

MEMORANDUM TO THE BOARD
12 AUGUST 2009

AGENDA ITEM 9

MIDLAND REGIONAL CLINICAL SERVICES PLAN

Members are aware that the above plan is in development. I advised at the July Board meeting, tangentially to a conversation on strategic planning, that the regional clinical plan is in the initial planning phase.

Attached for information is a report from the person employed by CEOs to design and manage the process. The plan is a regular item on the region's Chairs and CEOs agendas.

The attachment refers to a steering group. The steering group will be chaired by Dr Tom Watson, Waikato DHB's Chief Medical Advisor.

It also refers to two other documents:

1. Long Term Systems Framework (LTSF). I've reported on this previously. It was to be a Ministry document that sets the framework for long term national service planning. It appears to be on hold.
2. Role Delineation model. This document identifies the clinical level at which New Zealand's public hospitals provide various services. It uses a six point scale, "1" being primary care and "6" being top-end services that don't refer to other facilities. It was developed for national pricing purposes but is also of some interest as a service configuration map.

Recommendation
THAT

The report be received.

CRAIG CLIMO
CHIEF EXECUTIVE



Midland Regional Clinical Services Plan

SUBMITTED TO: Board

Date: 8 July 2009

Prepared by: Ian Goulton, Programme Manager

Submitted by: Chief Executive

RECOMMENDED RESOLUTION:

That the Board receives the report

ATTACHMENTS:

Midland Regional Clinical Services Plan Report

BACKGROUND:

The Midland region is the process of undertaking a Regional Clinical Services plan as part of its commitment to a regional strategic plan. The primary purposes of the Midland Region Clinical Services Plan are to identify the services we could potentially provide regionally in the future or those services which require regional support to be maintained locally and to consider how to get to the new service configuration from our current.



Midland Regional Clinical Services Plan	July 2009 Ian Goulton
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Context:

In recent years, the Midland group of DHBs have supported a range of regional reviews which have largely been service driven. While these Plans have led to some changes in service improvement, the plans focus on one service area at a time giving planners, funders and providers only a partial view of service development and future needs/prioritisation.

Purpose:

The primary purposes of the Midland Region Clinical Services Plan are to identify the range of services we may want to provide regionally in the future or those services which would be more sustainable with regional support and to consider how to get there from our current service configuration. For each future service, it is imperative to outline in detail the integration between the primary, secondary, tertiary and community sectors, where appropriate. At the same time, services which have been identified as vulnerable over the next 12 months need to have actions developed to maintain these services in the short to medium term.

Principles:

The Midland Region Clinical Services Plan will be based around a key set of principles that will determine when and where clinical collaboration – either at a sub-regional or regional level will need to occur. Decisions on when to collaborate locally, sub-regionally or regionally will be guided by addressing these principles.

All things being equal, services will be provided as close to the local population as possible.

1.1. Regional Services will be delivered according to the following criteria:

- Tertiary
- Vulnerable
- Cost effective to do regionally

1.2 Secondary services are provided from domicile DHBs *unless an alternative delivery option* is demonstrated to be the most clinically appropriate, sustainable and cost effective solution for both DHB's and users including financial and non financial transition costs. Sustainability considerations include financial, clinical and workforce.

1.3 Waikato DHB will be the main provider of tertiary clinical services in the Midland region but individual DHB's may have other historical arrangements, although these should not be considered as 'set in stone'.

- 1.4 Tertiary clinical services should not be duplicated across the region unless development of satellite services are demonstrated to be the most appropriate sustainable and cost effective solution.
- 1.5 Corporate services should not be duplicated unless local services have been demonstrated to be the most sustainable and cost effective solution.
- 1.6 Clinical Alliances will provide evidence based clinical leadership in determining the most appropriate service configuration for the Midland region.
- 1.7 Equity of access.
- 1.8 Secondary and tertiary care is acknowledged as episodic in response to short term higher health needs. Primary care provides ongoing care in response to change in health needs over the course of an individual's lifetime.
- 1.9 All affected DHB's will have input into the development of the Regional Service Plan.
- 1.10 Funding prioritisation for local services remains a local DHB responsibility.
- 1.11 Funding prioritisation of Regional Services will be regionally determined.

Approach:

1. The MRCSP should show where we are regionally, where we want to get to and high level steps as to how to get there. The plan should be developed addressing the issues of sustainability of service, local access and quality of service in the wider dimension - including suitability of services for the population served.
2. Use the MoH Role Delineation Model as a tool in setting the pattern of service delivery we want across the whole range of services. The Plan should then look at how this can be achieved through regional collaboration and input across regional services and in local services that may require a regional input to make them viable locally.
3. Solutions for future services do not have to be in the region but the region has an interest.
Solutions for local services do not have to be regional but the region can have an interest
4. Possible future service configurations will not be down to the level of individual hospitals/services.
5. Build what is possible to meet the principles. Consider the positive end state rather than be confined through the current needs analysis. Solutions focussed through centralisation, sharing, collaboration and other new possibilities.
6. Create a regionally clinically led document, not a consultant written plan. A robust, clinically led process will see the beginning of regional clinical networks in these areas.

7. Link the plan to vulnerable services work already under development. Vulnerable Services are to be an essential part of the MRCSP but should not dominate the strategic element of the plan. Vulnerable Services plans are short term in the context of the wider sustainability drive of the overall plan. Highlight possible risks and opportunities for the future, and recommend mitigation strategies where appropriate.
8. Articulate a 10-20 year vision describing the future range of collaborative clinical services across the region for planning purposes.
9. Utilise Midland findings to influence and guide the Long Term Systems Framework to best effect for the Midland and overall population.
10. Engage Stakeholders and produce a draft Midland Region Clinical Services Plan by June 2010.

Key Parameters:

- Will cover a range of clinical services, including support services and these services will be prioritised for consideration in the plan
- Multi-disciplinary perspective across the continuum of care
- Links to LTSF work being developed by the Ministry
- Links to other key regional planning initiatives e.g. Asset Management planning

Governance:

A clinically led steering group has been established to oversee the development of the plan. Membership of this group includes representation from both management and clinical areas including primary care.

Progress to date:

- Engaged with Ministry and other regions to ensure appropriate alignment processes
- Established forums at governance and steering group level with broad clinical representation across the region
- Prioritised areas of short- term need, and developed Action Plans to manage these services (Obstetrics and Rural General Practise)

Next Steps:

- Set up Steering Group
- Confirm and establish stakeholder engagement process and reporting functions
- Prioritise areas for detailed consideration in the Plan
- Procure external resource to develop the plan as required