

A.

STRATEGIC PLANNING GROUP FOR

**SPGPPS**

PRIVATE PSYCHIATRIC SERVICES

05/40

9 May 2005

Committee Secretary  
House of Representatives  
Standing Committee on Health and Ageing  
Inquiry into Health Financing  
Parliament House  
Canberra ACT 2600

Australian Medical  
Association

The Royal Australian  
and New Zealand  
College of Psychiatrists

The Royal Australian  
College of General  
Practitioners

Commonwealth  
Department of Health  
and Ageing

Department of Veterans'  
Affairs

Mental Health  
Consumers and Carers

Australian Private  
Hospitals Association

Australian Health  
Insurance Association

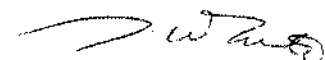
The Strategic Planning Group for Private Psychiatric Services (SPGPPS) brings together a coalition of providers, funders and recipients of mental health services with the commitment to facilitate progress in the provision of mental health services in the private sector. Some of the organisations listed at left will be mentioning the work of the SPGPPS in their own submissions. I, therefore, felt it important to provide the members of the House of Representatives Standing Committee with a copy of our annual progress report (see attached).

In looking at ...*how best to ensure that a strong private health sector can be sustained into the future, based on positive relationships between private health funds, private and public hospitals, medical practitioners, other health professionals and agencies in various levels of government*, much can be learned from the success of the SPGPPS model.

In the area of mental health, the contribution and efficiency of the private sector has been under valued and under acknowledged. The direction of targeted funding to increase the effectiveness of the private sector is long overdue and would help to ease the burden on public sector services. Our own network of private psychiatric sector consumers and their carers repeatedly inform us of the following problems areas.

- **Portability** between private health insurance funds. Once a fund member has served a waiting period with one private health insurance fund, they should not be required to serve another waiting period, if they elect to change their health insurer, on the same level of cover.
- **Step-down** periods for episodes of in-patient care and **capitation** of services for both in-patient and out-patient services.
- **Approved Outreach services**, are only available only in 12 of 46 private hospitals with psychiatric beds.
- The importance of maintaining the integrity of the **Pharmaceutical Benefits Schedule**, and the retention of the Commonwealth commitment to the 30 per cent **Private Health Insurance Rebate**.
- Models of funding **service delivery** should be directed toward meeting the needs of consumers and their carers, reducing incentives for inpatient care, increasing incentives for alternative models to inpatient care; and providing training in best practice alternatives.
- The importance of a continuum of care across sectors.

These brief comments are provided to assist the Standing Committee with its deliberations, but do not necessarily represent the views of the individual organisations that constitute the SPGPPS.



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**Strategic Planning Group for Private Psychiatric Services**

April 2004

## **SPGPPS launches 2004 Progress Report**

The *Strategic Planning Group for Private Psychiatric Services* (SPGPPS) has launched its progress report for 2004. The Report outlines activity of SPGPPS, its *Centralised Data Management Service* (CDMS) and the *National Network of Private Psychiatric Sector Consumers and Carers* (National Network) during 2004 in three parts.

**Part 1 - The SPGPPS**, provides valuable information on the work of this unique *Private Mental Health Alliance*, which is dedicated to improving the quality of the mental health services provided by the Australian private sector. The alliance operates under the auspice of the Australian Medical Association (AMA) and is chaired by the Royal Australian and New Zealand College of Psychiatrists (RANZCP). It includes representation from the AMA, RANZCP, the Royal Australia College of General Practitioners, private sector mental health Consumers and their Carers, the Australian Private Hospitals Association (APHA), the Australian Health Insurance Association (AHIA), the Australian Government Department of Health and Ageing, and the Australian Government Department of Veterans' Affairs.

**Part 2 - The CDMS**, showcases progress with the collection, processing, analysis and reporting on the data submitted by private psychiatric hospitals and private health insurance funds under the SPGPPS *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services*. The majority of Australian private psychiatric hospitals have implemented the National Model for the purpose of obtaining information to support improvement in the quality, effectiveness and efficiency of the services they provide. The de-identified data submitted by these hospitals to the CDMS forms the basis for Standard Quarterly Reports that are prepared and distributed to participating hospitals and private health insurance funds.

**Part 3 - The National Network**, shows how the support of the AMA, RANZCP, APHA, AHIA and beyondblue is enabling privately insured consumers and their carers to participate actively in the improvement of mental health services in the Australian private health care sector.

A copy of the Progress Report is attached and further copies can be obtained from the SPGPPS website at

[http://www.spgpps.com.au/documents/spgpps/general\\_documents/Annual\\_Progress\\_Report\\_2004.pdf](http://www.spgpps.com.au/documents/spgpps/general_documents/Annual_Progress_Report_2004.pdf)

STRATEGIC PLANNING GROUP FOR

**SPGPPS**

PRIVATE PSYCHIATRIC SERVICES

**THE SPGPPS**

**ITS**

**CENTRALISED DATA MANAGEMENT  
SERVICE**

**AND THE**

**NATIONAL NETWORK FOR PRIVATE  
PSYCHIATRIC SECTOR CONSUMERS AND  
CARERS**

**PROGRESS REPORT**

**2004**

## PREAMBLE

The activity of the Strategic Planning Group for Private Psychiatric Services (SPGPPS), its Centralised Data Management Service (CDMS) and the National Network of Private Psychiatric Sector Consumers and Carers (National Network) during 2004 is outlined through this *Progress Report*. This is the first Progress Report, as required under the *Australian Medical Association (AMA) Agreement for Services 2004-2006* (AMA Agreement or Agreement). Under this Agreement, the following stakeholders have supported the continuation of the SPGPPS, CDMS and National Network for the period of three calendar years from 1 January 2004 to 31 December 2006.

1. AMA
2. Royal Australian and New Zealand College of Psychiatrists (RANZCP)
3. Royal Australian College of General Practitioners (RACGP)
4. Australian Private Hospitals Association Limited (APHA)
5. Australian Health Insurance Association (AHIA)
6. Australia Government Department of Health and Ageing (DoHA)
7. Australian Government Department of Veterans' Affairs (DVA)
8. Mental Health Consumers and their Carers
9. Beyondblue

The Agreement was signed by the relevant Parties in late December 2003 and took effect on 1 January 2004, replacing all previous agreements.

## AMA Responsibilities

Under the AMA Agreement, the AMA provides staff for the SPGPPS Secretariat and the CDMS and ensures that the Secretariat and CDMS performs the functions and achieves the objectives set out in this Schedule A of the Agreement. Accordingly, the AMA provided the following staff in 2004.

1. An Executive Officer, Mr Phillip Taylor, who is responsible to the SPGPPS through the Chair, for the management of the SPGPPS Secretariat, and the oversight of the SPGPPS's CDMS. Mr Taylor is required to support the activities of the SPGPPS by ensuring that the Services and Deliverables specified in Schedule A are provided. Mr Taylor is also responsible to the National Network through the Chair for the management of the National Network.
2. An Information Officer, Mr Allen Morris-Yates, responsible to the SPGPPS through the Chair, for the management, operation and ongoing development of the SPGPPS's CDMS. The Information Officer is responsible for ensuring that the CDMS Services and Deliverables specified in Schedule A are provided.
3. An Administrative Assistant, Ms Bronwen van der Wal, responsible to the Executive Officer, for providing the administrative support for the SPGPPS Secretariat, CDMS and National Network.

The AMA maintains financial control of, and support for, all SPGPPS, CDMS and National Network activities and expenditures, including the costs associated with human resource management, accounting processes, preparation for audit, and auditing. In 2004 this included:

- (a) provision to Mr Taylor of quarterly statements of income and expenditure for the SPGPPS, the SPGPPS's CDMS, and the National Network; and
- (b) the attendance at meetings of the SPGPPS Finance Committee of the AMA Financial Services Department's Financial Controller, Mr Howard Pickrell.

In 2004, the AMA continued to provide designated and secure office accommodation for the SPGPPS Secretariat at the Federal Offices of the AMA in Canberra. Within the

SPGPPS Secretariat, the AMA provides a highly secure operating environment for the data warehouse and report publication and distribution components of the SPGPPS's CDMS. The AMA also provided associated infrastructure support including IT support, and staff amenities.

### **SPGPPS, CDMS and National Network Progress Report 2004**

Schedule A of the AMA Agreement requires a comprehensive annual progress report that details SPGPPS, CDMS and National Network activity within a single report. This Progress Report is, therefore, divided into the following three parts.

#### ***Part 1 SPGPPS***

#### ***Part 2 CDMS***

#### ***Part 3 National Network***

Statements of income and expenditure for SPGPPS, CDMS and the National Network are dealt with under each respective part of this Report. In 2004, the SPGPPS Finance Committee met on a quarterly basis to monitor budgetary expenditure for the SPGPPS, CDMS and National Network activity. At the end of 2004, the SPGPPS Finance Committee was constituted as follows.

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. Dr Martin Nothling (Chair)    | AMA                        |
| 2. Mr Chris Keegan               | RANZCP                     |
| 3. Ms Janne McMahon              | Chair, National Network    |
| 4. Mr Brian Osborne              | AHIA                       |
| 5. Ms Sue Williams               | APHA                       |
| 6. Ms Suzy Saw                   | DoHA                       |
| 7. Mr Howard Pickrell            | AMA Corporate Services     |
| 8. Mr Allen Morris-Yates         | SPGPPS Information Officer |
| 9. Mr Phillip Taylor (Secretary) | SPGPPS Executive Officer   |

Chartered accountants KPMG conducted an audit of the revenue and expenditure for the SPGPPS, CDMS and National Network for the period 1 January 2004 to 31 December 2004. Letters of acquittal for the SPGPPS, CDMS and National Network are included at Attachment 1 to this Report.

## **PART 1 SPGPPS**

### **1.1 Support for the operation and activities of the SPGPPS**

In 2004, the SPGPPS Secretariat provided the necessary support for the operation and activities of the SPGPPS, and its sub-groups thereof through the conduct of face-to-face meetings and teleconferences. This required, to the satisfaction of the SPGPPS, formulation of meeting agendas, development and distribution of briefing papers for meetings, execution and follow-up of actions arising, and the provision of infrastructure support, including:

- making suitable arrangements in good time ahead of the event with regard to all aspects of meetings;
- recording of proceedings and the subsequent preparation and distribution of reports on meetings;
- administration of financial support associated with the cost of meetings; and
- administration of financial support for the consumer and carer representatives to attend meetings.

## 1.2 SPGPPS Meetings 2004

The SPGPPS conducted four face-to-face meetings of the SPGPPS in 2004 as follows.

