

Regional Clinical Services Plan

A positive pathway for
change

August 2008



REGIONAL
CLINICAL SERVICES PLAN

Ron Paterson on collaboration (Health and Disability Commissioner)

It is the only practical way to respond to the challenges of workforce and training, limited financial resources, safety and quality improvement and demography faced by the health sector. There is a crucial need for a regional and national service planning and good leadership (Paterson, 2008).

Our Vision for the Future: 'Connected Communities'



The year is **2020**. One in every five people living in the lower North Island is 65 years old or older. In some areas, such as the Wairarapa, Levin and Wanganui, the percentage of **elderly** is as high as one quarter of all residents with a considerable number being in the 85+ age group.

Amazing **technological advances** that have characterised the first two decades of the 21st century have not only extended our life expectancy, but have also radically changed the way we live and interact with the health system...

A great deal of health care is provided **in people's homes**, and a sophisticated online system fronted virtually by a familiar face and running across the 2nd generation Internet network, is the first point of contact and health advice. Citizens are able to realise a true sense of ownership in **managing their own health**, and really feel like members of a community health team. They can readily plan and receive care when they need it, as close to home as possible. They can **communicate** with their health professionals by email, webcam or in person – whatever suits.



For at-risk parts of the community, such as elderly and chronically ill, there is telediagnosis, biosensing to home and **telemedicine** kiosks, supported by rapid response teams.



Most health care is provided in the local, **integrated** 'community health and wellbeing centres' that arose from advances in the Primary Health Care Strategy of the mid-2000s. These sophisticated primary health organisations are able to diagnose and treat most of the acute and chronic illnesses and also run a network of 'in-store clinics' located in **convenient** places frequented by the community.

Local **multisectoral** 'community development networks' commission most health services in conjunction with other public services such as housing, education and employment. They are better enabled to tackle inequalities in health.



As result of **brave and visionary** plans adopted by District Health Boards in the late 2000s, hospital services have also been revolutionised. They are now provided by a network of local, major sub-regional and regional hospitals operating as one, truly collaborative **regional health network**. This network is underpinned by a mobile clinical workforce adopting a ‘think regional and act local’ mindset, shared information technology and a highly effective, eco-friendly transport system.

Workforce crises, service disruptions, safety issues, inequalities and fragmentation that have plagued the sector in the previous decade have been overcome by means of true regional and national collaboration, clinical leadership and an uncompromising quest for **service excellence** and quality of care...

Presentation outline

- Mandate and process of the RCSP
- Current situation
- Future service delivery model
- Common enablers and investment
- Roadmap for change
- Using the plan - regional decision making
- Next steps

