



TERMS OF REFERENCE COORDINARE CLINICAL COUNCIL – SOUTHERN NSW

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| Reports to: | COORDINARE Board, through the Chair | |
| Chairperson: | GP nominated by the Board (will also be a Board Director) | |
| Term of Office: | 2 year term | |
| Executive Sponsor: | Director, Engagement and Coordination | |
| Secretariat: | Governance and Participation Support Officer | |
| Endorsed by: | COORDINARE Board | Date: June 2018 |
| Next review: | May 2020 | |

1. BACKGROUND

Clinical Councils assist PHNs to develop local strategies to improve the operation of the health care system for people living in South Eastern NSW, facilitating effective primary health care provision to ensure patients receive the right care, in the right place at the right time. Clinical Councils work in partnership with Local Health Districts (LHD) in this regard. Clinical Councils also report to and influence the Board of COORDINARE on opportunities to improve medical and health care services through strategic, cost-effective investment and innovation.

They act as the regional champions of locally relevant clinical care pathways designed to streamline patient care, improve the quality of care and utilise existing health resources efficiently to improve health outcomes. This includes pathways between hospital and general practice that influence the referral and follow-up treatment of patients. (Primary Health Networks – Grant Programme Guidelines, Feb 2016).

2. STRUCTURE

COORDINARE's vision is for a coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities. COORDINARE's business model acknowledges that GPs are integral to a person-focused, efficient health care system as they are the central point of contact for most health care.

Supporting GPs as the cornerstone of primary care is pivotal to COORDINARE'S Business Model for delivering on the Primary Health Network objectives of increasing the efficiency and effectiveness of health 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. COORDINARE provides opportunities for local GPs to have a greater say over issues that directly affect their ability to deliver safe, high quality and coordinated/integrated clinical services throughout the region.

Local input is achieved through 'GP Clusters' around the region that meet regularly and identify local issues, propose solutions and co-design activities that are fed back to inform the work of COORDINARE. Clusters also provide GPs with opportunities to network with peers, access continuing professional development and have input into designing clinical pathways that are efficient and easy to use.

These meetings are resourced by a GP Cluster Leader, who is a local GP nominated to facilitate the activities of their particular cluster. Each GP Cluster Leader is also a member of the Clinical Council providing a local connection back to the COORDINARE Board through the Clinical Council Chair. GP Cluster Leaders ensure that they communicate with the GPs that they are representing and report back to the Clinical Council.



3. PURPOSE

COORDINARE seeks to support primary care within the Southern NSW region to be:

- person-centred;
- accessible;
- safe and high quality;
- comprehensive;
- population oriented; and
- coordinated across all parts of the health system.

COORDINARE's Strategic Priorities are:

- putting consumers front and centre in all that we do
- supporting general practice as the cornerstone of primary care
- influencing the market through provider engagement and commissioning
- partnering to integrate services and systems
- building local networks and place based leadership
- developing our organisation capability

COORDINARE's Health Priorities are:

Addressing inequities and service gaps for those most at risk of poor health outcomes in the following areas:

- chronic conditions
- prevention initiatives
- mental health and suicide prevention
- drug and alcohol
- Aboriginal health
- end of life care

COORDINARE's Clinical Councils act in accordance with COORDINARE's guiding principles and policies at all times. These are available at www.COORDINARE.org.au

4. RESPONSIBILITIES/FUNCTIONS

COORDINARE has two Clinical Councils aligned with the LHD boundaries, to create a critical communication mechanism between the Board, the Executive team, General Practitioners and the broader health workforce within the South Eastern NSW PHN region. Members of the Clinical Council provide expert input and feedback into planning service responses at both a practice and population health level, as well as in relation to other issues that are important to them. They also contribute to decision making as to how models of care can support the integration of primary, secondary and tertiary services to allow a more streamlined continuum of care within the southern NSW region.