**Table 1.1: Face-to-Face SPGPPS Meetings 2004**

Meeting	Date	Venue	Location
35 <sup>th</sup> Meeting & Planning Day	Friday, 12 March	RANZCP NSW Headquarters	Sydney
36 <sup>th</sup> Meeting	Friday, 11 June	New Farm Clinic	Brisbane
37 <sup>th</sup> Meeting	Friday, 10 September	Perth Clinic	Perth
38 <sup>th</sup> Meeting	Friday, 26 November	AMA House	Canberra

### ***35<sup>th</sup> SPGPPS Meeting and Planning Day***

The 35<sup>th</sup> SPGPPS Meeting and Planning Day was held in Sydney on 12 March 2004. Dr Jonathan Phillips, Chair of SPGPPS Forums and current Director of Mental Health Services for South Australia, facilitated the Planning Day. Dr Phillips led a full and frank discussion that focused on the following.

- Progress to date against the agreed goals of the 2002 SPGPPS Forum.
- How to consolidate SPGPPS reform activities in the private sector.
- How to better integrate SPGPPS activities across health and other related sectors.
- The co-morbidity of mental and physical illnesses and substance abuse.

At the Planning Day, the SPGPPS confirmed that it is a strategic alliance that brings together diverse stakeholders to identify and agree on issues directed at improving mental health services in the private sector.

***We come to the table seeking not only to better inform our own policy processes, but to reach agreement on actions that will improve practice and better integrate mental health care across sectors.***

The Planning Day consolidated the following SPGPPS work program for 2004.

- Review of the *SPGPPS Innovative Models Working Group* terms of reference to ensure it has the capacity to better explore the funding models for service delivery that exist and further address the barriers to their uptake in the private sector.
- Re-develop the SPGPPS website to better promote the work of the SPGPPS, its CDMS and the National Network.
- Consider an appropriate name change for the SPGPPS.
- Explore the current barriers to better integration between the private and public sector and identify what the private sector might be able offer to address those barriers.
- Prepare a paper on co-morbidity that scopes the dimensions of this issue and acknowledges current work underway, particularly in relation to the National Co-morbidity Taskforce.
- Reconvene the *SPGPPS Substance Abuse and Dependency Working Group* to review its membership and further progress recommendations concerning the treatment and care of substance abuse and dependency in the private sector. This is to be done after the National Drug and Alcohol Research Centre's presentation, on

the *Guidelines for the Treatment of Alcohol Problems*, to the 36<sup>th</sup> meeting of the SPGPPS.

- Continue to actively participate in existing structures and committees, particularly the AHMAC National Mental Health Working Group's, Information Strategy Committee, the Safety and Quality Partnership Group and its Operational Group.
- Debate the issue of access to psychiatric beds in the private sector for people with private health insurance, particularly for those people living in rural and remote areas of Australia, and those who have been detained against their will.

Progress with these objectives is defined within the context of the Working Group summaries set out under section, *1.2 Working Groups*, below.

### 1.2.1 Meeting Attendance

Table 1.2 sets out the record of attendance for SPGPPS Members and Observers at face-to-face meetings in 2004.

**Table 1.2: Record of Attendance at Meetings of the SPGPPS for 2004**

ORGANISATION	REPRESENTATIVE(S)	35 <sup>th</sup> Meeting	36 <sup>th</sup> Meeting	37 <sup>th</sup> Meeting	38 <sup>th</sup> Meeting
AMA	Dr Martin Nothing	√	√	√	√
	Dr Bill Pring (Observer)	√	√	√	√
RANZCP	Dr Yvonne White (Chair)	√	√	Apology	√
	Dr Johanna Lammersma	√	√	√	√
	Ms Sharon Brownie	√	Alternate	Apology	Alternate
RACGP	Dr Brian Kable	√	√	√	Apology
The Australian Government	Mr Dermot Casey	√			
	Ms Suzy Saw		√	√	√
	Mr Peter Callanan	√	√	Apology	Apology
	Mr David Morton	√	√	Apology	√
Consumers Carers	Ms Janne McMahon	√	√	√	√
	Ms Ruth Carson	√	√	√	√
Hospitals	Ms Sue Williams	√	√	Apology	√
	Ms Moira Munro	√	√	√	√
Health Funds	Mrs Judy Hardy	√	√	√	√
	Mr Brian Osborne	√	√	√	Apology

In addition, the SPGPPS Executive Officers, Dr Yvonne White, Ms Moira Munro and Mr Phillip Taylor, met via teleconference to progress matters between face-to-face SPGPPS meetings on 10 February, 6 April, 20 July, and 12 October 2004.

SPGPPS Members and Observers were invited, and most participated, in these teleconferences on a dial in basis.

### 1.2.2 Invited Guests and Observers

The SPGPPS believes that the attendance of invited guests and observers at meetings of the SPGPPS is beneficial to the work of the SPGPPS and of benefit to the guests and observers from the experience they gain at SPGPPS Meetings. In 2004 the following invited guests and observers attended meetings of the SPGPPS.

The Chair for the SPGPPS Forum, *Dr Jonathan Phillips*, attended and Chaired the 35th SPGPPS Meeting and Planning Day held in Sydney on 12 March 2004.

The 36<sup>th</sup> SPGPPS Meeting was held at the New Farm Clinic in Brisbane on 11 June 2004. *Ms Fiona Shand*, Project Officer, National Drug and Alcohol Research Centre (NDARC) attended and addressed this Meeting on the *NDARC Guidelines for the Treatment of Alcohol Problems*. At the invitation of the SPGPPS, *Ms Sue Feeney*, CEO, New Farm Clinic also attended this Meeting.

*Mr Peter Groves*, from the AHIA Mental Health Committee, and *Ms Christine Gee*, Chair of the APHA Psychiatric Sub-committee, attended the 37<sup>th</sup> SPGPPS Meeting, held on 10 September 2004, at the Perth Clinic in Western Australia.

*Ms Carole Turnbull*, CEO Ramsay Healthcare SA, attended and addressed the 38<sup>th</sup> SPGPPS Meeting held in Canberra on 26 November 2004.

### 1.2.3 Issues Considered

The SPGPPS is a strategic alliance that brings together all the major stakeholders involved in providing private mental health services to Australians to identify and agree issues in order to provide better mental health services in the private sector. Table 1.3 provides an indication of some of the issues the SPGPPS dealt with in 2004.

**Table 1.3: SPGPPS Meeting Agenda Items for 2004**

AGENDA ITEMS	SPGPPS MEETINGS			
	35 <sup>TH</sup>	36 <sup>TH</sup>	37 <sup>TH</sup>	38 <sup>TH</sup>
<b>1 PROCEDURAL MATTERS</b>				
Opening/Welcome/Apologies/Alternates/Guests	✓	✓	✓	✓
Adoption of the Report of the last SPGPPS Meeting	✓	✓	✓	✓
Progress Report and Out of Session Decisions	✓	✓	✓	✓
<b>2 FINANCE AND OPERATIONAL MATTERS</b>				
Annual Progress Report 2003	✓			
Work Plan 2004-2006	✓			
SPGPPS Finance Committee Report		✓	✓	✓
SPGPPS Operating Guidelines Review		✓	✓	
SPGPPS Meeting Dates 2005				✓
<b>3 SPGPPS WORKING GROUPS</b>				
Innovative Models Working Group Report		✓	✓	✓
Information Strategy Working Group Report		✓	✓	✓
Substance Abuse and Dependency Working Group Report		✓	✓	✓
<b>4 DISCUSSION ITEMS</b>				
Name Change for SPGPPS		✓	✓	✓
Public Private Sector Integration		✓	✓	✓
Access to Psychiatric Beds		✓	✓	✓
<b>5 STANDING ITEMS</b>				
AHMAC National Mental Health Working Group	✓	✓	✓	✓
Consumers and Carers	✓	✓	✓	✓
Hospitals	✓	✓	✓	✓
Psychiatrists	✓	✓	✓	✓
General Practitioners	✓	✓	✓	✓
Health Funds	✓	✓	✓	✓
Government	✓	✓	✓	✓



### 1.2.4 SPGPPS Working Groups

In 2004, the work of the SPGPPS was largely progressed through the Working Groups set out in Table 1.4 below.

**Table 1.4: Summary of SPGPPS Working Groups - Membership and Meetings 2004**

TITLE	REPRESENTATION		MEETINGS
<b>Innovative Models Working Group (IMWG)</b>	Mr Philip Taylor (Chair)	Secretariat	9 <sup>th</sup> IMWG 28 July 2004 10 <sup>th</sup> IMWG 10 November 2004
	Ms Sue Williams	Hospitals	
	Mr Bruce Houghton	Health Funds	
	Ms Janne McMahon	Consumers	
	Dr Bill Pring	AMA	
	Dr John Buchanan	RANZCP	
	Mr Peter Callanan/Ms Katherine Bates	DoHA	
	Mr David Morton	DVA	
	Mr Allen Morris-Yates	CDMS	
Ms Bronwen van der Wal (Secretary)	Secretariat		
<b>Information Strategy Working Group (ISWG)</b>	Dr Bill Pring (Chair)	AMA	2 <sup>nd</sup> ISWG 11 March 2004 3 <sup>rd</sup> ISWG 10 June 2004 4 <sup>th</sup> ISWG 9 September 2004 5 <sup>th</sup> ISWG 25 November 2004
	Ms Moira Munro	Hospitals	
	Mr Brian Osborne	Health Funds	
	Ms Janne MacMahon	Consumers	
	Ms Ruth Carson	Carers	
	Mr Chris Keegan	RANZCP	
	Dr Brian Kable	RACGP	
	Mr Peter Callanan/Ms Katherine Bates	DoHA	
	Mr Phillip Taylor (Secretary)	Secretariat	
<b>Substance Abuse and Dependency Working Group (SDWG)</b>	Mr David Morton (Chair)	DVA	2 <sup>nd</sup> SDWG 4 August 2004
	Ms Sue Williams	Hospitals	
	Mrs Judy Hardy	Health Funds	
	Dr Martin Nothling	AMA	
	Mr Allen Morris-Yates	CDMS	
	Mr Phillip Taylor (Secretary)	Secretariat	

#### ***The Innovative Models Working Group (IMWG)***

In 2003, the SPGPPS established the IMWG to encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals.

The IMWG developed the following set of *General Principles and Recommendations*, which were endorsed and adopted by the SPGPPS in June 2003.

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#### GENERAL PRINCIPLES

The term Innovation in these recommendations means, evidence-based services that are not yet available locally, not yet sufficiently utilised, or for which appropriate funding arrangements do not yet exist.