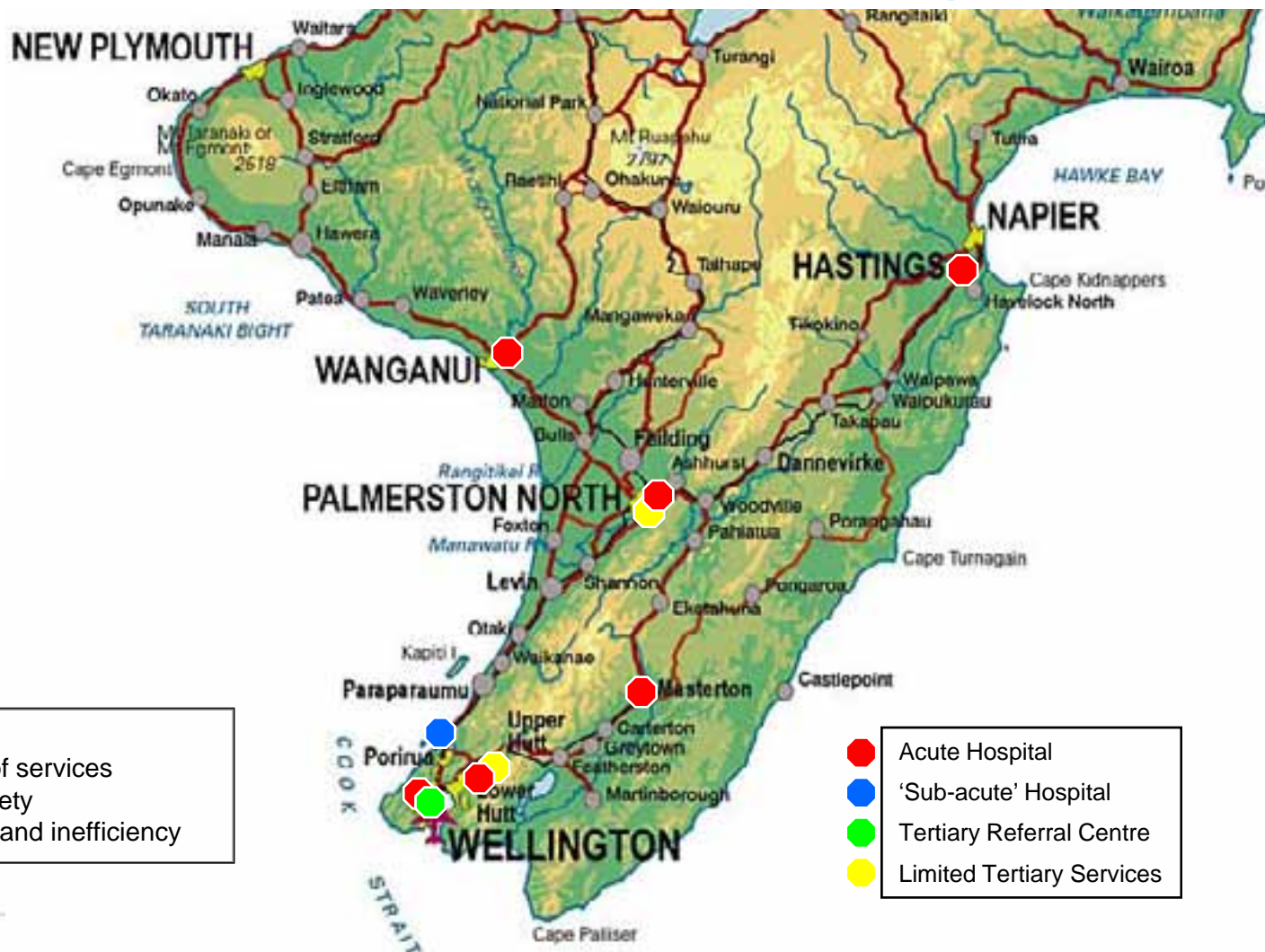
Mandate and purpose

- Commissioned by Central Region Boards April 2007 to improve sustainability of services regionally
- Initial draft debated by Boards May 2008 - changes requested
- Planned to be considered by Boards in Sep
- The draft RCSP will provide direction about services, proposes a joint decision-making framework and promote debate

The process

- **Developed with extensive input of DHB and other stakeholders**
 - Interviews, scenario planning workshops, reference groups, communications campaign, stakeholder forums
- **Strong research basis**
 - Horizon scan, quantitative work and clinical services survey

Current Service Configuration



Major Risks:

- Sustainability of services
- Quality and safety
- Fragmentation and inefficiency

Current Situation

<i>Issue</i>	<i>Key Finding</i>
Access	<ul style="list-style-type: none">• Under-servicing of the lower North Island population in a considerable number of services (especially tertiary)• Inequitable access across the region
Quality	<ul style="list-style-type: none">• Complex issues, affecting all hospitals
Outcomes	<ul style="list-style-type: none">• Lack of routine measurement and transparent reporting in a number of services
Sustainability	<ul style="list-style-type: none">• Significant risk for the region, driven by underlying workforce issues (shortage + maldistribution). Top issue raised in survey, labour issues worsening (NZEIR)
Affordability	<ul style="list-style-type: none">• Current model is unaffordable in the long term
Regionalisation	<ul style="list-style-type: none">• Almost universal support from clinicians and service managers across the region

Current service model is...

- Clinically and financially unsustainable
- Unable to tackle inequalities
- Struggles to achieve required improvements in quality
- Provider-centric rather than patient-centric
- Fragmented rather than integrated
- Unfit for future healthcare environment

