



GMCT Response to the Garling Inquiry Recommendations

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Preamble

In response to the public disquiet over the state of the NSW hospital system, Mr. Peter Garling SC was appointed by Letters Patent under the Special Commissions of Inquiry Act 1983 (NSW) to inquire into and report on matters concerning the delivery of acute care services in NSW public hospitals.

The final report was issued on 27 November 2008.

The GMCT Executive and Governing Committee are of the view that read in its entirety, the document is a masterpiece of reportage about the *state of health* of the NSW hospital system. Whilst acknowledging that 'NSW still has one of the better public health care systems in the developed world' Garling has formed the view that 'we are on the brink of seeing whether the public system can survive and flourish or whether it will become a relic of better times'.

When read in isolation from the body of the report, a number of the 139 resolutions seem idealistic or impractical, but when the recommendations are read as part of the narrative, the reasoning and logic behind the recommendations becomes self-evident.

The concepts that make Commissioner Garling's Report compelling revolve around the notions of respect, compassion, responsibility and accountability. These are the core characteristics of *what it means to be a professional*. Without these concepts, it is difficult to conceive of any large organisation functioning effectively, let alone one as complex as NSW Health. Too often, both clinicians and administrators fail to provide respectful, compassionate care and when failure is evident, too ready to blame someone else or the system for the failure. Too often has the care been sloppy, lacking in attention to detail. Too often have senior clinicians shirked their responsibility to supervise and teach junior staff. The Garling report highlights the need to restructure the paradigm placing patients and their welfare at the heart of the health system. This will require leadership from administrators, managers and all clinicians, doctors, nurses and allied health professionals.

The Garling Report and its recommendations present a rare opportunity to undertake major reform of NSW Health. The report is a catalyst for change. It provides a framework for all involved in the delivery of public health services. Its focus is on the need for an integrated, evidenced based patient centred system. The need to reduce the variability of care, provide equity of access and outcome for all, is at the core of the Report. To successfully implement Garling's Recommendations there will of necessity have to be fair and reasonable corresponding workforce reform. The changes will have significant funding implications but many of the recommendations involving cultural change and restructuring are cost neutral and could be initiated without delay.

The NSW State Government has given an undertaking to respond to the Inquiry report in March 2009.

GMCT and the Garling Report

Themes of the Report

The report suggests that 'If public hospitals are to survive as providers of free care for all, there will have to be some radical changes in the way they do business.' The themes that run throughout the report to inform the recommendations are listed below:

- the acknowledgement and acceptance that the patient and the clinical outcome for the patient should be the 'paramount central concern of the system', placing the care of the patient above vested interest

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- that the safety and quality of care be the highest priority of the public hospital system
 - the recognition of the need for fair and just, equity of outcomes for all public hospital patients in NSW
 - the recognition for the need to communicate effectively with patients, carers and families
 - the need for effective and respectful communication between clinicians, administrative staff and the broader community
 - acknowledgment of the special requirements of the indigenous and ethnic communities in the provision of health care
 - acknowledgement of the requirements of and the difficulty in provision of, health care to communities in rural and remote NSW
 - the need for redesign of clinical delivery systems that are evidence based and outcomes driven; implemented, assessed and regularly reviewed and changed where necessary
 - the need for disinvestment/reinvestment strategies to drive change across NSW Health
 - the need for innovative solutions to the problems of workforce shortage and/or maldistribution, including new models of teamwork to replace the 'old individual and independent silos' of professional care
 - the need for accountability and transparency in all dealings
 - the need for cultural change around the acknowledgment that intimidation and bullying remains a significant problem at all levels of NSW Health
 - acknowledgement that the currently used 'command and control' management structures are not conducive to ensuring best patient outcomes
 - the requirement for improved and standardised information technology to enable the state-wide use of clinical information systems and appropriate collection, analysis and use of data
 - the need for improvement in the mentoring, training and supervision of junior clinical staff
 - the acknowledgement of the important role of allied health staff as part of the clinical management team
 - the need for effective change management at all levels of NSW Health, Area Health Services, facilities and units

GMCT and the 'Four Pillars of Reform'

Paragraph 1.34 of the Overview outlines the Commissioner's view that the Clinical Excellence Commission, the Institute of Clinical Education and Training, the Bureau of Health Information and the Clinical Innovation and Enhancement Agency are the 'four pillars of reform of the public hospital system'. *Paragraph 1.34* then briefly outlines the reasons for the suggested four pillars and the principles to govern their work. Those principles are:-

- 'that redesign of clinical practices must be a bottom-up reform driven by clinicians'
- 'that information about safety and quality of treatment at the unit level is the greatest guarantee of a quick change-over to evidence based best practice models of care'

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- 'that the only way to avoid a slide of the present clinical standards into mediocrity or worse is by strengthening the training of new clinicians in better, safer treatments based on a patient centred team approach'

The GMCT Executive and Governing Committee supports the establishment of the four pillars with the roles as outlined in the report as co-operative but independent, board governed, statutory health corporations.