- A. The SPGPPS supports innovative services that are based on the following principles.
1. Implementation of the proposed service will result in the improvement, or at the very least maintenance, of the quality of patient care.
  2. Implementation of the proposed service will result in an increase, or at the very least maintenance, of the overall cost-effectiveness of service provision.
  3. The proposed model of service delivery is based on best available evidence and represents best practice.
  4. There is a clear commitment to the maintenance of quality and overall cost-effectiveness of service provision.
  5. Appropriate mechanisms are established for the ongoing evaluation of the quality and overall cost-effectiveness of the proposed service.
- B. The SPGPPS supports the substitution of overnight admitted patient care with less restrictive models of care, where those less restrictive models of care meet the principles specified under principle A above.

#### RECOMMENDATIONS

In accordance with the above Principles:

1. The SPGPPS recommends that initiatives to enhance co-ordination of care between general practitioners, psychiatrists and hospitals be identified and implemented.
  - In particular, the SPGPPS recommends the development and maintenance of easily accessible State-based referral directories of available specialist psychiatric services to facilitate access for general practitioners.
  - SPGPPS Representatives from the Australian Medical Association, (AMA), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Royal Australian College of General Practitioners (RACGP), private hospitals, private health insurance funds, and consumers and carers support the RANZCP proposal for a *General Practitioner Referred Case Consultation Report Commonwealth Medicare Benefits Schedule Item Number for Psychiatrists*.

The SPGPPS recommends that, private hospitals with psychiatric beds (Hospitals) and health funders jointly commit to a change process, involving the sharing of both risks and cost benefits, so that within twelve months, all Hospitals have been able to implement approved outreach services, based on the South Australian and Victorian Hospital in the Home (Outreach Trials) to deliver improved cost effective mental health care to consumers and their carers in the private sector. Psychiatrists are encouraged to support this change process through their local Medical Advisory Committees, the RANZCP and the AMA.

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At the request of the SPGPPS, the IMWG continued to progress these *General Principles and Recommendations* for the remainder of 2003 and in 2004. A summary of progress with these recommendations as at November 2004 is set out below.

#### State-based Referral Directories

The development of a referral directory is a concept that has been endorsed by the RANZCP General Council and is being progressed through RANZCP State Branches, RACGP, and the Australian Divisions of General Practice. This task requires the integration of the various databases and progress in 2004 was impeded by the limitations of the IT systems currently used by RANZCP and the Australian Divisions of General Practice. At the end of 2004, a web version was running in Victoria, albeit in a static form. It is envisaged that, eventually, the system will be dynamic, allowing those registered to modify their details. At completion, the State-based referral directories will comprise State databases and a central dynamic web version, which will run on the RACGP's website.

### Medicare Benefits Schedule (MBS) Items

The RANZCP and the AMA have been looking at MBS Item changes to enhance collaborative care between GPs and psychiatrists, as well as the issues of case conferencing and telepsychiatry.

These matters were discussed, along with MBS Item 319, at a meeting held with the Australian Government's Department of Health and Ageing (DOHA) in February 2004 at RANZCP Headquarters in Melbourne.

➤ ***Intensive Psychiatric Care (replacement for MBS Item 319)***

After almost two years of negotiations a compromise was reached at the February 2004 meeting regarding Item 319. It was subsequently proposed that a new MBS Item for *Intensive Psychiatric Care*, replace Item 319. The new Item would enable reimbursement after fifty consultations per year, at the level of MBS Items 300 to 308, based on a form of peer review to ensure such treatment is appropriate and necessary. After several months of consultation, however, a subsequent meeting between DOHA and the RANZCP decided that MBS Item 319 would not be modified in the November 2004 MBS. It was suggested, however, that the problems with Item 319 could possibly be addressed through the Medicare Plus arrangements.

➤ ***Telepsychiatry***

The MBS Items for telepsychiatry, which were introduced by the Australian Government on 1 November 2002, were being considered in an attempt to improve accessibility for people living in rural and remote areas of Australia to the services of a consultant psychiatrist.

➤ ***Case Conferencing***

The RANZCP has decided not to pursue changes to the Case Conferencing MBS Items (855 to 866) for the time being. These Items facilitate payment of MBS rebates for patients who agree to case conferencing involving a psychiatrist and at least two other formal care providers of different disciplines. The changes proposed in 2004 were intended to enable the engagement of a larger multidisciplinary team in a patient's treatment and care.

➤ ***New MBS Item Number Referred Assessment and Management Plan***

A new Item Number has been proposed for *Referred Assessment and Management Plan* to facilitate referred assessment and management plans for psychiatry. The new Item is intended to improve access to specialist psychiatric services and co-ordination and liaison between psychiatrists and primary care specialists. The proposal has received support from DOHA and the Health Insurance Commission (HIC).

In 2004, the consultation process on these Items was undertaken through the AMA Medicare Benefits Consultative Committee (MBCC), which included representatives from the AMA, RANZCP, HIC and DoHA. With the intervening 2004 Federal Election it was not possible to include the new Items in the MBS in 2004. It is anticipated they will be included in 2005.

### Outreach Services

In November 2003, an article on Outreach Services was included in *SPGPPS News* to further encourage the uptake of these services. Based on information provided by the DoHA Aged Interface Section of the Acute Care Division, readers were informed that, at the time, there were nineteen services approved, encompassing thirty hospitals, and over half of those were psychiatric services (10 of the 19). Seventeen psychiatric hospitals were providing acute care to admitted patients in their own home and a new

psychiatric outreach service had been approved to commence on 1 November 2003. *SPGPPS News* provided information on the Ministerial approval process for Outreach Services and referred readers to the guidelines and application forms that are available from the DoHA website.

In 2004, the IMWG continued to encourage the uptake of these services. Research undertaken by the IMWG Hospital representative, Ms Sue Williams, ascertained that the major remaining barriers to the uptake of Outreach Services for Hospitals, included:

- inability to achieve economies of scale, particularly at sites that have a geographically dispersed catchment area; and
- reluctance by some Health Funds to fund outreach services.

At the request of the IMWG, Mr Allen Morris-Yates also attempted to identify the provision of Outreach care within the data submitted to the CDMS by participating Hospitals. The difficulties involved, particularly in relation to the considerable variation that exists in the manner in which Hospitals record "Outreach Care", were referred to the SPGPPS Information Strategy Group (ISWG). At the end of 2004, the ISWG had determined that there does not appear to be any legislative or regulatory requirements that would prohibit the SPGPPS and the APHA recommending to Hospitals that they treat each "Outreach Care" visit as a Same-day admission. This option will require more data collection by Hospitals but has the very great advantage of enabling the explicit identification and full coding (in terms of diagnoses and procedures) of each visit so that the CDMS could capture this data.

#### **IMWG Terms of Reference and Stakeholder Presentations to the SPGPPS 2004**

In July 2004, the IMWG significantly broadened its Terms of Reference to enable the Working Group to focus on the merits, or otherwise, of different models of service delivery and to explore the barriers to their uptake in the private sector, rather than deliver a series of recommendations that need to be enforced.

To inform this work in 2004, SPGPPS stakeholders agreed to present their perspectives on innovative models of care to the SPGPPS. At the 36<sup>th</sup> SPGPPS Meeting held in March 2004, Health Funds provided their perspective on innovations in funding models for services in the private sector. This was followed in September 2004 by presentation of psychiatrist's perspectives, and consumers and their carers perspectives, at the 37<sup>th</sup> Meeting of the SPGPPS. Hospitals and the Department of Veteran's Affairs presented their perspectives in November 2004, at the 38<sup>th</sup> SPGPPS Meeting. In 2005, IMWG will focus on analysis of these stakeholders perspectives and determine a way forward.

#### ***The Information Strategy Working Group (ISWG)***

The SPGPPS established the ISWG to examine the development of an information strategy for the private sector aimed at improving the quality, availability and utilisation of information regarding private sector mental health services.

The ISWG could not commence work on this long-term goal until the new AMA Agreement came into effect on 1 January 2004. The ISWG, therefore, held its inaugural meeting via teleconference on 20 February 2004. Since that time the ISWG determined a set of General Work Goals for 2004-2006 that were subsequently endorsed by the SPGPPS. Table 1.5 sets out progress with these Goals as at 31 December 2004.

Table 1.5: Progress with General Work Goals 2004-2006 as at December 2004

ISWG GENERAL WORK GOALS 2004-2006	STATUS	COMMENTS
<p><b>Work Goal 1</b></p> <p>Re-development of the SPGPPS website to better promote the work of the SPGPPS, CDMS, and the National Network of Private Psychiatric Sector Consumers and Carers.</p>	<p>Completed 2004</p>	<p>The new SPGPPS website was launched in December 2004 after a substantial redevelopment. The new website has been clearly structured to provide the SPGPPS, CDMS, and National Network with their own unique sub-sites within the one domain. To coincide with the launch of the new website, the email addresses for the SPGPPS website and Secretariat Staff, located in Canberra, were changed to be consistent with the new domain name spgpps.com.au.</p>
<p><b>Work Goal 2</b></p> <p>Ensuring that the current integrity and security of the SGPPS National Model is maintained, as the various conceptual issues that underpin the Model change. These include:</p> <p>(a) changes to the Hospital Casemix Protocol (HCP);</p> <p>(b) changes to the clinician rated (HoNOS) and consumer rated (MHQ-14) outcome measures currently in use;</p> <p>(c) changes in how data is collected, for example, on Day Only Patients; and</p>	<p>Pending</p> <p>Pending 2005</p> <p>Pending 2005</p> <p>Ongoing</p>	<p>ISWG has shown that it is difficult to identify from current CDMS data "Outreach Care", because of the considerable variation that exists in the manner in which Hospitals record "Outreach Care". At the end of 2004, however, the ISWG had determined that there does not appear to be any legislative or regulatory requirements that would prohibit the SPGPPS and the APHA recommending to Hospitals that they treat each "Outreach Care" visit as a Same-day admission. This option will require more data collection by Hospitals but has the very great advantage of enabling the explicit identification and full coding (in terms of diagnoses and procedures) of each visit so that the CDMS could capture this data.</p> <p><b>HoNOS</b> It appears from the the Australian Mental Health Outcomes Casemix Network (AMHOCN), examination of the scoring of the five summary scores in the HoNOS that there is an alternative, more user friendly, method for deriving those scores. When appropriate, Mr Allen Morris-Yates will re-cast the scoring of the HoNOS for the HSMdb software and the CDMS Standard Quarterly Reports to accord with the alternative model of scoring. This will change the way the results of HoNOS appear in the CDMS Reports and a briefing for the APHA Psychiatric Sub-committee and the AHIA Mental Health Committee, will be prepared before implementing any alternative model. Mr Morris-Yates will use the ISWG as a wider reference group to review the proposed changes to the scoring of the HoNOS</p> <p><b>MHQ-14</b> In 2004, ISWG had noted the need for the revision of the MHQ-14 Scoring Algorithms, together with the Australian Bureau of Statistics undertaking to provide access to its Confidentialised Unit Record Files to enable this task to be completed. Work commenced on this in December 2004.</p> <p>Hospital and Australian Government representatives on ISWG to maintain a watching brief on this issue.</p>
<p>(d) the development of protocols for aggregate statistical analyses that, rather than being based on episodes of care as the subjects of analysis, are based on each (unidentified) patient's combined history of episodes of care within a specified reporting period as the subjects of analysis.</p>	<p>Pending 2005</p>	<p>In 2004, ISWG were briefed on the logic and the statistical issues involved. At the 4<sup>th</sup> ISWG Mr Morris-Yates presented analyses of Substance abuse and dependency comorbidity using a person-based rather than an episode based analysis model. To assist the ISWG in its review of this issue, Mr Morris-Yates will prepare a discussion paper in the second half of 2005.</p>
<p><b>Work Goal 3</b></p> <p>Review of the current CDMS Quarterly Reports for Hospitals and Health Funds and provision of advice on any necessary changes.</p>	<p>Pending 2005</p>	<p>In 2004, the ISWG considered the briefing paper titled, <i>Further development of the CDMS Reporting framework and associated data warehouse functions</i>, prepared by Mr Morris-Yates. The paper explained the issues involved with the further development of the CDMS reporting framework and its associated data warehouse functions, within the context of this work plan for 2005.</p>