Clinical Sustainability

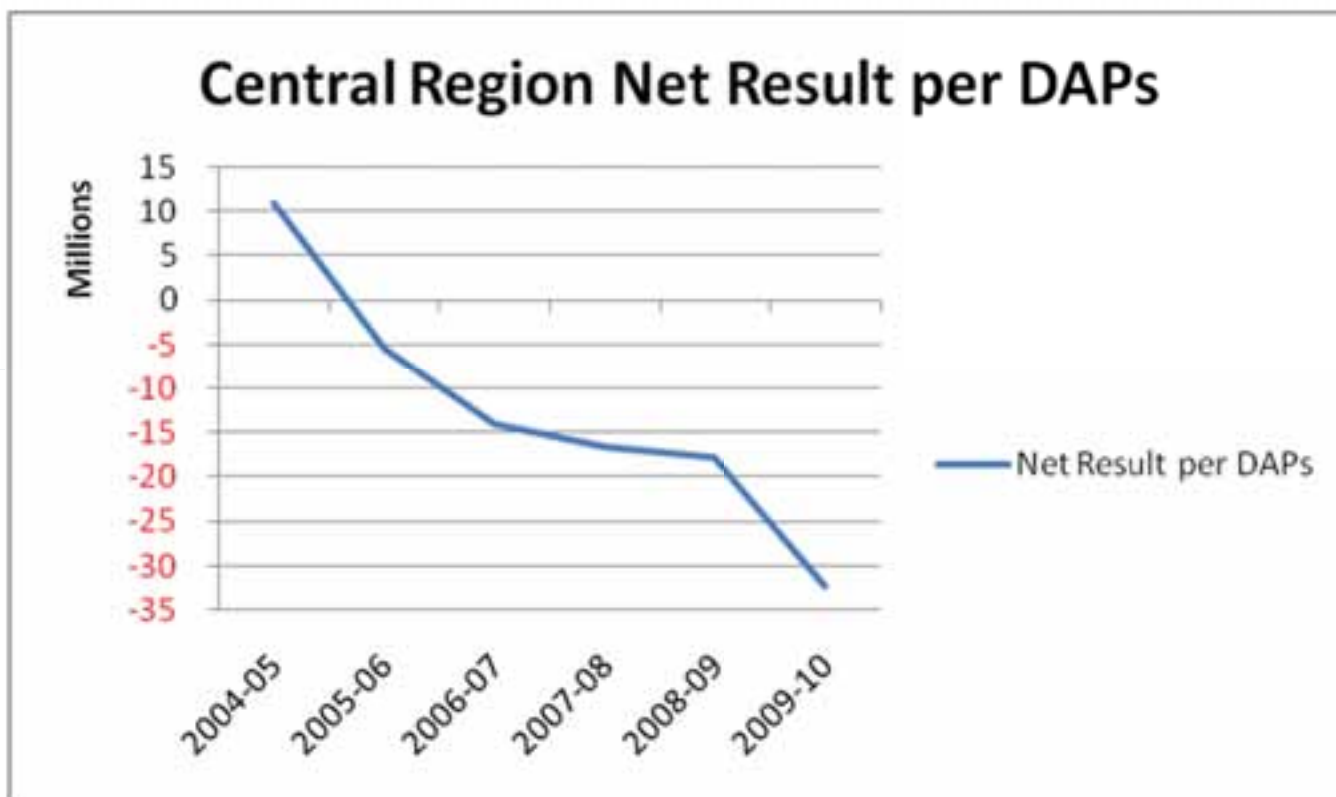
- Workforce shortages and maldistribution is a major issue and a number of secondary and tertiary services are vulnerable
 - 35 departments have 2.0FTE or less medical specialists
 - Other professional groups also affected e.g. midwives and nurses in some depts (ED, ICU, community)
- Hospitals on either end of the scale – smaller hospitals and the large tertiary hospital – are most affected
- But... most clinical services are sustainable **regionally**

Vulnerable Services

Services	1 Regional discharge rates	2 DHB population below AMWAC recommended level	3 Less than 2.0 FTE in any department	4 Other (including self-reported)	DHBs most affected
Cardiology	Comparable	No	Yes		HB
Dental	High		Yes		HB, HV, MC, WHA
Dermatology	Low	Yes (WAI)	Yes	Yes	CC, HB, MC
Endocrinology & diabetes	Low	Yes	Yes	Yes	CC, HB, HV, MC
Gastroenterology	Comparable	Yes	Yes	Yes	CC, HB, HV, MC
General surgery	Low	No	Yes	Yes	WAI
Infectious diseases	Low		Yes		CC, HB, WAI
Neurology	Low	Yes (WAI)	Yes	Yes	HB, MC
Ophthalmology	Comparable		Yes		HB, WAI, WHA
ORL (ENT) head & neck	Low	Yes (WAI)	Yes		HV, WHA
Orthopaedics	Comparable	Yes (WAI)	Yes		WAI
Paediatric medicine	High		Yes		WAI
Paediatric oncology	High		Yes	Yes	CC
Paediatric sub-specialties			Yes	Yes	CC
Renal medicine	Low	Yes (WAI, WHA)	Yes		MC
Respiratory medicine	Low		Yes		HB, HV
Rheumatology	High		Yes	Yes	HB, MC, WAI
Urology	Comparable	Yes (WAI)	Yes	Yes	HB, WAI, WHA

