

h i s ^{THE} t o r y of **gmt²**

△ In July 1999 the NSW Minister for Health, the Hon. Craig Knowles MP, established the NSW Health Council, chaired by John Menadue AO. The primary focus for this group was to review the NSW health system and to deliver a plan to the Minister to improve the delivery of quality health care services, better manage health care costs and improve health outcomes.

△ In March 2000 the NSW Health Council presented its report in relation to metropolitan health care, this report identified equity of access to quality services as a priority.

△ In response to this report the Minister, as part of the Government Action Plan for Health (known as **GAP**) convened the **Greater Metropolitan Services Implementation Group (GMSIG)**. Consisting of 42 clinicians, managers and consumers **GMSIG** and its working groups consulted with over 1,000 health care professionals and sought advice from health care service consumers over a nine month period.

△ In June 2001 the **GMSIG** released a report identifying 162 recommendations relating to a broad range of acute hospital services.

△ The Minister endorsed the **GMSIG** report as a “breakthrough” and adopted its recommendations as Government policy. In November 2001 the Minister established the **Greater Metropolitan Transitional Taskforce (gmt²)** as the instrument through which the **GMSIG** recommendations would be implemented.

△ In June 2002 the Government allocated \$64.5m of annual recurrent funding and \$9m in capital to support the implementation of the Greater Metropolitan Plan.

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Who ^{THE} What Where When How & Why of **gmt²**

INTRODUCTION

www.health.nsw.gov.au

In November 2001 the then Minister for Health, The Hon. Craig Knowles, MP established the Greater Metropolitan Transitional Taskforce (**gmt²**) as the instrument through which the Greater Metropolitan Services Implementation Group (**GMSIG**) recommendations would be implemented.

Reporting to the Minister for Health and the Director General, **gmt²** has worked with clinicians - doctors, nurses, allied health workers, and consumers to implement an integrated plan for the current and future acute hospital needs of 5 million people living in greater Sydney, Central Coast, Illawarra and Hunter.

The **gmt²** comprises a Committee of clinicians, health managers and community representatives, an executive, a full time Executive Director and a secretariat comprising up to 10 staff.

A series of working groups has been formed made up of clinicians from across the Greater Metropolitan region chaired by a Taskforce member. These clinicians are working together to review the way hospital services are provided, to consider how demand for services is changing and to make recommendations about how services can be provided, to ensure everyone has easy access to the best possible care. The groups have focussed on particular hospital services, and programs are now being developed in each of these service areas.

The unique and driving force behind **gmt²** is the fact that it is clinician-led. The fundamental issues of quality of health care and equity of access are integral to this process. The doctors, nurses and allied health care workers guiding **gmt²** are in the best position to recommend how to ensure patients have quick, and appropriate access to high quality hospital care, irrespective of geographic location.

THE **g** r e a t e r **t** m e t r o p o l i t a n t r a n s i t i o n t a s k f o r c e **gmt²**

gmt² is guided by a Committee made up of experienced clinicians (nurses, doctors, specialists, allied health representatives and health managers) as well as community representatives. The Committee consists of an Executive of seven and a committee of 19. The Committee members do not represent their area of specialty or organisation but contribute to a broader vision of metropolitan hospital care.

gmt² Membership

Committee

Peter Anderson
Steven Boyages
Mark Brown
Kimberly Cartwright
Danny Cass
Patrick Cregan
Stephen Deane
Peter Fletcher
Michael Hollands
Betty Johnson
John Keogh
Gabrielle Kibble
Brian McCaughan
Louis McGuigan
Brenda McLeod
Kate Needham
Ian O'Rourke
Hugh Ralston
Paul Stalley

Executive

Kerry Goulston *Chair*
John Dwyer *Deputy Chair*
Graeme Stewart *Deputy Chair*
Jennifer Beutel
Jon Blackwell
Tony Sherbon
Debora Picone

Secretariat

JoAnne Fisher
Executive Director
Mark Britt
Project Manager
David Peters
Policy and Planning Officer
Renee de Neve
Project Manager
Jan Steen
Project Manager
Charlotte Roberts
Project Manager
Lynne Gillard & Jenny McCulla
Communications
Diane Stevenson
Administrative Officer

What **gmt²** means

gmt² stands for the **Greater Metropolitan Transition Taskforce**. The triangle which forms the logo of **gmt²** represents the Greek letter delta Δ an internationally recognised symbol for change.

For **gmt²** the "Greater Metropolitan" area includes the population of 5 million people living in the following Area Health Services:

- Central Coast • Hunter • Illawarra
- Northern Sydney • Central Sydney
- South Eastern Sydney • South Western Sydney • Western Sydney and Wentworth.

How to contact **gmt²**

The **gmt²** Secretariat is based at:
**Macquarie Hospital, Level 3,
51 Wicks Road, North Ryde 2113 NSW**

The Secretariat can be contacted on:
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Fax: (02) 9887 5646
Email: gmtt@doh.health.nsw.gov.au
Internet: www.health.nsw.gov.au

How **gmt²** operates

The Philosophy of **gmt²** as set down in its Terms of Reference is:

- Δ *That the strategies implemented are focussed on the community's need for improved equity of access to quality services*
- Δ *Improved outcomes for patients will be achieved by clinicians taking an active collegiate role in networked services across the greater metropolitan region.*

The key principles on which **gmt²** operates

- Δ That the development of health care services should be population based.
- Δ That the process of service development should be clinician and consumer driven.
- Δ That the process of service development should focus on improving the quality of care provided to patients and on equity of access to services. It also recognises that networking of clinical services is a vital element in improving equity of access.
- Δ That centres of excellence should be strengthened with new ones created where needed.

The recommendations made by **GMSIG** can be grouped into four broad programs:

Statewide services

- Δ Complex Transplantation (Liver, Heart and Heart/Lung, Pancreas Transplantation)
- Δ Bone Marrow Transplantation
- Δ Severe Burns Service
- Δ Spinal Cord Injury
- Δ Ophthalmology Services
- Δ Cochlear Implantation*

Specialist services

- Δ Cardiac Services
- Δ Brain Injury Rehabilitation
- Δ Neurosciences - Neurosurgery & Stroke Services
- Δ Renal Services
- Δ Radiology
- Δ Nuclear Medicine*
- Δ Gynaecological Oncology
- Δ Hand Surgery*
- Δ Transitional Care for Young People with Chronic Childhood Illnesses*
- Δ Soft Tissue and Bone Sarcoma*
- Δ Acute Hospital Care of Aged Patients*
- Δ Maternity Services

Trauma/emergency services

- Δ Trauma Services
- Δ Emergency Department Services
- Δ Intensive Care Services

Service delivery

- Δ Covering the role of Metropolitan Hospitals in the greater metropolitan area and Metropolitan/Rural Networking.

***gmt² was authorised to review other clinical services across the greater metropolitan area where this was appropriate.**