ISWG GENERAL WORK GOALS 2004-2006	STATUS	COMMENTS
<p><b>Work Goal 4</b></p> <p>Development of a framework for training and implementation support groups at the local level to ensure the sustainability and integrity of the SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based Psychiatric Services (hereafter, National Model)</p>	Ongoing	There is evidence that this is already occurring and the ISWG decided its role will be one of encouraging the development of such local support groups. Current funding does not permit work being undertaken beyond that level.
<p><b>Work Goal 5</b></p> <p>Review of the existing Risk Management strategies for the National Model and the Centralised Data Management Service (CDMS).</p>	Completed 2004	The ISWG undertook this review in 2004, particularly in relation to possible exposure of the AMA to damages arising from the products and services provided by the SPGPPS's CDMS. While the investigation resulted in these concerns being addressed distribution of CDMS Standard Quarterly Reports (SQRs) was suspended for six months while the investigation took place. The SPGPPS also endorsed disclaimers for inclusion in statistical reports and, where appropriate, other material produced by the CDMS.
<p><b>Work Goal 6</b></p> <p>Development of new outcome measures of consumer and carer satisfaction, to address their perceptions of care, and their perceived needs.</p>	Pending 2005	At the end of 2004, and in consultation with the National Network and the APHA Psychiatric Sub-committee, Mr Morris-Yates was developing a draft proposal for a trial of the <i>NR/MHSIP Consumer Survey</i> in the private sector in 2005.
<p><b>Work Goal 7</b></p> <p>Improvement of the understanding of the CDMS and publication of its value, and research potential, widely through relevant journal articles, press releases, conference presentations and collaborative relationships with relevant academic organisations.</p>	Ongoing	ISWG has agreed that individual SPGPPS stakeholder organisations need to address this issue. Current funding does not permit Secretariat Staff to undertake this work. Stakeholders have an opportunity to report on any activity undertaken at each meeting of the ISWG.
<p><b>Work Goal 8</b></p> <p>Accurate assessment of the issue of psychiatric admissions to non-psychiatric private hospitals.</p>	Completed 2004	In 2004, the CDMS provided information to the SPGPPS that demonstrated that psychiatric admissions to non-psychiatric private hospitals is an issue that needs to be dealt with by individual stakeholders. However, ISWG has agreed to continue discussion with the Australian Government on this matter.

### ***The Substance Abuse and Dependency Working Group (SDWG)***

In 20 June 2003, the SPGPPS agreed that substance abuse and dependency was a major issue for private sector mental health services. This matter was referred to the SPGPPS Innovative Models Working Group (IMWG) for it to investigate and advise SPGPPS on the treatment and care of substance abuse and dependency, in respect of both alcohol and other drugs, in the private sector, particularly in relation to:

1. what models are being used in private hospitals for the treatment of substance abuse and dependency, including the extent to which the more complex needs of patients with dual diagnoses are being adequately addressed;
2. how the treatment of substance abuse and dependency is being funded; and
3. what is currently known about best practice in respect of the types of care required by patients with substance abuse or dependency problems.

IMWG advised that this would be a complex and potentially costly task. Additional specialist expertise in the area of the treatment of substance abuse and dependency would be required and the work would take at least 12-18 months to complete. In September 2003, the SPGPPS agreed that this work should proceed and the Substance Abuse and Dependency Working Group (SDWG) was established to advise on the development of a Project Brief that clearly set out:

- what questions are to be addressed by the project;
- what tasks need to be completed to answer those questions; and
- how the Project is to be funded.

SDWG first met on 24 November 2003 and decided that, given the complexities of the issues involved, several further meetings would be required to determine an appropriate way forward. In the interim, the following SDWG recommendations were adopted and endorsed by the SPGPPS in November 2003.

1. That the SPGPPS Substance Abuse and Dependency Working Group recommends its Chair approach Ms Fiona Shand, Project Officer for the development of the National Drug and Alcohol Research Centre's (NDARC) Guidelines for the Treatment of Alcohol Problems, to:
  - (a) obtain a copy of the schedule of the NDARC Guidelines Workshops;
  - (b) explore the feasibility of devoting a workshop to the private sector to coincide with the release of the NDARC Guidelines; and
  - (c) invite Ms Shand to attend and address the first meeting of the SPGPPS in 2004 on the NDARC Guidelines.
2. That the SPGPPS Substance Abuse and Dependency Working Group recommends the following steps be undertaken to better understand the current treatment and care of substance abuse and dependency, in respect of both alcohol and other drugs, in the private sector.
  - (a) Mr Allen Morris-Yates, in consultation with members of the SDWG, to construct a profile of current practice in the private sector in relation to treatment of alcohol and substance abuse using data from the SPGPPS Centralised Data Management Service, and other sources.
  - (b) Establishment of a strong linkage with the National Drug and Alcohol Research Centre in Sydney.
  - (c) Invite the RANZCP Section of Alcohol and Other Drugs to indicate what current activities in relation to substance abuse and dependency they are involved in and what activities they might be interested in undertaking through proactive partnerships with the SPGPPS, and other relevant organisations, particularly in relation to promoting best practice.

In accordance with these recommendations, the SPGPPS invited Ms Fiona Shand to attend and address the 36<sup>th</sup> SPGPPS Meeting in June 2004 on the NDARC Guidelines. The SPGPPS Secretariat also obtained and published the schedule of workshops for the NDARC Guidelines in the first edition of *SPGPPS News* for 2004. On 12 March 2004, the 35<sup>th</sup> Meeting and Planning Day of the SPGPPS agreed that SDWG should reconvene to review its membership and further progress its recommendations following Ms Shand's presentation to the 36<sup>th</sup> SPGPPS Meeting.

Following Ms Shand's presentation, SDWG met on 4 August 2004 via teleconference. SDWG subsequently reported to the 37<sup>th</sup> SPGPPS Meeting that it had largely completed the task of informing the private sector on treatment guidelines for alcohol. The SPGPPS acknowledged that while there were still some questions about what data might be available on drug and alcohol misuse in terms of the CDMS, those questions had now largely been answered by the analysis that Mr Morris-Yates, had presented to the 37<sup>th</sup> SPGPPS Meeting. At the end of 2004, the SPGPPS had agreed that promoting the screening for substance abuse and education on co-morbidity issues would be important in 2005.

### ***The Mental Health Privacy Coalition (MHPC)***

The main task undertaken by the MHPC in 2004 was the preparation of a submission to the Review of the Privacy Act 2004.

### **1.3 SPGPPS Newsletter**

Three Editions of the newsletter *SPGPPS News* were produced in 2004 and widely circulated in electronic format. Copies of the Newsletters were also posted on the SPGPPS website. The Newsletters included an editorial and articles on the following issues.

#### ***Issue 17, April 2004***

- SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003

- SPGPPS Planning Day 2004
- Privacy Kit for the Private Sector
- Substance Abuse and Dependency

#### *Issue 18 and 19 July 2004*

- Joint Benchmarking
- SPGPPS Information Strategy Working Group
- Alternative Models of Funding
- Towards Better Mental Health for the Veteran Community

#### *Issue 20, December 2004*

- SPGPPS Website Launch
- Further Development of the CDMS Reporting Framework
- Alternative Models of Care
  - The Hospital Perspective
  - The Prospective Payment Model

At the end of 2004 other publications, reports and submissions prepared by the SPGPPS included the following.

- History of SPGPPS
- SPGPPS Operating Guidelines (revised 2004)
- SPGPPS Strategic Plan 2000 – 2003
- SPGPPS Annual Progress Reports for 2001, 2002, and 2003
- Speaking a Common Language
- Towards a Common Electronic Language
- SPGPPS National Forum Proceedings 2001: Access to Psychiatric Services
- SPGPPS National Forum Proceedings 2002: Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services
- *General Principles and Recommendations* to encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals.
- Report to the Ministerial Task Force on Private Health Insurance
- SPGPPS submission to the Federal Privacy Commissioner on the Draft Health Privacy Guidelines
- SPGPPS submission on the National Practice Standards for the Mental Health Workforce
- SPGPPS submission on the National Privacy Code
- SPGPPS submission on the National Mental Health Plan 2003-2008
- Guidelines for Determining Benefits for Health Insurance Purposes For Private Patient Hospital-Based Mental Health Care
- MHPC Privacy Kit
- MHPC submission on the review of the Privacy Act 2004

#### **1.4 SPGPPS website ([www.spgpps.com.au](http://www.spgpps.com.au))**

In 2004 the SPGPPS improved its profile on the World Wide Web with the launch of a new website and domain all of its own. The SPGPPS, its CDMS and the National Network can now be found on the Internet at [www.spgpps.com.au](http://www.spgpps.com.au). The new website has been clearly structured to provide the SPGPPS, CDMS and National Network with their own unique sub-sites within the one domain.



The *SPGPPS* sub-site provides access to valuable information on this unique *Private Mental Health Alliance*, which is dedicated to improving the quality of the mental health services provided by the Australian private health care sector.

The *CDMS* sub-site provides a showcase for the *SPGPPS's National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services*. The majority of Australian private psychiatric hospitals have implemented the National Model for the purpose of obtaining information to support improvement in the quality, effectiveness and efficiency of the services they provide. The de-identified data submitted by these hospitals to the CDMS forms the basis for Standard Quarterly Reports that are prepared and distributed to participating hospitals and private health insurance funds. The CDMS sub-site provides a secure log-in for participating hospitals to access the latest versions of all operating manuals, training materials, and data collection protocols.