Financial Sustainability

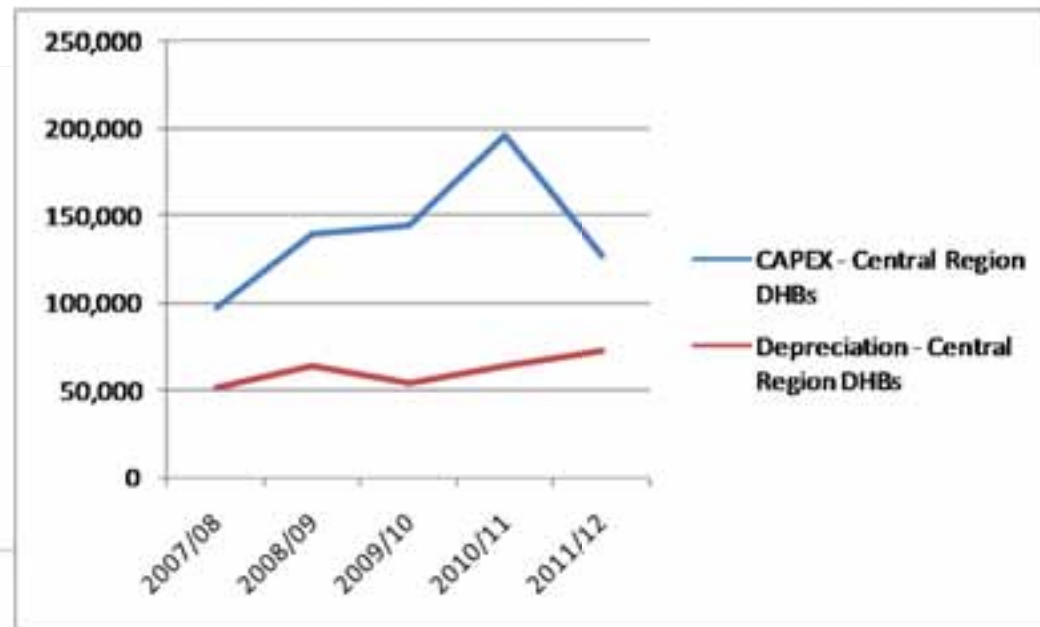
Net financial results for 2004/05 – 2009/10



Unsustainable Development

- If we assumed revenue met current costs and future growth demands for each DHB....
- The Central Region can still not afford to sustain any asset growth or advancement

CAPEX for next six years per 2007/08 DAPs (\$000s)



Regional Collaboration

- High support for regional clinical networking
 - 97% of the 111 respondents stated there was some value in regional clinical networking
- There is very strong support for collective regional action
- Priorities are in the areas of
 - Workforce development
 - Service development
 - Networking and standardisation
 - Coordination
 - Technology and infrastructure

[The future...] is very positive with significant support for the development of the regional focus and the investment in infrastructure. The opposite without.

Clinician, Capital & Coast DHB

[Clinical networks...] may allow clinicians to become more expert at their work by seeing a wider range of patients in multiple work areas within the region. May allow clinicians to provide wider range of services by developing more special interests.

Clinician, Hutt Valley DHB

Key Trends and Disruptions (1)

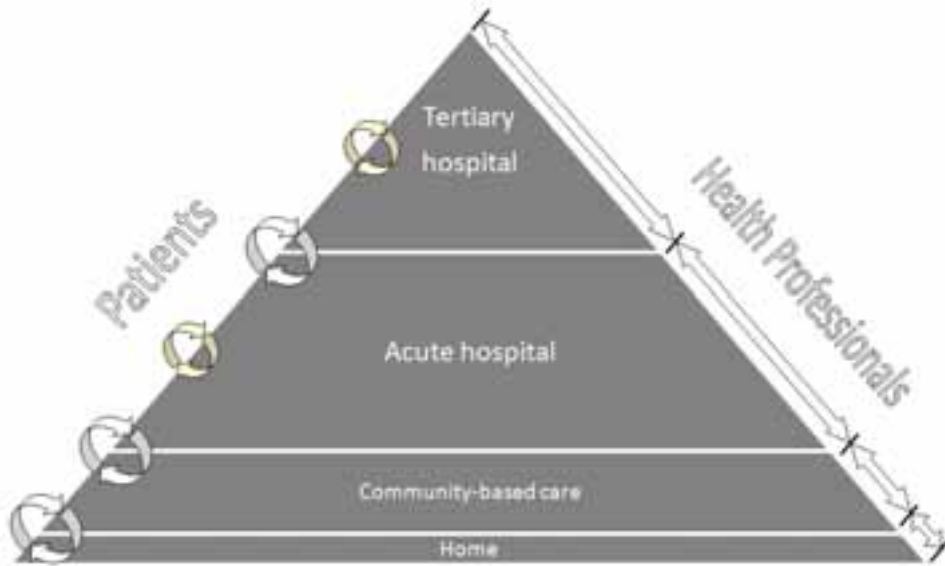
- Demographic changes
 - Population ageing
 - Increased ethnic diversity
 - Increased generational diversity
- Societal changes
 - Rising patient expectations and empowerment
 - Personal responsibility, personalisation and customisation
 - Socio-economic determinants and social capital
- Environment and energy
 - Environmentally friendly health system
- Technology
 - Nano, bio, info, cogno...

Key Trends and Disruptions (2)

- **Future of work**
 - Globalisation of health workforce
 - Increased specialisation
 - Emergence of new roles and
 - Changing nature of work
- **Clinical service innovations**
 - Web based and virtual interaction
 - Telemedicine
 - In-store clinics
- **Partnering and collaboration**
 - Shared services
 - Managed clinical networks

A new service model is required...