The GMCT and the Governing Committee have some concerns regarding the name suggested by Garling for the new Agency. The name is cumbersome. The NSW Agency for Clinical Innovation is suggested as an alternative.

1. Bureau of Health Information

Recommendation 76 concerning the Bureau of Health Information allows for the option of this body being either an independent board governed statutory body in its own right or part of some other board governed statutory health corporation. The GMCT Executive and the Governing Committee has formed the view that the Bureau of Health Information should be an independent board governed statutory health corporation in its own right and not sit 'as a part of, a board governed statutory health corporation' i.e. CEC or Cancer Institute. The envisioned important role of this body in collating, analysing, and publishing data about the provision of health services across NSW will be greatly enhanced if it is clearly seen as being an independent body. To do otherwise will compromise the perception of independence, integrity and validity of the output of the Bureau. *For the Bureau to have credibility within the clinical and wider community it must not be merely an extension of some other statutory health corporation.*

2. Clinical Excellence Commission (CEC)

The GMCT Executive and Governing Committee are supportive of the roles and functions of the CEC as outlined in the Commissioner's report. The need for close collaboration between the 'Four Pillars' is acknowledged and the degree to which the CEC is able to engage clinicians is pivotal to its' success. The Agency will have an important role to play in ensuring that the CEC has access to the clinicians within the networks to inform on evidence based models of care. The quality and safety of patient care is best championed through clinician-led clinical networks.

3. Institute for Clinical Education and Training(ICET)

The GMCT Executive and Governing Committee are supportive of the roles and functions of the ICET as outlined in the Commissioner's report. The need for close collaboration between the 'Four Pillars' is acknowledged and the role of ICET in providing clinical education to all clinicians could also be driven through the clinical networks to a larger extent. The GMCT already has a role in centralised recruitment of specialty medical advanced trainees and it is envisaged that a stronger partnership would emerge with the creation of ICET as one of the 'Four Pillars'.

4. NSW Clinical Innovation and Enhancement Agency (GMCT)

Paragraph 16.164 of the report (page 615) states:- 'I propose that the role of the GMCT be strengthened and enhanced by becoming a board governed statutory health corporation pursuant to s.41 of the Health Services Act 1997 (NSW), named the Clinical Innovation and Enhancement Agency'. The roles and responsibilities of the Agency are set out in Recommendation 67 and in *Paragraphs 16.166 to 16.178* of the report.

The GMCT Executive and Governing Committee are supportive of Recommendation 67 of the Report.

Wider implications for the Agency and NSW Health

- 1. Recommendation 68** – ‘Each of the Chief Executives of the public health organisations is to report every six months to the Clinical Innovation and Enhancement Agency and the Director-General of NSW Health on the progress of implementation of all endorsed innovation and enhancement programs, and if any program has not been implemented the explanation for such failure’.

Given that in the past the implementation of GMCT initiatives has often been thwarted at an Area level this recommendation is strongly supported in that it will promote accountability on the part of the Areas for their response to Agency initiatives. This will engender robust discussion and a deeper understanding of the issues by both the Clinicians and the Area Health Service Executives. This issue is dealt with again later in the document.

- 2. Recommendation 69** – ‘The Clinical Excellence Commission, the Clinical Innovation and Enhancement Agency and the NSW Institute for Clinical Education and Training should jointly explore whether it would be more efficient and cost effective for their operations:

- a) to be physically co-located;
- b) to share common facilities;
- c) to share corporate support functions and support staff’.

There is much to recommend in the sharing of expertise, experience and information that co-location would bring, as well as the sharing of back-of-office resources including common IT systems and processes. It is acknowledged however, that co-location would at this time, also present some difficulties. From the point of view of the clinicians in the GMCT networks, the greatest advantage of the Macquarie Hospital campus (the current GMCT headquarters), is the accessibility and ease of access to adequate parking and meeting facilities. However, the existing GMCT premises are not large enough to house the current GMCT activities let alone the expanded role of the Agency.

The above issues will need to be addressed before physical co-location can be further considered. This cannot occur until after the Government response to the Garling Report is known.

In summary, there is merit in all three recommendations and in principle the recommendations are supported. From the point of view of cost-effectiveness, collegiality, collaboration, cross fertilisation, reduction of duplication and the sharing of support staff and resources much could be gained. In this regard, the current location of GMCT in the grounds of the Macquarie Hospital is ideal with access to the conference facilities at Northern Sydney Education Centre and the ready availability of parking. However, whilst there is room to expand within the current building it would require a directive from the Director-General, NSW Health to Northern Sydney Central Coast Area Health Service (NSCCAHS) to relocate other tenants within the building.