In the *National Network's* sub-site, the AMA, RANZCP, APHA, AHIA and beyondblue acknowledge and support the integral role played by privately insured consumers and their carers in the improvement of mental health services in the Australian private health care sector.

The *SPGPPS homepage* also provides direct links to all participating organisations. Other relevant organisations are encouraged to establish a link to *spgpps.com.au*.

### 1.5 SPGPPS Income and Expenditure as at 31 December 2004

The statement of SPGPPS Income and Expenditure for the period 1 January 2004 to 31 December 2004 is set out in Table 1.6 below.

**Table 1.6: SPGPPS Income and Expenditure from 1 January 2004 to 31 December 2004**

<b>Income (Stakeholder Contributions)</b>			
Australian Medical Association	\$47,800		
The Royal Australian and New Zealand College of Psychiatrists	\$49,977		
Australian Private Hospitals Association	\$48,889		
Australian Health Insurance Association	\$48,889		
Commonwealth Department of Health and Aged Care	\$48,889		
Transfer SPGPPS Balance from Year 2003	\$5,161		
<b>TOTAL</b>	<b>\$249,605</b>		
<b>Expenditure</b>			
	<b>Indicative Budget</b>	<b>Expenditure</b>	<b>Variance</b>
Staffing	\$157,705	\$144,925	\$12,780
Equipment and Other Infrastructure	\$10,000	\$7,490	\$2,510
General Recurrent Expenses	\$16,500	\$22,958	-\$6,458
Meetings of SPGPPS	\$22,476	\$21,679	\$797
Working Groups	\$10,162	\$13,114	-\$2,952
Annual Forum/Symposium	\$14,230		\$14,230
Other Meetings (AHMAC NMHWG)	\$5,990	\$7,074	-\$1,084
<i>Total before AMA Administration charge</i>	\$237,063	\$217,240	
AMA Administration Charge of 10%	\$23,706	\$23,706	
<b>TOTAL</b>	<b>\$260,769</b>	<b>\$240,946</b>	
<b>Funds Remaining</b>		<b>\$8,658</b>	

The above income and expenditure statement has been prepared on a cash basis.

Dr Yvonne White Chair SPGPPS and Dr Martin Nothling, Chair SPGPPS Finance Committee, confirm that all expenditure has been made in accordance with the Agreement terms and conditions.

At the end of 2004, there was a surplus of \$8,658 remaining in the SPGPPS Budgets for 2004. The SPGPPS subsequently agreed that the surplus be carried forward into the 2005 SPGPPS Income stream.

## PART 2 CDMS

### 2.1 Provision of Services by the CDMS

In 2004, the SPGPPS's CDMS continued to collect, process, analyse and report data submitted by Private Hospitals with Psychiatric Beds (Hospitals) and Private Health Insurance Funds (Health Funds) in accordance with the SPGPPS *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services* (hereafter National Model).

The normal distribution of CDMS Standard Quarterly Reports (SQRs), however, was interrupted for the first six months of 2004 while the investigation of possible exposure of the AMA to damages arising from the products and services provided by the SPGPPS's CDMS took place. The investigation confirmed that the CDMS data collection and reporting processes noted within National Model are covered by the current AMA Insurance arrangements. The following SPGPPS endorsed disclaimer was subsequently included in statistical reports and, where appropriate, other material produced by the CDMS.

"Disclaimer

The SPGPPS has made every effort to ensure that the information contained in this report is free from errors and omissions, and that all the data and information drawn upon to compile it have been provided in good faith. However, the SPGPPS does not warrant the accuracy of the report and does not warrant its suitability for use for any management or commercial purpose. The report is provided by way of information only to aid initiatives to improve the quality, effectiveness and efficiency of private sector hospital-based psychiatric services."

The suspension of report preparation and distribution made it impossible for the CDMS to meet its benchmark report distribution delay of less than 13 weeks following the end of each quarter. Table 1 below summarises progress with the distribution of Standard Quarterly Reports to Hospitals and Payers for 2004.

**Table 2.1: Distribution of Standard Quarterly Reports to Hospitals and Payers.**

	2003 Q3	2003 Q4	2004 Q1	2004 Q2	2004 Q3
Quarter end date	30/09	31/12	31/03	30/06	30/09
Number of Submissions	36	38	38	39	44
Hospitals having submitted data	94%	87%	67%	72%	66%
within 10 weeks of the Quarter end					
within 13 weeks	100%	87%	71%	79%	86%
later than 13 weeks	0%	13%	29%	21%	14%
Maximum time to submit (weeks)	10	40	29	18	21
Average time to submit (weeks)	7	9	10	8	9
Date CDMS had completed distribution of reports to Hospitals	12.12.2003	30.4.2004	15.10.2004	12.11.2004	28.02.2005
Date CDMS had completed distribution of reports to Payers	05.01.2004	11.10.2004	26.10.2004	18.11.2004	02.03.2005
Delay from end of Quarter to final distribution of all reports (weeks)	11/13	17/42	29/30	20/21	20/21

## 2.2 Provision of Support for Participating Hospitals

Throughout 2004 the CDMS continued to assist participating Hospitals in meeting their data collection and submission requirements under the SPGPPS's National Model, by assisting and supporting them in the provision of training for clinical staff and the implementation and use of the Hospitals Standardised Measures database application (HSMdb).

Table 2 identifies all known Private Hospitals with Psychiatric Beds. As at 31 December 2004, these consisted of 26 stand-alone private psychiatric hospitals and 16 general private hospitals with co-located psychiatric units, together accounting for approximately 1600 beds. Of the 42 hospitals identified in Table 2.2, two are not currently identified as participating Hospitals: Niola Private Hospital and The Wesley Private Hospital Townsville.

**Table 2.2: Private Hospitals with Psychiatric Beds as at 31 December 2004**

STANDALONE PSYCHIATRIC HOSPITALS	CO-LOCATED PSYCHIATRIC UNITS
The Adelaide Clinic; Gilberton, SA <sup>1</sup>	Albury Wodonga Private Hospital; West Albury, NSW <sup>1</sup>
The Albert Road Clinic; South Melbourne, VIC <sup>1</sup>	Beleura Private Hospital; Mornington, VIC <sup>1</sup>
Belmont Private Hospital; Carina, QLD <sup>1</sup>	Greenslopes Private Hospital; Greenslopes, QLD <sup>1</sup>
Delmont Private Hospital; Glen Iris, VIC <sup>1</sup>	Hyson Green at Calvary Private Hospital; Bruce, ACT <sup>1</sup>
Evesham Clinic; Cremorne, NSW <sup>1</sup>	Hollywood Private Hospital; Nedlands, WA <sup>1</sup>
Fullarton Private Hospital; Parkside, SA <sup>1</sup>	Joondalup Health Campus; Joondalup, WA <sup>1</sup>
The Geelong Clinic; St Albans Park, VIC <sup>1</sup>	Lingard Private Hospital; Merewether, NSW <sup>1</sup>
The Hobart Clinic; Rokeby, TAS <sup>1</sup>	Northpark Private Hospital; Bundoora, VIC <sup>1</sup>
Kahlyn Private Hospital; Magill, SA <sup>1</sup>	Pioneer Valley Private Hospital; North Mackay, QLD <sup>1</sup>
The Melbourne Clinic; Richmond, VIC <sup>1</sup>	St Andrews Private Hospital Ipswich; Ipswich, QLD <sup>1</sup>
New Farm Clinic; New Farm, QLD <sup>1</sup>	St Andrews Private Hospital Toowoomba; QLD <sup>1</sup>
Niola Private Hospital; Leederville, WA <sup>3</sup>	The Sunshine Coast Private Hospital; Buderim, QLD <sup>1</sup>
The Northside Clinic; Greenwich, NSW <sup>1</sup>	St Helens Private Hospital; Hobart, TAS <sup>1</sup>
Palm Beach Currumbin Clinic; Currumbin, QLD <sup>1</sup>	Sydney Southwest Private Hospital, Liverpool NSW <sup>2</sup>
Perth Clinic; West Perth, WA <sup>1</sup>	Vaucluse Hospital; Brunswick, VIC <sup>1</sup>
Pinelodge Clinic; Dandenong, VIC <sup>1</sup>	The Wesley Private Hospital Townsville; Townsville, QLD <sup>3</sup>
Pine Rivers Private Hospital; Strathpine, QLD <sup>1</sup>	
St John of God Hospital Burwood; Burwood, NSW <sup>1</sup>	
St John of God Hospital Richmond; Richmond, NSW <sup>1</sup>	
The Sydney Private Clinic; Bronte, NSW <sup>1</sup>	
South Pacific Private Hospital; Curl Curl, NSW <sup>1</sup>	
Toowong Private Hospital; Toowong, QLD	
The Victoria Clinic; Prahan, VIC <sup>1</sup>	
The Wentworth Private Clinic; Wentworthville, NSW <sup>1</sup>	
Wesley Private Hospital Ashfield; Ashfield, NSW <sup>1</sup>	
Wandene Private Hospital; Kogarah, NSW <sup>1</sup>	

### Notes:

1. Participating Hospital currently able to submit data to the CDMS.
2. Participating Hospital not yet able to submit data – awaiting formal training in the collection of standardised measures and the use of HSMdb.
3. Hospital is not currently subscribing to the SPGPPS and its CDMS.

## 2.3 Enrolment of New Hospitals

Hospitals that wish to participate in the SPGPPS's National Model and its CDMS must contribute to the *recurrent annual* costs associated with the operation of the SPGPPS and its Secretariat; the *recurrent annual* costs associated with the National Model and the operation of its CDMS. New hospitals are also required to contribute to the costs associated with the assistance provided by the CDMS to a Hospital in implementing the National Model. The AMA invoices the APHA to cover the costs incurred by the

SPGPPS Information Officer in providing training and support for the Hospital in its implementation of the National Model.

In 2004, three new Hospitals and services subscribed to the SPGPPS and its CDMS. They were:

- The Victoria Clinic, Prahan in Victoria.
- St John of God Psychology Services, Ballarat in Victoria\*
- St John of God Psychology Services, Freemantle in Western Australia\*

\*These two facilities are providers of psychological services in the private sector, not private hospitals.

## **2.4 Further Development of the CDMS Reporting Framework**

The basic template for the provision of Standard Quarterly Reports by the CDMS was specified in the May 2000 edition of the National Model. The content and format of the current reports provided to Hospitals and Payers are based on that template with some differences, related to the format of presentation rather than to the actual content of the reports.

### **2.4.1 Emerging limitations of the paper-based Standard Quarterly Report format**

Since late 2003, Hospitals and Payers have begun making greater use of the reports. In 2004, it became clear that two competing requirements were emerging.