Now



Future



High Level Strategies for the Region

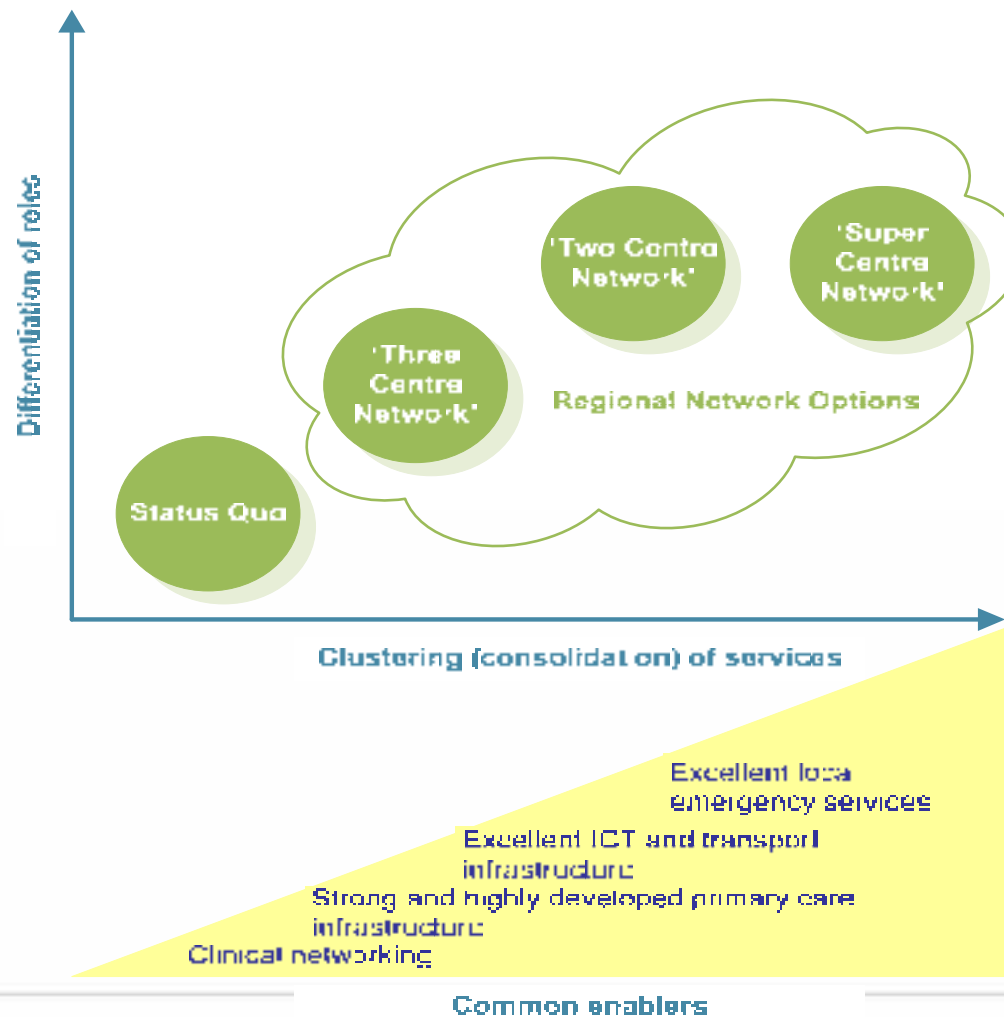
- **Clustering**
 - Consolidation of certain (acute) services
- **Differentiation (of roles)**
 - Experience curve
 - Specialised hospitals, elective hospitals
- **Community-based services**
 - Requires strong and sophisticated primary health care infrastructure
- **Clinical networking**
 - Seen as an answer to sustainability, quality & access issues