- 3. Paragraph 16.176 of the Report** - ‘NSW Health should Incorporate into the Agency:

- a) the Health Priority Taskforces or their tasks;
- b) the Clinical Services Redesign Unit or its tasks;
- c) the Essentials of Care Program;
- d) other Health Institutes or Taskforces

There are currently 10 Health Priority Taskforces (HPT) and the GMCT.

In 2004 the NSW Department of Health set up 10 HPTs and changed the name of the Greater Metropolitan Transition Taskforce (GMTT) to the Greater Metropolitan Clinical Taskforce (GMCT). The HPTs are administered from the NSW Department of Health and have some clinician and consumer membership however it is the impression of the GMCT that the GMCT Clinical Networks allow more flexibility for the development of evidence based models of care in a relatively short timeframe compared to many of the other HPTs. The GMCT structure is responsive to the 'bottom-up' approach that ensures that each network is inclusive of all clinicians and is outcome driven.

Whilst acknowledging that the GMCT's understanding of the roles and outcomes of the HPTs is incomplete, particularly regarding their responsibilities, cost structures and implementation processes, there are undoubtedly many roles which may fit readily with those outlined by Garling for the Clinical Innovation and Enhancement Agency. Those HPT functions that involve the engagement of clinicians in the development of models of care and clinical plans or the provision of advice about such issues; collection, analysis and interpretation of clinical data and such work that is similar to the work currently undertaken by the GMCT networks, would readily fit within the role of the proposed Agency.

The functions of the HPTs that involve, service planning, collection and analysis of performance data, industrial and human resources issues and State/Commonwealth negotiations and other such like functions, do not readily fit with the role of the Agency as outlined by Commissioner Garling. Whilst the responsibility for such functions should continue to reside with the NSW Department of Health there are areas such as service planning where collaboration and advice from the Agency's clinical networks will be central to achieving successful outcomes.

a) Health Priority Taskforces

Aboriginal Health Priority Taskforce

All current GMCT networks are cognisant of the poor health outcomes for Aboriginal Australians, culturally diverse communities, marginalised and other disadvantaged groups. These issues are addressed within the framework of the networks. Under the proposed Agency governance structure, recognition has been given to this aspect by the appointment of an Aboriginal Australian to act as an advisor to the Agency. Where appropriate the Agency will attempt to appoint to the specific networks an Aboriginal member, particularly to those networks designing models of care around issues of significance to the Aboriginal community.

The Aboriginal Health Priority Taskforce's role in reporting to other NSW and Commonwealth agencies would not readily fit within the proposed Agency and would be more appropriately placed within NSW Department of Health.

Children and Young People's Health Priority Taskforce

Many of the clinical networks of the GMCT have developed paediatric working groups to address paediatric models of care e.g. Burns, Gastroenterology, Bone Marrow Transplantation, Respiratory. The Transition Network focuses on adolescents and young people with chronic illnesses and provides a bridge between paediatric and adult health services. Paediatrics and their transition to adult services should remain an important part of the clinical networks workplan. The NSW Department of Health should lead role delineation and other high level administrative work concerning the direction of child health across NSW.

Recommendation 9 of Commissioner Garling's Report for a specialist health authority for children and young people 'NSW Kids' is supported. It would be logical for the current Children and Young People's HPT, who in September 2008 developed a document titled 'Framework for Policy and Planning of Services for Children and Young People in NSW', to be the key expert advisory group to inform on children and young people's health services across NSW.

Chronic, Aged and Community Health Priority Taskforce

Much of the role of this Taskforce can be incorporated by the Agency into its existing Aged Care Network. Disease specific models of care including those in Chronic, Aged and Community Care that require development and implementation should be the responsibility of the Agency. The Respiratory, Cardiac, Aged Care, Diabetes, and the proposed Musculoskeletal Networks, all have responsibility for chronic, aged and community health models of care.

Those tasks of the Chronic, Aged and Community Health Priority Taskforce which involve Commonwealth funding and State/Commonwealth agreements fall outside the envisaged role of the Agency.

Critical Care Health Priority Taskforce

Much of the work done by this Taskforce which includes the Intensive Care Taskforce, the Intensive Care Co-ordination and Monitoring Unit (ICCMU) and Trauma (The Institute of Trauma and Injury Management 'ITEM' reports to the Chief Health Officer) could comfortably be the responsibility of the Agency. However, functions such as medical retrieval, service provision planning, etc do not fit and should stay within the NSW Department of Health.