Firstly, many users are finding the volume of data presented in the reports to be daunting. They indicated that they would prefer to see a brief, easily and quickly understood set of numeric and graphical presentations of key performance indicators. Secondly, an increasing number of more sophisticated users began asking for more detailed statistics presented against a wider range of comparison groups presented in a manner that allowed close analysis of temporal trends in sub-groups of patients defined on the basis of certain clinical and service utilisation criteria.

At present, these two requirements cannot be met using the same paper-based report format. The complexity and size of the current format approaches the limits of what an application such as MS Access can be expected to handle. One solution might be to look for an alternative report engine, however, it is clear that the complexity and size of the current paper-based report format is also approaching the limit of its usefulness. Simply increasing the sophistication and volume of content within the paper-based reports is not a viable medium-term option. An alternative development path needs to be identified.

### **2.4.2 New requirements**

During the last 18 months, through the process of preparation of Standard Quarterly Reports, consultation with SPGPPS and other working groups, and liaison with Hospitals and Payers, a number of new requirements and issues have emerged. These include the following.

- A requirement for the MHQ-14 scoring algorithms to be re-developed so as to enable a single total score as well as clinically relevant summary scores to be derived from the 14 items.
- The inclusion of a number of summary statistical indicators as the first section of the Standard Quarterly Reports. Each set of statistics are to be reported for both the

current Quarter and the current Twelve months. This change has been implemented for Hospital reports, but is yet to be implemented for Payer reports.

- The inclusion of additional comparison groups within Standard Quarterly Reports. For Hospitals, these include the aggregation of statistics across the Hospital's corporate group, benchmarking partners, regional peers and type of facility (stand-alone or co-located). For Payers, these include the aggregation of member data across Payer groups (for Australian Health Service Alliance and Australian Regional Health Group) within each Hospital, all Hospitals within each region and all Hospitals within Hospital corporate groups.
- The provision of reports in an electronic format that enables direct extraction of statistics. Such a facility would substantially enhance both Hospitals' and Payers' capacity to utilise the statistical data contained in the reports. However, for a number of reasons, it would be preferable to redevelop the report structure before proceeding with the development of electronic extracts.

### **2.4.3 Proposed new report generation model to be implemented in 2005**

In summary, whilst the current data warehouse is capable of reliably producing Standard Quarterly Reports that meet most of the requirements outlined in the May 2000 edition of the SPGPPS's National Model, it needs substantial revision if we are to move forward. That requirement must be met within the context of reduced human and financial resources. The solution proposed is to redevelop the output side of the CDMS data model so that the limitations and new requirements identified above can be more easily and quickly addressed.

To begin with, the CDMS report structure will be extended so that it includes all the attributes required to represent the major dimensions of aggregation – Accounting periods (Twelve month periods, quarters, months); Casemix and Service classes; Hospitals and Hospital groups; Payers and Payer groups. For convenience these will be referred to as strata.

Within that framework, the major sections of the SQR would then each be represented as a specific data table capable of being conceptualised as a multi-dimensional data cube. Combining the sections as a single table would be technically feasible but would be very difficult to conceptually and programmatically maintain due to the very large number of data elements it would contain.

The report generation programmes for Hospitals and Payers will be combined into a single programme that creates a set of tables that contain all possible strata. From these tables it will be possible to view any specified Hospital's or Payer's report for any required period for which submitted data was available without having to create a separate new set of statistical data tables. For each such report it will be possible to print it as a paper-based Standard Quarterly Report or extract it as an electronic database.

Distribution of the electronic database version will be undertaken in exact compliance with the Guidelines for Access to data and Information specified in Section 7 of the SPGPPS's National Model.

The principal benefits to be derived from the proposed changes are that:

- The maintenance and further development of the Standard Quarterly Reports will be simplified.
- The inclusion of additional comparison groups in both Hospital and Payer reports will be simplified.

- The modification of existing content or inclusion of new statistical content in the reports will be simplified.
- The provision to Hospitals and Payers of appropriately selected subsets of the aggregate statistical data as an electronic database will be made possible.

This approach also opens a range of new possibilities.

- Given the database version of the report, both Hospitals and Payers could, using basic MS Access query and reporting skills, generate their own graphical representations of the statistical information.
- Hard copy reports might then need only provide a summary view of the very much more detailed content available in the electronic tables. This would likely increase the utility of the paper-based reports for busy Hospital managers.
- In the longer term, such a set of database output format could form the basis for moving the reporting process from its current fixed paper-based format to a more flexible model based on a simple web-based interface that allowed users to query the aggregate statistical data. Ultimately, this kind of access to the data could be securely hosted in a protected section of the SPGPPS's website with access only being made available via User ID and password to authenticated users.

#### **2.4.4 Work Plan for 2005**

In 2004, a work plan was developed for 2005 encompassing the major tasks discussed above (redevelopment of the MHQ-14 scoring algorithms, the preparation and publication of a clinical reference manual, the redevelopment of the CDMS report generator and the development of a database output format).

#### **2.5 Reduction of the Information Officer's work hours from June 2004**

The agreed initial round of funding to implement the SPGPPS National Model and the CDMS, ended on 4 June 2004.

The services of Mr Morris-Yates, were retained by the AMA in order to support the continued operation and further development of the SPGPPS's CDMS, and also to support Hospitals in their implementation and utilisation of the National Model.

From June 4 2004, Mr Morris-Yates moved from five days full-time employment to a 21 hours per week part-time arrangement. This reduction in work hours has limited what can be realistically achieved in relation to the CDMS.

The SPGPPS has acknowledged that this decision may need to be revisited at some stage in the future, particularly given that the reduction in hours was decided in 2002 during a climate of cost cutting and perceived overspend in CDMS expenditure.

## 2.6 Income and Expenditure for CDMS as at 31 December 2003

The statement of Income and Expenditure for the period 1 January 2004 to 31 December 2004 for the CDMS is set out below.

**Table 2.3: CDMS Income and Expenditure for the period 1 January 2004 to 31 December 2004.**

<b>Income (Stakeholder Contributions)</b>			
Australian Private Hospitals Association	\$42,083		
Australian Health Insurance Association	\$42,083		
Commonwealth Department of Health and Ageing	\$42,083		
Remaining funds carried forward from previous year	\$77,459		
<b>TOTAL</b>	<b>\$203,708</b>		
<b>Expenditure</b>			
	<b>Indicative Budget</b>	<b>Expenditure</b>	<b>Variance</b>
Staffing	\$130,447	\$112,081	\$18,366
Equipment and Other Infrastructure	\$13,000	\$11,760	\$1,240
General Recurrent Expenses	\$17,500	\$13,781	\$3,719
Preparation of Reports and Related Materials	\$7,000	\$4,767	\$2,233
Stakeholder Support and Consultation	\$14,200	\$11,419	\$2,781
Workshops with Hospitals and Payers	\$19,450	\$0	\$19,450
<i>Total before AMA Administration charge</i>	\$201,597	\$153,808	
AMA Administration Charge of 10%	\$20,160	\$20,160	
<b>TOTAL</b>	<b>\$221,757</b>	<b>\$173,968</b>	
		\$29,740	
<i>Funds Remaining (excluding Year 2 overspend)</i>		\$24,943	
<i>Quarantined overspend from CDMS Year 2</i>			
<b>TOTAL Funds Remaining</b>		<b>\$4,797</b>	

The above income and expenditure statement has been prepared on a cash basis.

Dr Yvonne White Chair SPGPPS and Dr Martin Nothling, Chair SPGPPS Finance Committee, confirm that all expenditure has been made in accordance with the *AMA Agreement for Services 2004-2006* terms and conditions.

### 2.6.1 CDMS Overspend 2002-2003

Since late 2003, the SPGPPS Finance Committee, in consultation with the AMA, has been managing an overspend of \$24,943 from the Year 2 CDMS budget (June 2002 to May 2003), originally associated with significant unforeseen expenditure related to support, consultation, and infrastructure, together with accrued annual leave entitlements for leave not taken by Mr Morris-Yates during that period. In accordance with the recommendations of the SPGPPS Finance Committee, this overspend was quarantined by the AMA on 31 December 2003, with the intention being to review the problem once Mr Morris-Yates had taken all leave owing to him. In 2004, the over spend was greatly reduced through a reduction in expenditure on workshops for Hospitals and Payers, and by Mr Morris-Yates having taken his accumulated annual leave. The combined effect of these savings resulted in a surplus of \$29,740 in the CDMS Budget at the end of 2004.

Subsequently the SPGPPS agreed that that surplus of \$29,740 should be used to cover the previously quarantined overspend. The remaining \$4,797 has been carried forward into the 2005 CDMS Income stream.

### PART 3: NATIONAL NETWORK

The AMA, RANZCP, APHA, AHIA and beyondblue are supporting the activities of the National Network of Private Psychiatric Sector Consumers and Carers through the services provided by the Secretariat of the SPGPPS. This enabled the National Network to continue to work towards achieving its objectives in 2004. At the end of 2004 the National Network was constituted as follows.

- |                            |  |
|----------------------------|--|
| 1. Ms Janne McMahon        | Chair and SPGPPS Consumer Representative               |
| 2. Ms Ruth Carson          | SPGPPS Carer Representative                            |
| 3. Ms Julie Hutson         | Queensland   |
| 4. Ms Alvina Hill          | New South Wales  |
| 5. Mr Wayne Chamley        | Victoria   |
| 6. Mr Trevor Bester        | Tasmania   |
| 7. Ms Nadia Docrat         | Australian Capital Territory (replacing Ms Kim Werner) |
| 8. Ms Marjorie Smith       | South Australia  |
| 9. Mr Patrick Hardwick     | Western Australia                                      |
| 10. Ms Ingrid Ozols        | Beyondblue Ltd /Blue Voices                            |
| 11. Ms Bronwen van der Wal | Secretary  |
| 12. Mr Phillip Taylor      | SPGPPS Executive Officer                               |

#### 3.1 Meetings of the National Network in 2004

The National Network held 5 meetings in 2004 as set out in Table 3.1.

**Table 3.1: National Network Meetings 2004**

Meeting	Date	Venue	Location
5 <sup>th</sup> Meeting	17 February 2004	Teleconference	
6 <sup>th</sup> Meeting	19 – 20 April 2004	RANZCP Headquarters	Melbourne
7 <sup>th</sup> Meeting	6 July 2004	Teleconference	
8 <sup>th</sup> Meeting	23 – 24 August 2004	RANZCP Headquarters	Melbourne
9 <sup>th</sup> Meeting	16 November 2004	Teleconference	

#### 3.2 Invited Guests and Speakers

*Mr Allen Morris-Yates* attended and addressed the 6<sup>th</sup> National Network Meeting held on 19-20 April 2004. Mr Morris-Yates together with *Dr Bill Pring*, AMA representative on the National Networks Expert Advisory Panel, gave a presentation on the structure and function of the SPGPPS Centralised Data Management Service (CDMS).

