Terms of Reference

Clinical Council (CC)

An Australian Government Initiative
connecting you to health

Adelaide PHN Overview

Background

Primary Health Networks (PHNs) have been established by the Federal Government with the key objectives of increasing the effectiveness and efficiency of medical services for patients, particularly those at risk of poor health outcomes and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

Vision (our aspirations for the future)

Connecting you to health.

Purpose (our reason for existence)

Facilitating a collaborative and responsive health care system for metropolitan Adelaide.

National PHN Priority Areas

1. Aboriginal Health
2. Mental Health
3. Population Health
4. Health Workforce
5. Digital Health
6. Aged Care

National PHN Headline Performance Indicators

- Potentially avoidable hospital admissions
- Childhood immunisation rates
- Cancer screening rates
- Mental Health treatment rates

Governance & Membership

It is pivotal that the Adelaide PHN actively engages with community stakeholders including community members, service providers, clinicians and primary health care workers. To enable this, the Adelaide PHN has developed a membership model which underpins the decision making process, consisting of the following;

- Board of Directors
- Membership Advisory Council (MAC)
- 3 Clinical Councils (CCs)
- 3 Community Advisory Committees (CACs)
- 7 Health Priority Groups (HPGs)

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Adelaide PHN Overview

Engagement Values

Inclusive: Our community has a right to be informed of and involved in our work as it impacts on their lives and work within the region.

Meaningful: Our community have the right to expect contributions made to our organisation will have an appropriate level of influence on planning, decision-making and service provision.

Relevant: Our community engagement activities will be responsive to local needs and relevant to the vision, purpose and strategic objectives of the organisation.

Integrated: We will collaborate and coordinate activities with other stakeholder organisation's to avoid duplication and engagement fatigue. This will allow for an efficient, sustainable and coordinated response to key health and wellbeing issues.

Respectful: We acknowledge the lived experiences of our community. Our activities take a person-centred approach, recognising that the community are experts in their own lives and health care choices.

Accountable: Our community engagement will be appropriate, open and transparent.

Flexible: Our communities are diverse in their health care needs. We are committed to varied community engagement strategies that are inclusive of all people in our community.

Reflective: We are committed to the ongoing improvement of community engagement, with a focus on evaluation and continuous improvement

Principles

- Committed to improving the patient 'experience' of the health system
- Act with integrity and transparency
- Make timely decisions of the highest ethical standard
- Be responsive to individual, community and provider needs within local communities
- Meet challenges with innovative and responsive solutions
- Foster, enable and facilitate partnerships that enrich and improve health services, activities and systems
- Be flexible, adaptable and responsive to continuous quality improvement and evaluation outcomes
- Remain connected to local communities in their respective settings
- Be held accountable by those we serve as an enabler, facilitator or commissioner.

Clinical Council (CC)
Terms of Reference

Role & Purpose

Three Clinical Councils will be established for the Northern, Central and Southern Adelaide regions, aligning to Local Health Network Boundaries. The Clinical Councils (CCs) will be advisory to the APHN Board.

The role of the CCs will assist the Adelaide Primary Health Network (APHN) to develop local strategies to improve the operation of the health care system for patients, facilitating effective primary health care provision to reduce avoidable hospital presentations and admissions.

CCs will be expected to work in partnership with Local Health Networks (LHNs) and provide advice and counsel on clinical issues, proactively influencing and providing strategic direction to the APHN. CCs will be expected to report to and influence the APHN Board on opportunities to improve medical and health care services through strategic, cost-effective investment and innovation.

Responsibilities

- To report to and advise the APHN Board on opportunities for improving medical and health care services through strategic, cost-effective investment and innovation
- Act as regional champions on locally relevant clinical care pathways designed to streamline patient care
- Improve quality of care and utilise existing health resources efficiently to improve health outcomes, including pathways between hospital and general practice
- Where relevant, CCs in neighbouring PHNs may be asked to work together to ensure that pathways follow patient flows across PHN boundaries.

Establishment of Membership

In establishing and maintaining membership of the APHN:

- Expressions of Interest for membership will be advertised
- Applications for membership to the CCs will be collated by the Community Collaborations portfolio to be reviewed by the APHN Governance and Remunerations Subcommittee and CEO.