Roles and Activities in the Future Model

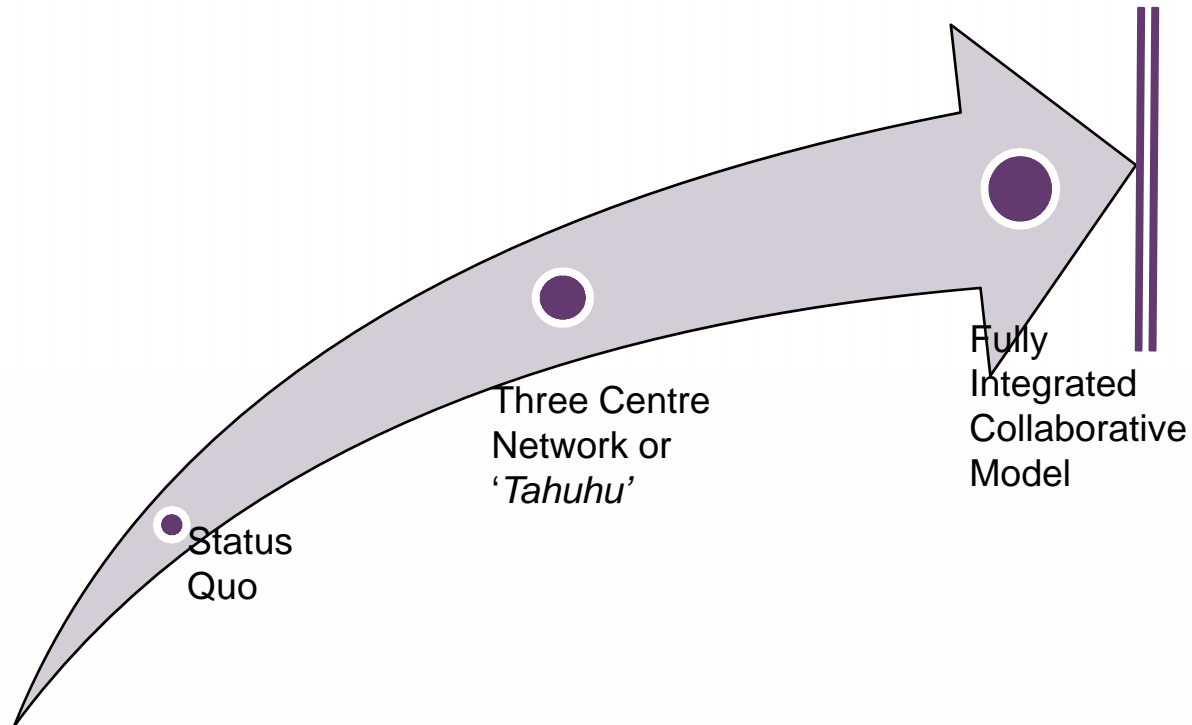
Activities	Home	Community health centre	Local hospital	Major acute hospital	Tertiary referral service	Specialist hospital
Ongoing care for long term conditions and support for self care	●	●				
Rehabilitation, end-of-life care, some specialist care	●	●	●	●	●	●
Diagnostics and outpatient services	○	●	●	●	●	●
General practice, community health, pharmacy, dentistry etc...		●				
Minor procedures and day case interventions		○	●	○		
Emergency medicine		○	●	●	○	
High dependency unit for non-ventilated patients, intubation & transfer			●			
Acute non-complex medicine and surgery			●			
Maternity care	●	●	●			
Obstetric unit with associated level 1/2 NICU (in some hospitals)			●			
Obstetric unit with associated level 2/3 NICU				●	○	
High throughput elective surgery			●	○		●
Complex acute medical care, supported by ICU				●	●	○
Complex surgery (acute & elective) , supported by ICU				●	●	○
Advanced diagnostics and subspecialist services				○	●	○
Teaching and workforce development	●	●	●	●	●	●
Research, links with academic health science centre		●	●	●	●	●

- Partial service provision
- Comprehensive service provision

Building Service Configuration Options



Strategic pathway



Common Enablers

- Primary and community health infrastructure
- Transport and accommodation infrastructure
 - For patients and families/ whanau
 - For clinicians
- Regional clinical leadership and networking
- Standardised processes and clinical protocols
- Information and communication technology
- Regional decision making
- Shared back-office functions

Investment Strategy

- Transport and accommodation infrastructure
- Primary care infrastructure
- Information and communication technology
- Excellent local emergency services
- Workforce development
(‘generalists’, specialist nursing roles, allied health, technicians)