Information and Communication Technology Health Taskforce

The roles and functions of this taskforce would more appropriately lie within the Bureau of Health Information.

Maternal and Perinatal Health Priority Taskforce

Models of Care around the management of maternal and perinatal health could well be the responsibility of the Agency. It is acknowledged that there are many issues surrounding the provision of the appropriate workforce e.g. midwives, obstetricians and anaesthetists, to provide safe models of care for mothers and babies. The NSW Department of Health should continue to provide direction on service planning of maternal and perinatal services. The role of the Agency could include the development a clinical network whose role would be to develop evidence based maternal and perinatal models of care.

Mental Health Priority Taskforce

The roles of this Taskforce are many and varied. Only those that are based around specific illness entities should be the responsibility of the Agency.

The problems around the presentation of the mentally ill (often drug induced psychosis) to emergency departments sits with the Agency as would presentation of acute psychiatric illness within the hospital setting. Both areas are considered appropriate for the development of models of care. Another area that should be considered by the clinical networks is the mental health of disease specific patients e.g. aged care depression, dementia etc.

Population Health Priority Taskforce

Clearly there is a need for population health data to inform all the clinical networks as well as areas such as health planning and service development. Provided there is the understanding that the Agency will need ready access to such data in a timely manner, it may be more appropriate if this resource unit were to remain within the NSW Department of Health branch responsible for population health and planning.

Rural Health Priority Taskforce

The role of this Taskforce could reasonably sit within the Agency. There is currently a rural component within all GMCT clinical networks. The networks are no longer restricted to metropolitan Sydney and in many instances have become state-wide. The rural issues around the development of models of care are acknowledged e.g. workforce, critical mass, distance and isolation. Such factors are already

incorporated into the network structures and workplans of GMCT. The other work of the Rural Health Priority Taskforce should remain within the domain of NSW Health e.g. IPTAS, facility planning, role delineation, etc.

Sustainable Access Health Priority Taskforce

To the extent that much of the role of the Sustainable Access Health Priority Taskforce, (Surgical Services Taskforce, the Physicians Taskforce, the Acute Care Taskforce and the Emergency Care Taskforce) is focussed on measurement and analysis of performance rather than development of models of care, the role of this Taskforce should continue to reside within NSW Department of Health. The relevant surgical clinical networks (e.g. Neurosurgery, Urology and Ophthalmology) within the new Agency will continue to develop models of care as appropriate.

Whilst most of the GMCT networks are disease or organ system specific, GMCT has recognised the potential for an Acute Care Network to take account of the issues that fall across the disease specific nature of the networks. The role of the generalist physicians, generalist nurses, allied health professionals and hospitalists may well be incorporated into an Acute Care Network and so enhance, for example the work of the Medical Assessment Units, by developing models of care to address the management of avoidable admissions to hospitals. Where there is a reliance on locums such as in outer metropolitan and rural and remote hospitals the Acute Care Network could have a role in developing appropriate models of care.

b) Clinical Services Redesign Unit

The GMCT acknowledges the good work of Clinical Redesign. However some of the tasks undertaken by Clinical Redesign have duplicated work that had already been done or was in progress elsewhere. To prevent such waste of resources there needs to be a body with responsibility for co-ordination of the development of models of care such that there is a continuum from the generation of the idea to the implementation of the model of care. The Agency as outlined in the Garling Recommendations would be able to fulfil this role with clinical redesign implementation built into the work of the Agency.

The GMCT Executive and the Governing Committee support the recommendation that the roles and functions of the Clinical Redesign Unit become the responsibility of the Agency.

c) Essentials of Care Program

This is an initiative of the NSW Chief Nursing Officer and should remain the responsibility of the NSW Chief Nurse. The Agency will undertake to champion this initiative within its Clinical Networks.

d) Other Health Institutes or Taskforces

▪ NSW Institute of Rural Clinical Services and Teaching (Rural Institute)

The Commissioner formed the view that 'the NSW Institute of Rural Clinical Services and Teaching appears to duplicate the role of the GMCT in a rural context and, while I recognised that the Institute has played an important role alongside the GMCT, my view is that its role and aims could be appropriately accommodated within a state-wide structure.' In paragraph 16.162 Garling states *'I am of the view that, provided rural clinicians are properly and appropriately engaged, the GMCT model is capable of encompassing them'*.

The GMCT Executive and Governing Committee are supportive of this view. Many of the clinical networks already include rural working groups. The GMCT recognises the importance of strong rural clinician engagement to better reflect rural issues across all its networks.

The other roles and functions of the Rural Institute are not clearly understood and therefore these activities would need further discussion.

- **Emergency Care Institute**

The NSW Minister for Health has agreed to fund the development of an Emergency Care Institute. This Institute would be well placed to sit within the management structure of the Agency and would be an important body in developing evidence based models of care which would integrate well with other clinical networks.