Clinical Councils advise the Board on a range of clinical issues including patient care pathways and service/system improvements. Clinical Councils:

- provide strategic advice and guidance in the integration of COORDINARE initiatives/programs across the broader health care system
- provide strategic advice on the development, implementation and monitoring of specific COORDINARE priorities, programs and projects, including their reach within General Practice and the broader health care system
- provide strategic advice regarding the primary health care responses to population health needs and integration of chronic disease services across acute, community health and primary health sectors
- identify and promote linkages between general practice and COORDINARE and the broader health care system



- provide strategic advice on locally relevant key and emerging clinical issues relating to General Practice in the southern NSW region and recommend innovative initiatives/solutions to COORDINARE.

5. CHAIR ARRANGEMENTS

Each Clinical Council is chaired by a Board nominated GP who is also a Director of the COORDINARE Board. The Chair is responsible for approving meeting agendas (to be developed with support of the secretariat) and for facilitating meetings. The Chair provides the conduit between the Board and the Clinical Council and will ensure that the views of Council are appropriately represented.

6. FREQUENCY OF MEETINGS

Each Clinical Council will meet on a quarterly basis for 2 hours each meeting. Meetings may be face to face, video or teleconference or webinar as mutually agreed by the Council and COORDINARE.

7. REPORTING

COORDINARE's Clinical Council receives requests for advice from and provides expert advice and updates on its activities to the COORDINARE Board through the Chair.

8. METHOD OF EVALUATION

The purpose and performance of the COORDINARE Clinical Council shall be reviewed annually against the Terms of Reference.

9. QUORUM

Quorum will be a majority of the Clinical Council. Any contentious issues or conflicts of interest which cannot be resolved by a majority vote of the committee or will be escalated to COORDINARE's Board.

10. MEMBERSHIP

Each Clinical Council will comprise up to 14 members and includes:

- the GP Cluster Leaders from the 6 GP Clusters across the region (who are also registered General Practitioners within the southern NSW region)
- local nurses, allied and community health professionals, Aboriginal health workers, pharmacists, who will be invited to express interest in being involved (4-5)
- LHD representatives nominated by the appropriate LHD Chief Executive
- academic representation, e.g. Chair of General Practice; and
- COORDINARE Medical Director.

Clinical Council members will have the appropriate knowledge and specific skill sets to address inter-sectoral care, service gaps and integrated care plan pathways. Members will be nominated for a 2 year term. If any member is absent, without the agreement of the Chair for 2 or more consecutive meetings then, that member shall be deemed to have resigned from the Council. In the event of a member being obliged or electing to resign during the term of the Council, the Chair will seek nominations for a replacement member.

11. CONFLICT OF INTEREST

A register of interests shall be maintained and Council members will declare potential conflicts at the start of each meeting as per the organisation's policy regarding Conflict of Interest. The Committee will determine how any potential conflict should be handled, including whether that member should remain present and have speaking rights or not for the item concerned.



12. CONFIDENTIALITY

Matters discussed at COORDINARE’s Clinical Council meetings may be of a confidential nature and must be treated as such by members. Meeting papers and other materials must only be used or disclosed for the purpose of the Clinical Council function, unless as otherwise advised by the Chair of the Clinical Council and/or COORDINARE’s Board.

13. EXTENT OF AUTHORITY

COORDINARE’s Clinical Council is an advisory body and does not have authority to:

- make decisions without prior approval,
- convene without prior approval,
- speak on behalf of COORDINARE without prior approval.

14. SECRETARIAT

COORDINARE provides secretarial support for the Clinical Council. The agenda and meeting papers will be distributed to members by email at least one week prior to the meeting. Limited copies of the meeting papers will be available on the day of the meeting. The minutes of the meeting will be distributed to members by email within two weeks of the meeting. The minutes will also be distributed to COORDINARE’s Board. The attending staff members for COORDINARE’s Clinical Council is the Director, Engagement and Coordination.

15. REIMBURSEMENT

GP members will be reimbursed for their time contributing to the meetings as part of the agreement with them to be GP Cluster Leaders. With the exception of members where their attendance is part of their current responsibilities for another organization, and with the prior consent of COORDINARE, other Clinical Council members are entitled to stipend payment and reimbursement of reasonable travel expenses for attendance at meetings. Members will be reimbursed allowing 21 days from receipt of evidence substantiating travel expenditure.

I acknowledge that I accept the Terms of Reference for the Southern NSW Clinical Council

Name: _____

Signature: _____

Date: _____