |
|--|--------|--|-------------|---------------------|------------|
| <ul style="list-style-type: none">• Definition of a model of care for diabetes | | <ul style="list-style-type: none">• Launch of new IFG/IGT guideline and resource distribution. | | | |

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APPENDIX 1: STRUCTURE OF GASTROINTESTINAL AND ENDOCRINE CONDITIONS CLINICAL NETWORK



Stakeholders

- HRIT
- Australian Department of Health and Ageing
- GP Reference Group/Divisions of GP, RACGP
- RACGP
- Aboriginal Community Controlled Organisations
- Local government
- Australian Department of Health and Ageing
- Strategic Health Research Council
- Office of Aboriginal Health
- Health Protection (Tobacco, Communicable Disease)
- Women's and Children's Health
- Area Population Health Services
- Academic and research groups
- Consumer and carer groups
- Endocrine**
- Clinicians – endocrine/ renal/ cardiovascular
- NGOS – Diabetes WA, National Heart Foundation
- The Cancer Council of WA
- Premier's Physical Activity Taskforce
- Nutrition WA
- Pharmaceutical Council of WA
- WA Optometry Association
- Unity of First People – Diabetes Management & Care Program
- Drug and Alcohol Office
- Department of Education
- Office of Seniors' Interests
- Department of Sport and Recreation
- Practice Nurse's Association
- Podiatrists Association
- Dieticians Association of WA
- Australian Diabetes Educators Association (ADEA)
- Diabetes Research Foundation of WA
- Aboriginal Health Workers Association
- Gastrointestinal**
- Clinicians (digestive/hepatic/surgical/colorectal cancer)
- Hospital Surgical Committees
- WA Transplant Advisory Committee
- Gastroenterological Society of Australia
- Colorectal Surgical Society of Australia

Delivering a **Healthy WA**