- **Emergency Care Taskforce (ECT)**

The ECT would be best placed to sit under the management structure of the Agency to develop best practice models of care and would be well incorporated into the work of the Emergency Care Institute.

- **The Institute of Trauma and Emergency Management (ITEM)**

ITEM was an initiative of the GMCT and is charged with the development of models of care for patients' pre-hospital and in-hospital, to improve health outcomes. ITEM is also involved in education and training of the health workforce and in the development of prevention strategies.

The work of ITEM could be expanded and enhanced if included as a responsibility of the Agency. The NSW Department of Health should continue to provide strategic direction for Trauma across NSW and despite the years of indecision about Level 1 Trauma Centres is best placed to make this decision and implement it. The Agency is best placed to ensure that ITEM continues to develop patient focused evidence based trauma management across NSW with the underlying premise of ensuring clinical engagement in 'bottom up' planning.

- **NSW Intensive Care Coordinating and Monitoring Unit (ICCMU)**

The functions of ICCMU fit well with the Agency model as outlined in the Garling Recommendations. Education and training, quality and safety and research are a large component of the ICCMU workplan. Such roles are similar to those of the GMCT clinical networks.

- **The Intensive Care Taskforce (ICT)**

The development of best practice models of care for intensive care patients across NSW is best achieved by clinician involvement in a clinical network model. A newly formed Intensive Care Network, replacing the Intensive Care Taskforce will develop best practice models of care and collaborate with the NSW Department of Health on service planning. It would be appropriate for the Intensive Care Network to sit within the management structure of the Agency.

As stated earlier in this document, the GMCT does not have a full understanding of the roles, functions, reporting lines or cost structures of the HPTs and the other bodies. In writing this document the GMCT has used the Garling Recommendations and comments as the starting point. The above comments and suggestions concerning the HPTs and other bodies will require further discussion and negotiation.

Vision Statement

The Clinical Innovation and Enhancement Agency will be a comprehensive agency tasked to co-ordinate constant innovation across the NSW health system.

It will establish discipline based clinical networks. It will foster cross communication and collaboration across the clinical networks. The networks will have responsibility for harnessing the collective innovative and intellectual capabilities and clinical knowledge of doctors, nurses, allied health professionals, health economists, public health planners, consumers and others; for the purpose of researching, designing and promulgating, models of care and clinical plans, which are evidence based, best practice, cost effective and monitored, and so bring about improvement in health care across the NSW Public Health System.

The Clinical Innovation and Enhancement Agency will work closely with NSW Health, the Clinical Excellence Commission, the Institute of Clinical Education and Training and the Bureau of Health Information to propose, develop, recommend for implementation, audit and review new models of care to promote best practice, safety and quality and equity of access and outcome across the NSW Hospital system.

Term of Reference/Strategic Plan

- a) To establish a structure and a methodology that encourages the engagement of clinicians and consumers by ensuring that there is transparency of process and mutual respect and accountability thus optimising clinician morale and goodwill
- b) To investigate, identify, design, cost and recommend for implementation changes in patient care by way of enhancements or improvements in clinical practice. These include the content and method of such practice, in order to ensure, on an ongoing state-wide basis, better, safer, efficient and cost-effective patient care.
- c) To address the cultural changes amongst clinicians required to ensure a system-wide approach to continuous improvement and reduction of clinical variation in the provision of quality health care.
- d) To encourage appropriate disinvestment and reinvestment strategies by NSW Health to ensure better, more cost effective health outcomes.
- e) To present, promote and sponsor the implementation of newly developed appropriately costed, models of care and clinical plans to NSW Health.
- f) To provide advice to NSW Health, Area Health Services', or other health agencies, on any matter relating to the enhancement or improvement of clinical practice.
- g) To work closely with CEC, ICET and the Bureau of Health Information and other research bodies and where possible share expertise and resources.
- h) To develop within the Agency a skill set containing leadership, change management, health economics, population health, project design and clinical redesign to inform and enable the development of implementation plans and structures.