*Ms Susan Mitchell* of AUSIENET also addressed the 6<sup>th</sup> Meeting on the work of the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (AUSIENET).

*Mr Allen White*, the newly appointed RANZCP Consumer Relations and Complaints Officer, addressed the 6<sup>th</sup> National Network to give an overview of the RANZCP Complaints Handling Mechanism.

*Mr Harry Lovelock*, RANZCP Policy Officer, attended part of the 6<sup>th</sup> Meeting of the National Network as an Observer.



### 3.3 Attendance at Meetings

Table 3.2 below sets out the record of attendance for National Network Members and Observers at meetings of the Network in 2004.

**Table 3.2: Record of Attendance at National Network Meeting for 2004**

STATE/TERRITORY	REPRESENTATIVE	5th Meeting	6th Meeting	7th Meeting	8th Meeting	9th Meeting
Independent Chair	Ms Janne McMahon	√	√	√	√	√
Australian Capital Territory	Ms Kim Werner	Apology	√	√		
	Ms Nadia Docrat				√	√
Beyondblue/Blue Voices	Ms Ingrid Ozols	Apology	√	Apology	√	Apology
New South Wales	Ms Alvina Hill	√	√	√	√	√
Queensland	Ms Julie Hutson	√	√	√	√	√
South Australia	Ms Marjorie Smith	√	√	√	√	√
SPGPPS Carer	Mrs Ruth Carson	√	Apology	√	Apology	Apology
Tasmania	Mr Trevor Bester	√	√	√	√	√
Victoria	Mr Wayne Chamley	√	√	√	√	Apology
Western Australia	Mr Patrick Hardwick	√	√	√	Apology	√

### 3.4 National Network meeting Agenda Items

Table 3.3 below provides an indication of the range of issues the National Network dealt with in 2004.

**Table 3.3: National Network Meeting Agenda Items for 2004**

AGENDA ITEMS	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>
<b>1. PROCEDURAL MATTERS</b>					
Opening/Welcome/Apologies/Alternates/Guests	√	√	√	√	√
Adoption of the Report of the last National Network Meeting	√	√	√	√	√
Progress Report and Out of Session Decisions	√	√	√	√	√
<b>2. DISCUSSION ITEMS</b>					
SPGPPS Centralised Data Management Service (CDMS)		√			
National Network Strategic Plan 2004 – 2006 Development		√		√	√
Expert Advisory Panel	√	√	√		
AUSIENET: Promotion/Prevention/Early Intervention		√			
Hospitals' Complaints Handling Mechanism				√	
Promotional Brochure	√		√		
RANZCP Complaints Handling Mechanism	√	√	√	√	
Consumer & Carer Participation in Health Professionals' Training	√	√	√	√	
Small States Teleconference	√				
Outreach Services			√		
Consumer Perceptions of Care Measure			√	√	√
ACHS Consumer Surveyors	√	√			
Pharmaceutical Benefits Scheme and the Free Trade Agreement	√			√	

AGENDA ITEMS	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>
Presentation to the 37 <sup>th</sup> Meeting of the SPGPPS			✓	✓	
AHIA Mental Health Committee Report					✓
APHA Psychiatric Sub-committee Report				✓	✓
SPGPPS Name Change				✓	
Presentation to AHMAC NMHWG Workforce Forum					✓
<b>3. STANDING ITEMS</b>					
National Network State Committee Reports	✓	✓		✓	
National Consumer and Carer Forum (NCCF) Report		✓	✓	✓	
Mental Health Council of Australia (MHCA) Report		✓		✓	
Beyondblue/Blue Voices Report		✓		✓	

Table 3.4: State-based Committee Meetings 2004

Meeting	Date	Venue
Tasmania	12 February 2004 8 July 2004	Hobart Clinic
Western Australia	14 January 2004 May 2004	Perth Clinic
New South Wales	25 February 2004 19 May 2004 1 September, 2004	South Pacific Private Hospital Wesley Private Hospital Sydney Private Clinic
Queensland	9 June 2004	New Farm Clinic
South Australia	19 May 2004 2 September 2004	Adelaide Clinic
Victoria	March 2004	Delmont Private Hospital
Australian Capital Territory	3 July 2004 27 September 2004	Calvary Private Hospital Mental Health Consumer Network

Table 3.5: National Network Representation at Other Meetings

MEETING	DATE	REPRESENTATIVE(S)
1. APHA Psychiatric Sub-committee	27 July 2004 16 September, 2004 7 December, 2004	Ms Janne McMahon
2. National Consumer and Carer Forum	<i>Face-to-face</i> 29 January 2004 1 October 2004 <i>Teleconference</i> 8 June 2004 17 November 2004	Ms Ruth Carson
3. Mental Health Council of Australia AGM	<i>Face-to face</i> 17-18 June 2004 22 November, 2004 <i>Teleconference:</i> 17 March 2004 15 September 2004:	Mr Wayne Chamley
4. AHIA Mental Health Committee	28 September, 2004	Ms Janne McMahon

### 3.5 National Network Newsletters 2004

The National Network distributed two newsletters in 2004, which contained the following articles.

#### *Volume 1, April 2004*

1. Terms of Reference and Vision Statement
2. Membership drive
3. Links with Professional bodies

#### *Volume 2, December 2004*

1. Membership Drive
2. Strategic Plan 2004-2006
3. Presentation *What services consumers and carers would like to receive from hospital based services*
4. Clinical Practice Guidelines
5. Clinical Practice Guidelines, and your rights when you consult a psychiatrist
6. Political Parties and HREOC
7. Carers Australia - Taking care of yourself

### 3.6 Activities 2004

#### 3.6.1 Expert Advisory Panel

Given the complexities of private sector mental health services, it was proposed that an Expert Advisory Panel (EAP) be established as an intellectual resource for the National Network.

The EAP is comprised of an expert representative from each of the stakeholders involved in the funding and delivery of private sector mental health services. The National Network does not consult with the EAP as a whole, but refers to the individuals who make up the Panel on any complex issue specific to their area of expertise.

Individual members of the Panel act as advisors to, or are advised by, the National Network and also act as a conduit between their respective stakeholder constituency and the National Network. This is considered an innovative approach to consumer and carer organisations in Australia. At the end of 2004, the EAP was constituted as follows.

- |                       |                                  |
|-----------------------|----------------------------------|
| 1. Dr Jo Lammersma    | RANZCP                           |
| 2. Dr Bill Pring      | AMA                              |
| 3. Dr Chris McAuliffe | ADGP                             |
| 4. Ms Moira Munro     | APHA                             |
| 5. Mr Brian Osborne   | AHIA                             |
| 6. Mr David Stokes    | Australian Psychological Society |

#### 3.6.2 State and Australian Capital Territory Committees

The State and Australian Capital Territory-based Committees of the National Network are now well established. The Committees continue to grow as more Hospitals with psychiatric beds are forming Consumer and Carer Advisory Committees. A consumer or carer representative from individual Hospitals constitutes these Committees. The Committee Co-ordinators report their activities at meetings of the National Network.

### **3.6.3 Support for Smaller States**

Recognising that South Australia, Western Australia and Tasmania have fewer private psychiatric facilities and therefore a narrower base of support, it was agreed that teleconferences for these States be held during the year. The teleconference provides an opportunity for consumers and carers to support each other and share information to facilitate their advocacy activities. Two teleconferences were held in 2004.

### **3.6.4 Promotional Brochure**

The National Network developed a promotional brochure *Driving Change* to promulgate the role of the National Network and to develop a database of consumers, carers and other parties interested in being kept informed of the activities of the National Network, (Friends of the National Network). With the generous donation of \$2,000 from a private psychiatric hospital it was possible to print 35,000 copies of the Brochure for distribution to Hospitals and interested consumer and carer organizations in 2004. RANZCP distributed the brochures, at no cost, as an onsert in the College publication *Australasian Psychiatry*. Throughout 2004, the Secretariat received regular requests for brochures from a range of organizations. As at 31 December 2004, the membership of the National Network numbered just over 200.

### **3.6.5 Funding Applications**

The budget for the National Network is primarily focused on two face-to-face meetings per year. During September, 2004 the National Network was invited by Auseinet to make applications to their small grants program for the funding of projects dealing with promotion, prevention, early intervention and support for consumer and carer organizations. Two applications were submitted. One was a request for funding the printing of a manuscript written by the NSW State-Coordinator, Ms. Alvina Hill promoting mental health issues, with a focus on early intervention and recovery. The second request was to promote the National Network through the distribution of the promotional brochure to 1,000 practice addresses of private psychiatrists in Australia. Unfortunately the applications were unsuccessful.

### **3.6.6 Submission to the AHIA Mental Health Committee**

Following the presentation to the AHIA Mental Health Committee (MHC) on the 28 September 2004 of *What models of Care Consumers and Carers would like to receive from Hospital based services*, the National Network accepted an invitation to provide a submission to the MHC, prioritising the top four models of care that the MHC could take forward.

### **3.6.7 SPGPPS Planning Day, 12 March 2004**

The National Network discussed the key areas and priorities they felt were important as a focus for the work of the SPGPPS through 2004. These priority areas for consumers and carers were presented at the SPGPPS Planning Day, held on 12 March 2004

### **3.6.8 National Network Representation on Other Organisations**

#### ***Mental Health Council of Australia***

In October 2003, Mr Wayne Chamley was elected as the National Network's representative replacing Ms Janne McMahon on the board of the *Mental Health Council of Australia* (MHCA). Mr Chamley attended 2 meetings of the MHCA in 2004 and 2 teleconferences.

### ***National Consumer and Carer Forum***

The *National Consumer and Carer Forum* (NCCF) comprises a consumer and carer representative from each state and territory, ARAFMI, Carers Australia, the Australian Mental Health Consumers Network, Grow, Consumers Health Forum and Beyondblue. This Forum sits under the auspices of the MHCA who have been commissioned by the Australian Health Ministers Advisory Council's, National Mental Health Working Group to provide the infrastructure and support for consumer and carer issues to be raised nationally. These issues are then progressed through the MHCA. Given the Network's restricted budget in 2003, it was originally decided not to seek representation on the NCCF. This position was reversed by the decision of the co-chairs of the NCCF to allow National Network representation at no cost, in line with the non-financial status of other organisations represented on the NCCF.

### ***Australian Private Hospitals Association (APHA) Psychiatric Sub-committee***

In 2004, the Chair of the National Network was appointed as a permanent representative with observer status on the APHA Psychiatric Sub-committee. The Chair attended three of the Sub-committee meetings during the period July to December 2004.

### ***Australian Health Insurance Association (AHIA) Mental Health Committee***

The Chair attended the September 2004 meeting of the AHIA Mental Health Committee and provided a presentation titled *What Models of Care Consumers and Carers would like to receive from Hospital-based Services*.

