

clinical networks

Issue 2, June 2011



Hello! This is our second Clinical Network newsletter designed to keep you up to date with how the DHB is progressing this new structure. We are expanding our newsletter distribution list so that now interested people external to MidCentral DHB (MDHB) can also learn about what the Network structure is and how it will create clinician, consumer, family and NGO led change to health provision in our region.

To recap: Clinical Networks provide a formal structure to bring together individuals from different organisations as well as those with a community, consumer and family perspective to look at how to improve health outcomes and the experiences of patients when using a health service. These Networks allow for the forming of effective partnerships to: share information, review clinical management, enhance communication and processes, and ensure equitable and ongoing provision of safe, effective services occurs as close to the patient as possible.

The Clinical Network newsletter will be a regular publication which will let you follow the progress being made to create and maintain the structure and the work programmes of those involved within it. So, read on and find out how you can become involved.

Overview

Work to form the foundations of Clinical Networks has been led by Dr Alistair Watson and follows on from the District Management Group (DMG) and Reference Group processes which were previously used to guide service improvement within the DHB. This change has come about because evidence and international research has shown that successful services support Clinical Networks as a viable way of ensuring clinicians lead and drive service improvement, and that this occurs in partnership with other organisations and consumers.

The importance of ensuring clinician involvement in service development and improvement initiatives continues to be recognised and the clinical network structure has become an important aspect of the newly established MDHB leadership arrangements.

The Network structure for our DHB is organised into four tiers which are the collaborative workgroup, district groups, combined steering group (currently a transitional steering group) and the CEO sponsor. A pictorial depiction is shown overleaf. The first district groups to be formed are the Child Health, the Mental Health and Addictions and the Cancer district groups. Each of these groups will hold an annual public forum to discuss local issues and future projects. Overseeing the work of the district groups is the Transitional Steering Group.

Transitional Steering Group (TSG) *pictured below*

The role of this group is to assist MDHB create and maintain a Clinical Network structure ensuring that clinicians and consumers (and their family/whanau) are the core of health service development and improvement. Members include former DMG and Reference Group Chairs, Clinical Leads for the PHO Better Sooner More Convenient business case and senior managers from both the DHB and Compass Health. There is also representation from Manawhenua Hauora, Maori health and the community. Once the Network structure is more fully in place the TSG will dissolve with a move toward establishing the longer term Combined Steering Group. Membership will be reviewed at this point.

Work to date for the TSG has focused on finalising the Child Health and the Mental Health and Addiction District Groups' terms of reference and the nomination and selection processes used to create these bodies. The documents and systems established will form the template for the subsequent district groups yet to come. The TSG has also been busy creating and signing off its own terms of reference and finalising a communications plan. If you would like further information or to see a copy of the TSG terms of reference either contact Katherine Gibbs (Katherine.gibbs@midcentraldhb.govt.nz) or for DHB staff visit our sharepoint site: <http://portal.midcentraldhb.govt.nz/SiteDirectory/Networks/default.aspx>.



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Child Health District Group (CHDG)

The TSG selected Dr Jeff Brown (Clinical Director Paediatric Service) as the provisional Chair of the CHDG. He has been ably supported in this by the Child and Youth Health Funding Portfolio Manager, Barb Bradnock. The work of this Group will be focused on improving the provision of health services to children and their families/whanau. Calls for nominations for joining the CHDG were made across the district from amongst those people and organisations who are focused on child health outcomes. Applications closed at the end of February and the selection panel (approved by the TSG) were delighted with the calibre of the 22 individuals who either put themselves forward or who were put forward by others. From this pool of respected people 13 were chosen to join the Child Health District Group and they met on May 2nd to confirm their terms of reference and start initial planning of their annual open Network forum. The Group next meets on June 13th when confirmation of the Chair and Deputy Chair positions will also occur.

Mental Health and Addictions District Group

Following on from the Child Health District Group the Mental Health and Addictions District Group has also been established by provisional Chair, Dr Jerry Varghese supported by the Mental Health and Addictions Portfolio Manager Claudine Nepia-Tule. Applications were sought from across the district and sector from people keen to join this Group. Once again the selection panel (appointed by the TSG) were impressed with the calibre of the 27

nominees and robust discussion was required to eventually settle on the 14 members of this Group. Their first meeting takes place on June 20th where they will review their draft terms of reference and commence planning for their open Network forum. Discussion about Chair and Deputy Chair roles will also be required.