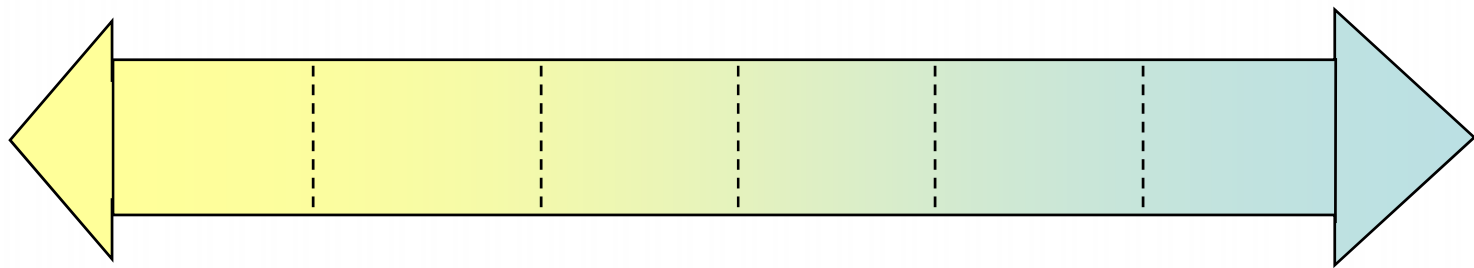
Roadmap for Change

		2008-09 PREPARING FOR THE JOURNEY	2010-11 INVESTING IN ENABLERS	2012-14 BEDDING DOWN THE NEW MODEL	2015-17 REFINING THE MODEL	2018-20 CONNECTED COMMUNITIES
ADDRESSING INEQUALITIES	SERVICE MODEL	<ul style="list-style-type: none"> > Commitment to regional service development > Regional primary/ community health strategy developed > Detailed clinical protocols developed 	<ul style="list-style-type: none"> > First primary/community health centres developed > Initial home-based care programmes developed > Local & major acute hospital specifications are in place 	<ul style="list-style-type: none"> > Integrated community health centres in place across region > Web-based self-management system in place > "Three Centre Network" service configuration in place 	<ul style="list-style-type: none"> > Further advancements in community health and well-being model > Further clinical process improvements 	<ul style="list-style-type: none"> > "Connected Communities" vision achieved across the region
	WORKFORCE AND CLINICAL NETWORKING	<ul style="list-style-type: none"> > Regional workforce strategy developed > Existing regional clinical networks strengthened > New regional clinical networks developed > Regional clinical quality framework is in place 	<ul style="list-style-type: none"> > Significant investment in workforce development > Joint appointments of clinical staff are common place > New regional clinical networks developed 	<ul style="list-style-type: none"> > Regional credentialing fully achieved > Regional clinical networks in place 	<ul style="list-style-type: none"> > Further investment in workforce development > Shared/combined clinical units are common place 	
	STRUCTURE AND FUNDING	<ul style="list-style-type: none"> > Regional decision making arrangement developed > Regional capability to implement assessed > Implementation plan developed and resourced 	<ul style="list-style-type: none"> > Shared "back office" functions in place (e.g. IT, procurement, finance, HR, payroll) > Regional internal audit programme in place 	<ul style="list-style-type: none"> > Regional funding model for clinical services is in place 	<ul style="list-style-type: none"> > Further advancements in fully integrated collaborative networks > Local multisectoral community development networks commission primary health services 	<ul style="list-style-type: none"> > Fully integrated, collaborative regional network is operational
	ENABLERS AND INFRASTRUCTURE	<ul style="list-style-type: none"> > Regional transport strategy developed > Regional ICT strategy developed > Programme evaluation criteria developed 	<ul style="list-style-type: none"> > Initial transport improvements achieved > Significant ICT investment towards integration of systems and clinical data sharing 	<ul style="list-style-type: none"> > Further investment in transport & accommodation > Significant investment in telemedicine > Regional data warehouse in place 	<ul style="list-style-type: none"> > Transport improvements are fully achieved > Significant investment in robotics & nanotechnology > Full regional electronic health record achieved 	
		COMMUNITY ENGAGEMENT AND COMMUNICATION				
		EVALUATION AND CONTINUOUS IMPROVEMENT - INCLUDING INEQUALITIES				
		PROGRAMME AND PROJECT MANAGEMENT				

Establishing networks - possible timeframe

Regional Clinical Networks	> Central Cancer Network (initial developments and Lung Cancer tumour stream)	> Central Cancer Network (further developments and Prostate Cancer, Head & Neck Cancer, and Colorectal & GI Cancer tumour streams)	> Central Cancer Network (further developments and Skin Cancer tumour stream)	
	> Plastic Services	> Paediatric	> Endocrinology/Diabetes	> Gastroenterology
	> Cardiology	> Obstetrics & Gynaecology	> Rheumatology and rehabilitation	> Ophthalmology
	> Renal	> ORL (ENT), Head & Neck	> Urology	> Respiratory
		> Neurology & Neurosurgery		
Timeframe	2007/08	2008/09	2009/10	2010/11

