

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-027

OUTCOME 13: Acute Care

Topic: FUNDING ANNOUNCED FOR LEAD CLINICIANS GROUPS

Written Question on Notice

Senator Siewert asked:

In May 2010, funding of \$56 million was announced for the formation of Lead Clinician Groups at local and national levels. Can the Department advise:

- a) What are the functions of Lead Clinician Groups? How do these differ from other clinical engagement structures, including those already in place and those associated with Local Hospital Networks and Medicare Locals?
- b) Will the first Lead Clinician Groups, including the National Lead Clinician Group, be in place as announced by 1 July 2011? If so, when will applications be open for membership of these groups, and when will the membership be announced?
- c) Will the membership of the groups be open only to 'clinicians', or will there be consumer membership?
- d) How has 'clinician' been defined in this context?
- e) What evaluation mechanisms will be put in place, and what outcomes will be measured?

Answer:

- a) Lead Clinicians Groups (LCGs) will enhance the engagement of clinicians in the reform of the Australian health system, at both national and local levels. Better opportunities for the engagement of clinicians will help improve communication between health care managers and their clinical colleagues, deliver better coordination of patient care between hospitals and primary care settings, and promote collaboration across health sectors to improve service delivery.

It is proposed that the National LCG will advise the Minister for Health and Ageing on nationally relevant priorities and strategies to improve patient care, promote evidence based clinical practices and assist with the prioritisation and implementation of clinical standards and guidelines.

At the local level, it is expected that LCGs will advocate for and advise on local implementation of guidelines and standards. It is proposed that they will consider and provide advice to Local Hospital Networks (LHNs) and Medicare Locals (MLs) on matters such as integration of patient-centered care pathways across local healthcare sectors to best meet the needs of the local community.

It is anticipated that existing local clinical advisory structures may be used as a starting point for the formation of Local LCGs where they meet the minimum Commonwealth requirements. In most cases a broader scope of disciplines would be required, including nominees from Medicare Local boards, as well as a range of primary and community care personnel, such as nurses, allied health professionals and consumers.

Local LCGs are not intended to displace or duplicate any clinical consultative bodies within LHNs or MLs. In fact, it is intended that the skills and experience of clinicians who currently participate in existing clinical advisory structures will provide a strong base for the Local LCG.

- b) Calls for Expressions of Interest (EOIs) for membership of the National LCG were first advertised on 11 June 2011 and were open until 9 July 2011. A highly competitive process resulted in over 330 EOIs, and following a robust assessment process, final membership was announced on 29 September 2011. Arrangements for local Lead Clinicians Groups are also currently being finalised. The Commonwealth will work closely with the States and Territories to implement local groups.
- c) It is proposed that Local LCGs be required to have consumer representation in order to be eligible for funding. Consumers will also be represented on the National LCG.
- d) The term 'clinician', in this context, is taken to include any individual who provides diagnosis or treatment, as a professional medical practitioner, nurse, allied health practitioner or other health practitioner.
- e) It is anticipated that the design, governance and functionality of the National and Local LCGs will be assessed on an ongoing basis over three years, with the results of the review to feed back into improvements in clinical engagement at the national and local levels. It is proposed that compliance with funding requirements will be evaluated annually.