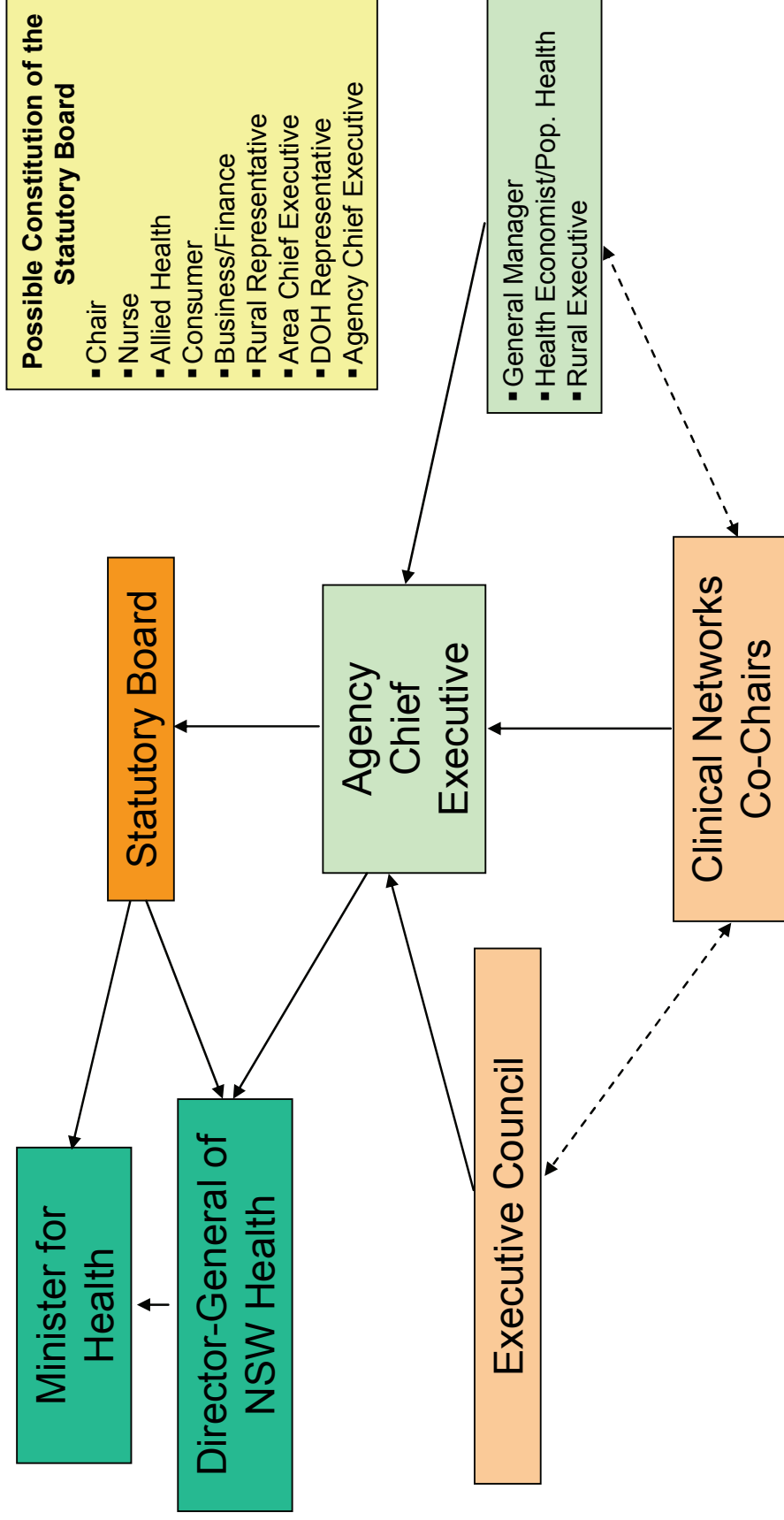
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- i) To encourage and initiate research within and across the Clinical Networks and collaborate in the translation of research into clinical practice, education and health policy initiatives.
 - j) To recognise, and where appropriate, give emphasis within the work of the Clinical Networks to the particular health needs of rural and remote communities.
 - k) To recognise and where appropriate, give particular emphasis within the Clinical Networks, to the health needs of the Aboriginal and Torres Strait Islander population, ethnic communities and other marginalised and disadvantaged community groups.
 - l) To develop collaboration with the Divisions of General Practice and other GP bodies to facilitate improvements in the continuum of patient care pre and post-hospitalisation and to support community based programs that avoid hospital admissions.
 - m) To facilitate the integration of the Agency initiatives into the NSW State Plan and the NSW Health Plan.
 - n) To develop a Memorandum of Understanding between the Director-General of Health and the NSW Clinical Innovation and Enhancement Agency addressing the responsibilities and accountability of both NSW Health and the Agency to ensure that the development, costing, review and implementation of agreed models of care and clinical plans occurs in a timely fashion.
 - o) To develop Memoranda of Understanding with the Clinical Excellence Commission, the Institute of Clinical Education and Training and the Bureau of Health Information to guide the sharing of expertise, information and resources and to avoid duplication of roles and responsibilities.
 - p) To develop a Memorandum of Understanding (MOU) with Area Health Service Chief Executives allowing consultation, exchange of information and advice on implementation of evidence based models of care. This MOU will include:
 - Collaboration with Area Health Services in the implementation of newly developed evidence based models of care and clinical plans.
 - The development of funding strategies to facilitate the implementation of models of care.
 - Mechanisms for agreement on strategies to ensure the sustainability of models of care within individual Area Health Services.
 - Agreement on strategies around audit of processes and outcomes of the Agency's recommended models of care.
 - q) To report directly to the Minister for Health and the Director-General, NSW Health.
 - r) To prepare an annual report to the Minister on the progress of clinical innovation and enhancement in the public hospital sector.
 - s) To undertake such other roles and responsibilities as may be reasonably requested by the Minister for Health and Director-General of NSW Health.

