HEALTH SYSTEM REFORMS:
The NATIONAL LEAD CLINICIANS GROUP
Enhancing Clinical Engagement in the Australian Healthcare System
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Lead Clinicians Groups (LCGs)

History:

- In 2010 the former Prime Minister, Kevin Rudd announced the establishment of the LCGs to enhance clinician engagement in the health reforms.

- This followed six months of consultation by him and the Health Minister, Nicola Roxon which indicated that clinicians were disengaged and felt they had little influence over the direction of health care.
National LCG (Sept 2011)

Overview

The National LCG:

- provides advice to the Minister for Health;

- provides a national focal point for senior clinician engagement (across all clinical disciplines); and

- provides a forum for collaboration.

The National LCG will not be responsible for developing guidelines or standards, but will provide advice on prioritising the development and implementation of national clinical guidelines and standards.
National LCG (multidisciplinary)

Membership:

- 16 members (10 medical, 2 nurses, 1 physio, 1 pharmacist, 1 dentist, 1 consumer) including Mark Wenitong, an indigenous doctor.
- Ex-officio members: CMO, CNO, CEO ACSQHC, CEO NHMRC, AHMAC rep.
- The membership does not represent every sector or specific organisations but is a strategic body which can access expertise in specific areas where appropriate.
National LCG (multidisciplinary)

Membership:

- This diverse group of practising clinicians and ex-officio members are presumably well equipped to make strategic decisions.
- The challenge is to translate the vision into the clinical workplace.
- To do this the NLCG must collaborate with the State and Territory clinical bodies (eg Senates) and the System Managers to improve health care delivery.
Initial Objectives, Key Functions and Responsibilities of the NLCG

- Provide clinical advice on prioritising the development and implementation of national clinical standards and guidelines that will maximise health outcomes for patients;
- Improve patient care by providing a clear, direct pathway for the Minister for Health and Ageing to receive multidisciplinary, multi-sectoral clinical advice;
- Provide a national focal point for the engagement of senior clinicians; and
- Provide a forum for clinicians from across sectors to collaborate with informed consumers and raise issues with regard to health service delivery.
Funding for Local LCGs was removed but an expanded, streamlined role for the NLCG was announced.

Three new complementary and interlinked strategies to enhance clinical leadership and engagement at the local, state and national level were introduced:

- Enhancing the role of the National LCG, through expanding its Terms of Reference and providing project funding for activities to promote effective clinical engagement across sectors, while retaining a fundamental focus on patient centred care.

- Developing a National Clinicians Network (NCN) to promote clinical leadership and engagement across levels.

- Supporting the Australian Medicare Local (AML) Alliance to work with Medicare Locals and the National LCG to deliver clinical engagement and cross-sector collaboration.
NLCG – Working groups

- **Clinical guidelines;**
  Chaired by Alisdair McDonald

- **Clinical engagement and promotion;** this includes responsibility for the National Clinicians Network
  Chaired by Jenny May

- **Integrated care;** multidisciplinary and cross sectoral; requires collaboration with the Medicare Local Alliance
  Chaired by Nick Glasgow
National LCG

Building a National Clinicians Network (NCN) – what is it?

- An annual series of interlinking state and national forums
- Designed to enhance clinical leadership and engagement across the health sector at the local, state and national level
- Focussed on sharing innovative models of integrated care and other issues of state and national significance
- Will be delivered in partnership with state and territory governments and relevant state clinical bodies
- A forum in every state and territory is being planned for the 2012-13 financial year
- The first national forum to be held subsequently in 2013.
National LCG

Building a National Clinicians Network (NCN) – what it hopes to achieve?

- The promotion of integration of care across the multiple interfaces of the health system
- A focus on the clinical need and the burden of disease
- The delivery of solutions and outcomes to the right decision makers to support real change
- Promotion of evidence based care where possible
- Enhancement of the leadership capabilities of clinicians
- A valued platform for ongoing strategic conversations among clinicians and between clinicians, manager and executives
- Promulgating substantiated models of care to facilitate usage elsewhere but retaining the flexibility to adjust according to local needs
National LCG

Building a National Clinicians Network (NCN) – what are the potential benefits?

- Opportunity for clinicians and health care managers to:
  - collaborate across different parts of the health sector, enabling them to tackle key issues of state and national relevance
  - influence the direction of care, both at bureaucratic and ministerial levels
  - maintain a focus on safety and quality
  - identify and deliver service improvements through sharing, both locally and nationally, knowledge and insights gained from research, discussion and practical experience

- Opportunity to build on existing efforts at the state and local level towards strengthening clinical leadership and engagement

The State/Territory and National Forums must have clearly defined objectives and outcomes
National LCG

Building a National Clinicians Network (NCN) – next steps

- The National LCG working group, chaired by Dr Jenny May, will guide the establishment of the NCN
- An introductory forum will be held in Sydney on the 21st November 2012
- The NCN will deliver a framework for accountability to ensure that forums deliver real outcomes
- Preliminary discussion has suggested that each forum could have a national theme (e.g., clinical handover particularly to and from the community sector) and a state based theme. Clinical handover, which is a national standard, can encompass subthemes such as discharge summaries, electronic records, quality use of medicines, chronic disease and mental health management
National LCG

Building a National Clinicians Network (NCN) requires collaboration with State Clinical Senates and equivalent bodies (eg in NSW and Victoria).

- Currently, the Chair, State based members of the NLCG and its secretariat are consulting with clinical and administrative leaders in the States and Territories to expedite these processes.
- There is widespread agreement that the proposed national theme of ‘clinical handover’ is equally relevant across all jurisdictions.
- The latter is predicated on a robust and supported primary care sector.
- It is proposed that there be inter-jurisdictional representation at the State Forums.
- Where possible Innovation will be evidence based and successful models of care already trialled in a particular State will be promulgated nationally.
- It is recognised that flexibility is essential however.
National LCG

With the cost of health care increasing at a compounding rate of approximately 12% a year, health care delivery has to be more cost-effective and corporate and fiscal management more efficient.

- Quality care is cost-effective care.
- Clinicians have to be engaged to effectively introduce change and clinician leaders have to be encouraged to champion this process.
- Consumers must also be involved as defined in the National Standards.
- The NLCG is ideally placed to facilitate some of these processes by engaging and promoting clinician involvement and leadership.
- However we do have to “make the case” to the clinicians with credible recommendations based on evidence and quality care.
- Priorities should be influenced primarily by need and burden of disease.
- Maximising improvement in care requires a collaborative effort from clinicians, administrators, Colleges and professional bodies.