Cancer District Group

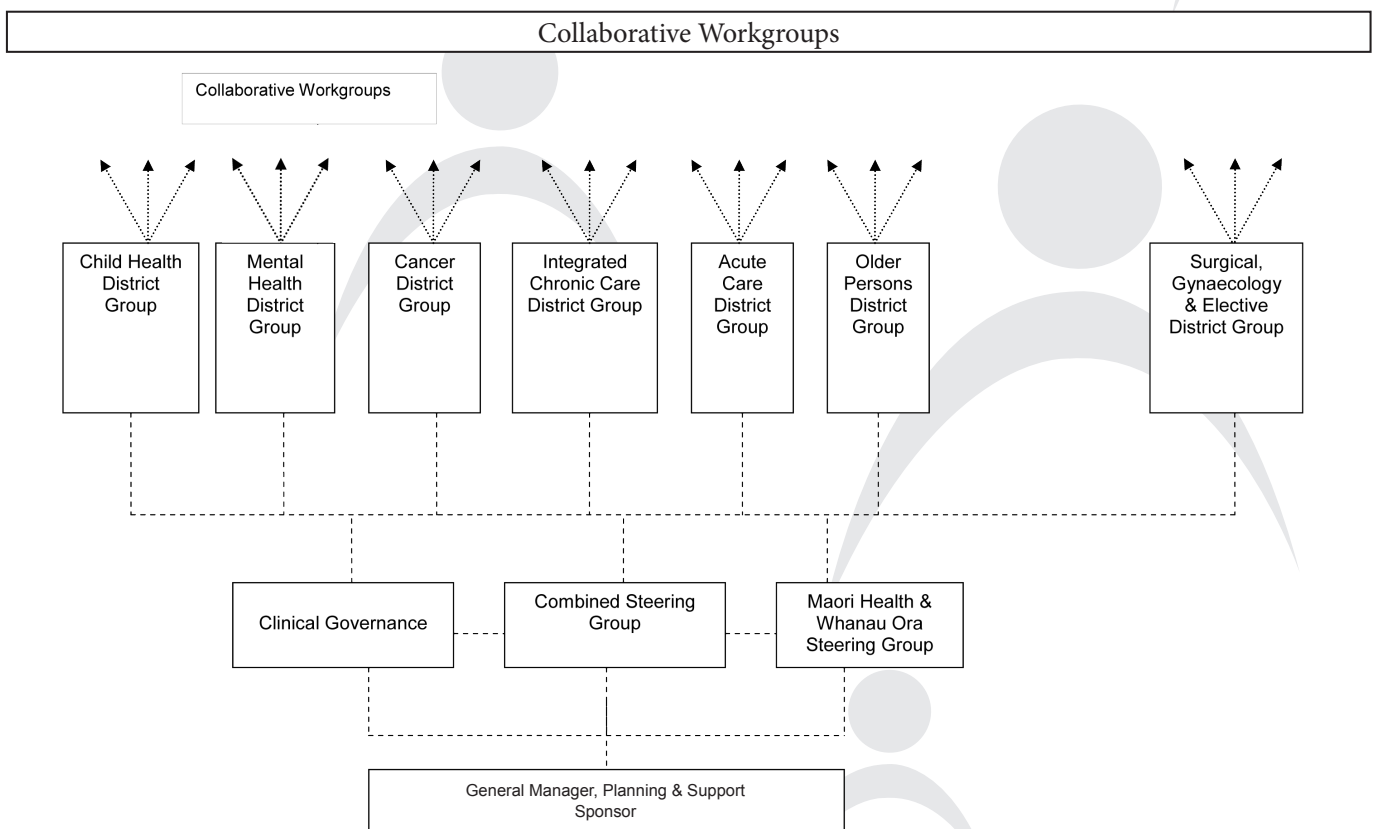
Applications were wanted from interested and experienced people to join this Group and information and flyers about how to do this were widely distributed around the region. Close-off has now occurred and a selection panel will be convened on behalf of the TSG to choose members. Again, representation from a wide section of the Cancer spectrum will be required – clinician (primary and secondary), multidisciplinary, NGO, Maori/Iwi, consumer and family/whanau. Successful and unsuccessful nominees will be advised after the selection process is complete. Feel free to contact Katherine should you wish more information.

Future District Groups

Discussions are underway as to other clinical areas that are interested and able to become part of the Clinical Network structure and further information will be provided to you about this in our next issue! Catch you then.

If you would like to register your interest in a particular district group or would like to be on a Clinical Network mailing list please email: Katherine.gibbs@midcentralthb.govt.nz

Conceptual Framework for MidCentral District's Clinical Networks:



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