Governance

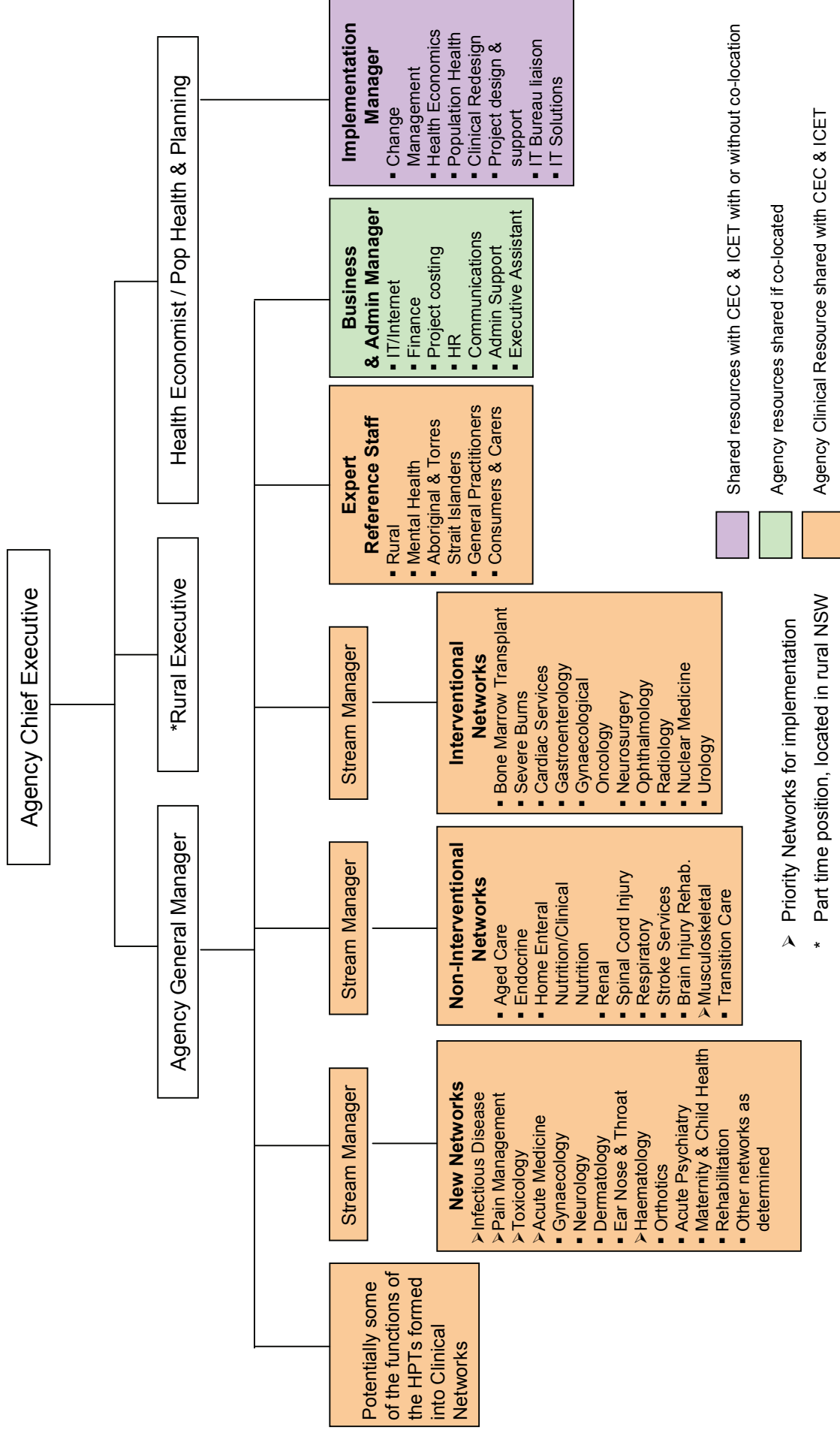
The proposed Agency will be a board governed statutory health corporation pursuant to s.41c of the Health Services Act 1997.