## **3.6.9 Complaints Handling Mechanisms**

The RANZCP Complaints Handling Project consultation paper was distributed to all Network Members, together with a draft pamphlet on how to make a complaint. The National Network together with the Australian Mental Health Consumers Network (AMHCN) and Carers Australia are the nominated organisations available to support consumers or their families through the difficult complaints period.

The National Network conducted a small survey of consumer awareness of complaints handling processes in private hospitals with psychiatric beds. The results of the survey were presented to the APHA Psychiatric Sub-committee.

## **3.6.10 Consumer and Carer Participation in Health Professional' s Training**

In 2004, a submission on consumer and carer participation in health professional's training was sent to Mr Bob Wells, First Assistant Secretary of the Department of Health and Ageing. Mr Wells agreed that one avenue for addressing this issue would be to engage mental health consumers and carers as active facilitators and participants in training programs for health professionals. Mr Wells indicated that he would raise this matter during the course of regular consultations with the relevant University Deans' committees. Following advice from Dr Jo Lammersma, Ms McMahon has been in contact with Michael Searle of the Office of the Solicitor General regarding a program he is closely associated with titled FAME (Families as Medical Educators). It is felt that further exploration of this program could be adopted for the mental health sector. The National Network will be following up this issue in 2005.

## **3.6.11 Australian Council on Health Care Standards**

At a meeting with the Chief Executive Officer of the Australian Council on Healthcare Standards (ACHS) on 17 November, 2003 the National Network was identified as the key body for recruiting consumer surveyors from the private sector for training as consumer surveyors by the ACHS. Ms Alvina Hill, Mr Wayne Chamley and the Chair

of the Wesley Private Consumer and Carer Advisory Committee in NSW, Mr. Eddie Mirck were trained by the ACHS in May 2004. The National Network will continue to work in consultation with the APHA psychiatric sub-committee to identify suitable consumer surveyors with experience of private psychiatric hospital experience.

### **3.6.12 Portability between Health Funds**

The National Network, along with a number of other organisations, made representations to the Health Minister concerning the issue of portability restrictions between Health Funds. Subsequently, the Health Minister agreed to review the decisions allowing some Health Funds to limit portability.

### **3.6.13 National Network Advocacy on Mental Health Issues**

Before the 2004 Federal election, the National Network took the opportunity to raise a range of mental health issues of concern to consumers and carers of private sector mental health services with the major political parties. A submission was also made to the Human Rights and Equal Opportunity Commissioner. Those issues included the following.

- The private health rebate.
- The integrity of private health insurance.
- Co-payments.
- Capping of services.
- Carers support or education.
- Deregulation of the private health industry.
- Pharmaceutical Benefits Schedule (PBS).
- Availability of new atypical anti-psychotic medications.
- Cost of private health insurance.

### **3.6.14 National Network Submissions in 2004**

A summary of the submissions made by the National Network in 2004 is as follows.

- 1 Health Minister, the Hon Tony Abbott, MP concerning the issue of portability restrictions between health funds.
- 2 Major Political Parties concerning the issues relevant to consumers and carers of private psychiatric services.
- 3 Human Rights and Equal Opportunity Commissioner concerning issues relevant to the receipt of treatment and care in private sector settings.
- 4 AHIA Mental Health Committee highlighting the four models of care thought to be priorities in the delivery of services to consumers and carers from Hospital-based settings.

### **3.6.15 National Network Strategic Plan 2004-2006**

The ACT Co-ordinator, Ms Kim Werner facilitated the workshop for the development of the Strategic Plan 2004-2006, held on 23 August 2004. Copies of the Strategic Plan were distributed to Members and Observers of the SPGPPS and funding bodies of the National Network.

#### 4. Income and Expenditure for the National Network as at 31 December 2004

The statement of Income and Expenditure for the period 1 January 2004 to 31 December 2004 for the National Network is set out in Table 3.6 below.

**Table 3.6: National Network Income and Expenditure from 1 January 2004 to 31 December 2004**

<b>Income (Stakeholder Contributions)</b>			
Australian Medical Association	\$3,344		
The Royal Australian and New Zealand College of Psychiatrists	\$3,344		
Australian Private Hospitals Association	\$8,000		
Australian Health Insurance Association	\$8,000		
beyondblue	\$3,344		
Transfer National Network Balance from Year 2003	\$9,807		
<b>TOTAL</b>	<b>\$35,839</b>		
<b>Expenditure</b>			
	<b>Indicative Budget</b>	<b>Expenditure</b>	<b>Variance</b>
Staffing	\$5,000	\$3,150	\$1,850
General Recurrent Expenses (courtesy SPGPPS)	\$0		
Meetings and Other Activity	\$30,900	\$32,476	-\$1,576
<b>TOTAL</b>	<b>\$35,900</b>	<b>\$35,626</b>	
<b>Funds Remaining</b>		<b>\$213</b>	

The above income and expenditure statement has been prepared on a cash basis.

Dr Yvonne White Chair SPGPPS and Dr Martin Nothling, Chair SPGPPS Finance Committee, confirm that all expenditure has been made in accordance with the *AMA Agreement for Services 2004-2006* terms and conditions.

At the end of 2004, there was a surplus of \$213 remaining from the National Network Budget for 2004. The National Network Chair agreed that the surplus be carried forward into the 2005 National Network Income stream.

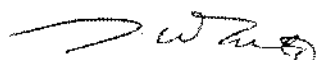
This Progress Report has been prepared by the staff of the SPGPPS Secretariat.

Mr Phillip Taylor  
Executive Officer  
SPGPPS

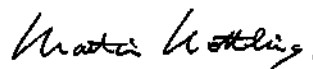
Mr Allen Morris-Yates  
Principal Information Officer  
SPGPPS

Ms Bronwen van der Wal  
Administrative Officer  
SPGPPS

This Progress Report was unanimously endorsed at the 39<sup>th</sup> SPGPPS Meeting held on 18 March 2005 in Adelaide.



Dr Yvonne White  
Chair  
SPGPPS



Dr Martin Nothling  
Chair  
SPGPPS Finance Committee

## **Auditor's report to the stakeholders of the Strategic Planning Group for Private Psychiatric Services (SPGPPS)**

### ***Scope***

We have audited the financial information of the SPGPPS as set out on page 15 of the SPGPPS Annual Progress Report for the year 1 January 2004 to 31 December 2004. SPGPPS is responsible for the preparation and presentation of the financial information. The SPGPPS has determined that the accounting policies used in the financial information are appropriate to meet the requirements under the AMA Agreement for Services (the Agreement). We have conducted an independent audit of the financial information in order to express an opinion on it to the SPGPPS.

The financial information has been prepared by the SPGPPS for the purposes of fulfilling their annual reporting obligations under the Agreement. We disclaim any assumption of responsibility for any reliance on this report or on the financial information to which it relates to any person other than those mentioned above, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standard 802 "The Audit Report on Financial Information Other than a General Purpose Financial Report" to provide reasonable assurance as to whether the financial information is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the financial information. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial information presents fairly that the monies received were expended in a manner which is consistent with our understanding of the functions of the SPGPPS and in accordance with relevant accounting concepts and applicable Australian Accounting Standards.

The audit opinion expressed in this report has been formed on the above basis.

### ***Audit opinion***

In our opinion, the financial information presented on page 15 of the SPGPPS Annual Progress Report presents fairly that the amounts shown in the financial information have been expended in a manner consistent with our understanding of the functions of the SPGPPS and applicable Australian Accounting Standards.



KPMG

Place: Canberra, ACT

Date: 14<sup>th</sup> April 2005





## **Auditor's report to the stakeholders of Strategic Planning Group for Private Psychiatric Services (SPGPPS)**

### ***Scope***

We have audited the financial information of the SPGPPS Centralised Data Management Service (CDMS) as set out on page 21 of the SPGPPS Annual Progress Report for the year 1 January 2004 to 31 December 2004. The SPGPPS is responsible for the preparation and presentation of the financial information. The SPGPPS has determined that the accounting policies used in the financial information are appropriate to meet the requirements under the AMA Agreement for Services (the Agreement). We have conducted an independent audit of the financial information in order to express an opinion on it to the SPGPPS.

The financial information has been prepared by the SPGPPS for the purposes of fulfilling their annual reporting obligations under the Agreement. We disclaim any assumption of responsibility for any reliance on this report or on the financial information to which it relates to any person other than those mentioned above, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standard 802 "The Audit Report on Financial Information Other than a General Purpose Financial Report" to provide reasonable assurance as to whether the financial information is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the financial information. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial information presents fairly that the monies received were expended in a manner which is consistent with our understanding of the functions of the SPGPPS CDMS and in accordance with relevant accounting concepts and applicable Australian Accounting Standards.

The audit opinion expressed in this report has been formed on the above basis.

### ***Audit opinion***

In our opinion, the financial information of the SPGPPS Centralised Data Management Service presented on page 21 of the SPGPPS Annual Progress Report presents fairly that the amounts shown in the financial information have been expended in a manner consistent with our understanding of the functions of the SPGPPS CDMS and applicable Australian Accounting Standards.



KPMG

Place: Canberra, ACT

Date: 14<sup>th</sup> April 2005

## **Auditor's report to the stakeholders of Strategic Planning Group for Private Psychiatric Services (SPGPPS)**

### ***Scope***

We have audited the financial information of the SPGPPS National Network as set out on page 29 of the SPGPPS Annual Progress Report for the year 1 January 2004 to 31 December 2004. SPGPPS is responsible for the preparation and presentation of the financial information. The SPGPPS has determined that the accounting policies used in the financial information are appropriate to meet the requirements under the AMA Agreement for Services (the Agreement). We have conducted an independent audit of the financial information in order to express an opinion on it to the SPGPPS.

The financial information has been prepared by the SPGPPS for the purposes of fulfilling their annual reporting obligations under the Agreement. We disclaim any assumption of responsibility for any reliance on this report or on the financial information to which it relates to any person other than those mentioned above, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standard 802 "The Audit Report on Financial Information Other than a General Purpose Financial Report" to provide reasonable assurance as to whether the financial information is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the financial information. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial information presents fairly that the monies received were expended in a manner which is consistent with our understanding of the functions of the SPGPPS National Network of Private Psychiatric Sector Consumers and Carers Project and in accordance with relevant accounting concepts and applicable Australian Accounting Standards.

The audit opinion expressed in this report has been formed on the above basis.

### ***Audit opinion***

In our opinion, the financial information presented on page 29 of the SPGPPS Annual Progress Report presents fairly that the amounts shown in the financial information have been expended in a manner consistent with our understanding of the functions of the SPGPPS National Network of Private Psychiatric Sector Consumers and Carers Project and applicable Australian Accounting Standards.



KPMG

Place: Canberra, ACT

Date: 14<sup>th</sup> April 2005