Health Care Networks: A Continuum of Network Form



Informational
Networks

Co-ordinated
Networks

Procurement
Networks

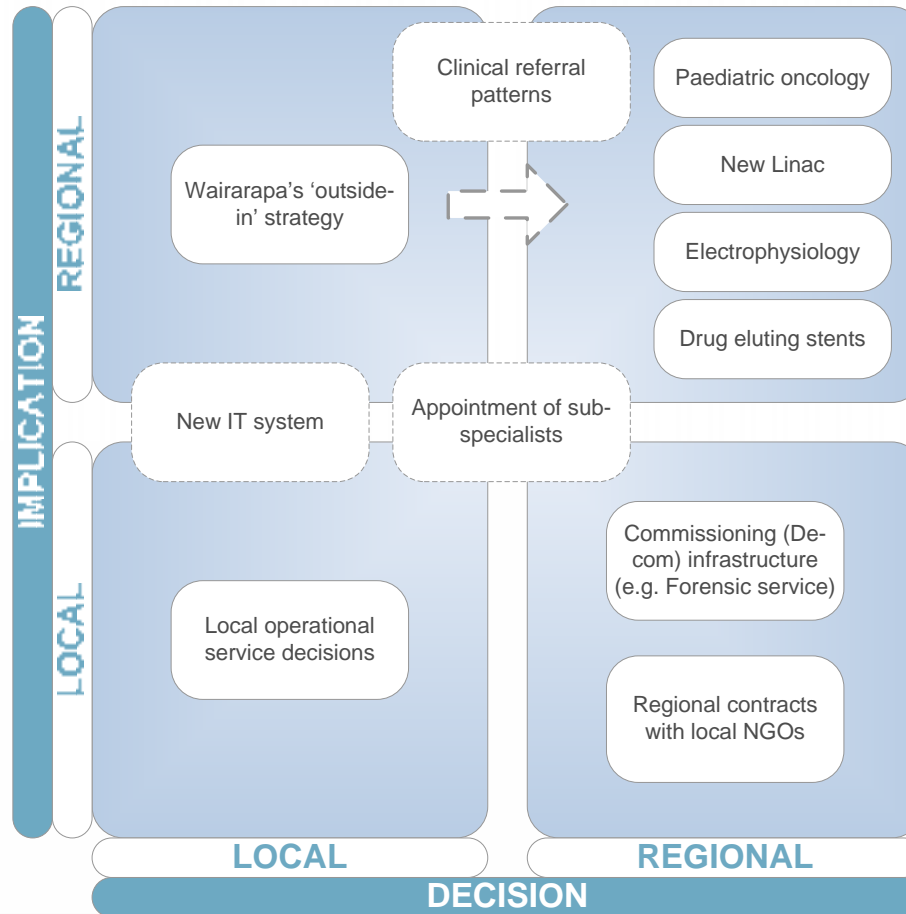
Managed
Networks

Source: Presentation by Dr Nick Goodwin, London School of Hygiene and Tropical Medicine

Using the Plan - Three Principles

1. All Central Region DHBs will participate and share in an enduring, joint effort to achieve the vision of the RCSP
2. Each Central Region DHB will ensure that their local planning and decision making is aligned with the direction, aims and objectives of the RCSP
3. All decisions of regional importance will be made jointly, using an agreed regional decision making process and structures

Decision Making Matrix



Decision Making Structure

DHB BOARDS & LOCAL COMMUNITIES			
Regional Advisory Body			
Addressing inequalities tools Population health tools National service framework tools	Funding, Planning and Infrastructure group	Clinical Governance and Workforce group	Community Health and Well-being group
Implementation of RCSP	<ul style="list-style-type: none"> > How to fund regional services in the future? > How to electronically link providers across the care continuum? 	<ul style="list-style-type: none"> > How will the region attract, develop and retain top clinical talent? > What quality improvement systems and outcome measures should we use? 	<ul style="list-style-type: none"> > How to develop community health centres? > How to develop home-based and self-care options?
Regional Cancer Network	<ul style="list-style-type: none"> > How to meet the increasing cost of cancer drugs? 	<ul style="list-style-type: none"> > How to organise multi-disciplinary teams and measure their success? 	<ul style="list-style-type: none"> > How to improve prevention and early detection of melanoma?
Regional Cardiology Network	<ul style="list-style-type: none"> > Should we invest in a catheter lab in Palmerston North? 	<ul style="list-style-type: none"> > How to introduce regional referral and discharge protocols for interventional cardiology? 	<ul style="list-style-type: none"> > How to develop cardio clinics in community health centres?
Regional Renal Services Network	<ul style="list-style-type: none"> > Where should we build new renal dialysis units? 	<ul style="list-style-type: none"> > How to recruit, retain and develop specialist renal technicians? 	<ul style="list-style-type: none"> > How to web-enable self management of chronic kidney disease?
Regional Plastics & Burns Network	<ul style="list-style-type: none"> > How to enable and fund on-line skin cancer consults? 	<ul style="list-style-type: none"> > How to ensure women have timely access to breast reconstruction when appropriate? 	<ul style="list-style-type: none"> > How to improve post-operative care and rehabilitation for hand surgery patients?
Other (future) clinical networks...	<ul style="list-style-type: none"> > Refer to 'Roadmap for Change' 	<ul style="list-style-type: none"> > Refer to 'Roadmap for Change' 	<ul style="list-style-type: none"> > Refer to 'Roadmap for Change'

Next Steps

- Boards endorse recommendations (as per 23 June 2008 Chairs and CEOs meeting)
- Wider engagement as part of District Strategic Plans (DSPs)
- Implementation planning, e.g.
 - Common enablers
 - Clinical networks (current and new)

Recommendations

That the Central Region District Health Boards

- *receive the draft Regional Clinical Services Plan, including companion documents and the summary of the Combined Boards Forum*
- *note the draft plan has emerged from a process of clinical collaboration*
- *note that there are a number of clinical services at present where urgent planning work across the region is required*
- *note and agree that each DHB in the region is committed to regional and national networks as a component of the DHBs own clinical planning*

Key Insights

- Need a “Vision”
- Deliberate design
- Regional / National Service Planning not an optional extra – it must be core business
- Leadership
- To Be Heard is fundamental!
- Well developed solutions dis-empower
- Discussion / debate needs to focus on “how are we going to get there”.
- Don’t confuse ownership with health delivery

- Two recommendations from workshop to improve health services over the next 10 years.
- Two issues that the health sector needs to consider over the next 20 years.