A proposal for the Governance and Management structure and reporting lines is outlined in the following diagrams.

Proposed Governance & Enhancement of the Clinical Innovation & Enhancement Agency



Proposed Organisational Structure 2009-11 of the Clinical Innovation & Enhancement Agency



Financial and Resource Implications

The presentation of financial projections has been deferred until the role and responsibilities of the Agency have been clarified. Investigation into the current activities and costing of past and proposed staffing, infrastructure and expenditure would be required.

Currently being located on the Macquarie Hospital campus is a cost effective option for the GMCT and potentially for the Agency, but additional facilities would require refurbishment and fit out to house the increased workforce proposed.

To support network activities recurrent project funding must be provided as part of the annual budget. This project funding is required to support and enable the ongoing activities of the clinical networks in developing projects which are moderate in nature, and able to be directly implemented within area health services.

To implement the recommendations of the Garling Report will require the provision of resources (shared or otherwise) to develop implementation plans. The skills set required would include, change management, health economics, population health and planning and project design and support.

Risks

As change and reform challenges the status quo, there is bound to be resistance at all levels. To succeed, these reforms must be driven by support at the highest level within Government and the NSW Department of Health. The Director-General of Health has publically indicated her support for the measures detailed in the Garling Report, specifically concerning the formation of the Clinical Innovation and Enhancement Agency. The success or otherwise of the proposed reforms is now dependant upon NSW Government support. The major areas of risk are:

- Without the support of the community, clinician leaders and most importantly bipartisan political party leadership, these reforms will not succeed.
- The structure and functions envisioned by Commissioner Garling concerning the four pillars, if implemented, demand corresponding changes in structure and function within several Branches of the NSW Department of Health. It would be surprising if such changes were not resisted at all but the highest levels.
- Currently one of the risks to implementation of models of care at Area Health Service level is that evidence based models developed by the GMCT Clinical Networks which have been approved and costed by NSW Health fail to be implemented within a reasonable timeframe, or in some cases are not implemented at all. Garling's Recommendation that "each of the chief executives of the public health organisations" provides progress reports every six months on the implementation of all endorsed innovation and enhancement programs. Garling further comments that "if any program has not been implemented the explanation for such failure", would be discussed.
- There is likely to be resistance on the part of some clinicians whose work practices and routines are disrupted by the implementation of new, evidence based models of clinical care and workforce redesign.
- The current GMCT has ensured that it has maintained an effective low cost administrative structure to support its clinical networks. The Agency's success will be dependent upon clinical networks realising results and having them implemented in area health services. Clinicians have a low tolerance for over bureaucratisation and the Agency will continue to ensure a cost effective management structure.
- The Agency will not be able to fulfil its function without appropriate funding.

Commissioner Garling suggests that such risks be managed by the employment of appropriate experts in change management. Education and the provision of data around variation in practice is a powerful tool in changing clinical practice and facilitating the adoption of evidence based models of clinical care.

Opportunities

The Garling Report offers an opportunity to change the way the NSW Health system goes about its business; an opportunity to improve the delivery of health care and patient outcomes of the public hospital system. Such opportunities are rare, the challenges and risks that the Garling Recommendations embody, must be embraced.

Conclusion

The Garling report is a powerful dialogue about the current ills of the NSW Public Hospital system. Peter Garling SC has taken the systems history, examined it and made his diagnosis. Most at the 'coal-face' will agree with his diagnosis. There is multisystem failure - the system is 'on the brink'. He has discussed the treatment options and made many recommendations.

The Commissioner has acknowledged the innovative role of the GMCT as a clinician led body that has successfully developed best practice evidence based models of care. Such models of care have undoubtedly improved the quality and safety of NSW public health services. He recognises the clinical networks as powerful agents for change and has recommended that the roles and responsibilities of GMCT be incorporated into the Clinical Innovation and Enhancement Agency.

With appropriate planning, accommodation, infrastructure, and funding, the proposed Clinical Innovation and Enhancement Agency and its clinical networks will be best placed to build on the work already achieved by the GMCT and incorporate other clinical disciplines that have been unable for whatever reason, to achieve the development of evidence based models of care across NSW.

The Garling report has highlighted the need for radical reform, particularly around issues of communication, transparency and respect at **all levels** in the health system. Garling has highlighted the need for clinician and consumer engagement in the development of improved models of care and for cultural changes within the health system.

The GMCT has demonstrated repeatedly that it is an agency that can harness the collective goodwill of clinicians. Those involved in the clinical networks do acknowledge and respect the different skill sets of its members. Its structures and administration are transparent and cost effective. With few resources and mostly in their own time, the clinicians and consumers involved in the GMCT networks, have been able to achieve extraordinary things.