Membership

The CCs membership will consist of 10-12 members and whilst being GP-led, should, if possible comprise the following:

- 3-4 General Practitioners, one of whom is a member of either the Northern Region GP Council (NRGPC) or the Southern Region GP Council (SRGPC)
- 1-2 Local Health Network representative(s)
- 1-2 Medical Specialist(s)
- 1-2 Nurse(s) (primary and/or acute care)
- 1-2 Pharmacist(s)
- 1-2 Allied or Community Health professionals(s)
- 1-2 Other (practice manager, hospital administrator, paramedic, private hospital representative)
- All of the above categories may overlap – and specific focus will be directed on Aboriginal and Torres Strait Islander, children and youth and Culturally and Linguistically Diverse communities.

The Chairperson

The Chairperson will be elected by the members of the CC and will hold the position for one year, with a review of position in July 2016. The role of the Chairperson should be held by a GP member. Should there not be a GP willing to nominate for this position, it will be offered to non-GP members of the CC.

Duration of Membership

There will be a requirement to rotate membership on the CCs:

- In the establishment phase only, fifty per cent of the members will hold their positions for one year from July 1, 2016, with an option for a two year reappointment. This will be determined by call for volunteers, or if there are not the required number of volunteers, a random draw containing all current members. Membership categories will be considered in this process.
- The remaining members will serve for two years from July 1, 2016, and this will be the standard tenure.

Review of Membership

CCs will review membership annually at the first meeting of the new financial year (2016) and ensure the CCs are represented with a broad cross-section of members as stipulated in the Terms of Reference.

Further identified expertise will be co-opted as required, for a defined period to be specified at the time of co-opting.

Resignation or Dismissal of a Member

CC members may resign by written notice to the Clinical Council Chair or Secretariat at any time.

The APHN Board may revoke membership of the CC for any member at any given time, for failure to comply with the Terms of Reference, behaving in a disrespectful or unprofessional manner or any lawful instruction by the Chair of the Clinical Council.

Appointment of replacement members will be for the existing term of the resigning member and will ensure that categories of membership are considered.

Attendance

Members are expected to attend all CC meetings. Should a member not attend three meetings within a 12 month period, their membership will be cancelled.

A member may participate in a CC meeting by electronic means (e.g. teleconference or skyping) in exceptional circumstances.

Remuneration

Members of the CCs will be remunerated for their attendance in line with the ***APHN Sitting Fee and Reimbursement Policy.***

Representation on Membership Advisory Council

The CCs will elect a member (Chairperson or other elected member) to represent the CC on the Membership Advisory Council (MAC) which will ensure a regional focus, and in which opportunities and solutions are received and considered within the APHN strategic objectives and priorities. Attendances at MAC meetings will be remunerated accordingly. It is expected that the elected member will have the capacity to attend all MAC meetings, however a proxy may be nominated in those rare instances where the elected member is unable to attend.

Meeting Frequency

The CCs will meet (four) times per financial year (quarterly) for the duration of two hours dependent upon the Agenda. In the 2015/16 financial year there will be up to 6 meetings to ensure sound establishment.

Quorum

A quorum of (five) members is required for meetings to be held, assuming that there is an appropriate representation of members from all areas according to the Agenda for each meeting.

Communication & Transparency

CCs will be expected to report to the APHN Board. The outcomes of the CC meetings will be reported back to the Executive Manager, Community Collaboration and the APHN CEO to be reviewed by the Board.

Conflict of Interest & Personal Interest

Members of the CCs are expected to avoid any action, position or interest that conflicts with the interests of the APHN. Members with a direct or indirect interest in a contract or other matter being dealt with by the CC must register the nature of that interest at the next meeting or as soon as possible after the conflict or potential conflict becomes apparent.

Where a Member has an interest in a matter the Member will not receive copies of relevant information and will not be entitled to be present during any deliberations or vote on the matter unless an exception is granted by a motion of the group.

The CC will maintain a register of conflict of interest or material personal interest.

Meeting Support

Where appropriate, APHN Executive Management and/or staff attendance will be provided at CC meetings.

Minutes & Agendas

The APHN will provide executive support as required, including the timely preparation of meeting minutes and agendas.

Terms of Reference Review

The Terms of Reference for the CCs will be reviewed annually.

The Terms of Reference for the CCs were endorsed by the APHN Board on 9 May 2016.