
**REGIONAL CLINICAL SERVICES
CONCEPT STAGE II**

OTAGO DHB & SOUTHLAND DHB

January 2009

1. Introduction

This paper follows on from the Regional Clinical Services Concept Paper to address the feedback provided and confirm the concept, vision, and principles of regionalisation. The stages for progressing regional clinical services and a timeline are outlined at the end of this paper.

2. The feedback

As I mentioned in the paper reporting the feedback, the vast majority of responses on the Regional Clinical Services Concept Paper were positive and supportive of the concept of regionalisation. Whilst there were numerous comments provided, they were unique and therefore difficult to capture under main themes; however there are many points made that I took away from the feedback that need to be attended to within this paper.

The main points from the feedback are as follows.

1. There were a lot of requests for clarity around how regionalisation may be implemented or operationalised.
2. Many pointed out that those in clinical practice need to lead regionalisation.
3. There were comments about the need for resources to adequately manage regionalisation.
4. Numerous respondents pointed out that it is vital to consult and collaborate with various people/groups/organisations.
5. There were also many requests to clarify the term 'clinician' within the Concept Paper.

In response to the requests for clarity on implementing regionalisation the Concept Paper was seeking feedback on the concept and principles of regionalisation. Therefore the details of how, who, when and even if specific services will be regionalised was not envisaged to be part of that stage of the process. Be assured that these important details will be outlined in a strategy document and further developed in the action plan, which are later stages in the process. The timeline for these stages/steps is provided at the end of this document.

What was very clear from the feedback was that this important project needs to be lead by clinicians. I agree and recommend that a clinical team, consisting of representatives from both DHBs and the multi-disciplinary team (for example, this team may consist of managers, IT support, finance staff, human resource staff) will lead regionalisation of clinical services with support provided by a dedicated project manager.

At each stage all staff, key stakeholders, and unions will be consulted and any feedback given due consideration.

The feedback on the Concept Paper also provided further clarity on the complexities and issues that need to be considered. I have therefore adjusted the timeline to allow further time to ensure we work through these.

As mentioned above there were many who sought clarification on the definition of a clinician and reminders to consult with various groups. What I should have provided in the Concept Paper was a definition of the terms used within the paper to demonstrate that there was no intention to omit any profession, organisation, group, or individual. In fact I had used generic terms to try and capture all groups.

The terms used were 'clinician', 'staff' and 'key stakeholders'. Clinician means any clinician that is part of the multi-disciplinary team from both DHBs. Staff means any person employed by the DHBs who wish to provide input, and 'key stakeholders' are any person or organisation who has an interest in regional clinical services. Those who may have an interest (this is not an exhaustive list) are rural hospitals, community, primary and population health service providers, unions, the public, Maori and Pacific Island communities, other DHBs, and government agencies. I do hope these terms help to clarify and reassure there is no intention to exclude anyone.

3. Our Shared Vision for the Southern Alliance and Regional Clinical Services

The Otago and Southland District Health Boards will work together as if we are one to provide regional clinical services to ensure health services are equitable, accessible, integrated and sustainable for the population across the Otago and Southland regions.

The goals for the Shared Vision are:

- To put the patient first;
- To deliver quality services within the available resources, whilst maintaining at least national average access;
- To deliver services as close to home as is practically possible;
- For service access to be equitable; and
- For our services to be firstly clinically sustainable, and further, also financially sustainable.

4. Definition and principles of a Regional Clinical Service

A Regional Clinical Service is a clinically-led networked service established from combining resources of similar services across the individual DHBs to deliver clinical care across the Otago Southland region.

Regional Clinical Services have the following characteristics or principles:

- There are no IDFs (Inter-District Flows) between the two DHBs (i.e. a single catchment population);
- The service is funded from a single pool and access is based on need, and funded by relative Population Based Funding share;
- Each DHB would have an equal say through the regional clinical network structure;
- There would be equity of access across the service catchment;
- Access to the service would aim to be not less than national average levels;
- The service is provided as close to the patient's home as is economically and practically possible; and
- A clinical engagement model of teamwork prevails between management and clinicians in service design and delivery.

5. Categories of Regional Clinical Services

Regional Clinical Services are defined into 4 categories, dependent on health service needs and “critical mass”, which is determined by the number of staff essential to provide the service in a sustainable way, regional discharge rates, and the DHB population in relation to the AMWAC (Australian Medical Workforce Advisory Committee) recommended levels. The 4 categories are as follows.

1. **Wider Regional Services:** Where there is a lack of critical service volume across Otago and Southland consideration should be given to creating a wider regional clinical network in conjunction with other DHBs (e.g. Canterbury), or in some cases, purchasing those services from outside the Otago and Southland DHBs.
2. **Single Site Services:** Those that have a presence in either Otago or Southland should be delivered for the whole region by the unit with the presence.
3. **Dual Site Services:** Those that have a presence in both Otago and Southland but do not have sufficient critical service volumes in either Otago or Southland need to link across Otago Southland (and maybe other DHBs) to ensure critical mass to enable local service presence.

4. **Interdependent Services:** Those that have sufficient critical service volumes will collaborate formally so there is dual site clinical leadership under the umbrella of the regional clinical services structure.

6. Steps for progressing

At each stage clinicians, all staff, key stakeholders, and unions will be consulted and any feedback given due consideration. A clinical team, consisting of representatives from both DHBs and the multi-disciplinary team will lead regionalisation of clinical services with support provided by a project manager. The steps are as follows, and a timeline outlined on the next page.

1. The first step undertook to seek your feedback on the concept of regional clinical services.
2. Board approval will be sought for the concept and steps for progression.
3. A project manager will be appointed to facilitate the next steps for progressing regionalisation.
4. A lead clinical team, which are representatives from both DHBs and the multi-disciplinary team, will be appointed.
5. A proposed strategy for regional clinical services will be developed with the relevant unions, all staff and key stakeholders. This proposal will then be recommended to the two Boards.
6. Pending approval by the Boards, the clinical team and project manager will carry out a stock-take of services in consultation/collaboration with services, staff and unions.
7. An action plan will be established, again in consultation with staff, services, unions and key stakeholders. Feedback will be given due consideration and changes made to the action plan.
8. The action plan will be commenced according to the action plan's timeline. Each stage in the process will be carried out in consultation with staff and key stakeholders and lead by clinicians from both DHBs.

7. Timeline

Stages	Action	Date
Approval	Stage 1 (continued from Concept Paper)	
	Seek approval for the finalised Regional Clinical Services Concept (Stage II Paper) by the Otago and Southland Boards.	February 09
Appoint Clinical Team & Project Manager	Stage 2	
	If approval is given send document out to all staff, unions, and stakeholders. Appoint a project manager for RCS.	March/April 09
	Once the project manager is appointed initiate a process to ensure clinical representatives are sought to lead the stages of regional clinical services.	April/May 09
RCS Strategy	Stage 3	
	Commence development of a Regional Clinical Services Strategy.	May/June 09
	Consult with unions on the strategy and present it at road-shows to inform and commence dialogue with staff and key stakeholders.	July 09
	Consider feedback and reject, modify or approve the strategy for recommendation to the Otago DHB and Southland DHB Boards.	August 09
	Seek approval for the finalised Regional Clinical Services Strategy by the Otago and Southland Boards.	August 09
Service Stock-Take	Stage 4	
	If approval is given by the Boards the clinical team and project manager will undertake a stock-take of services across both organisations, in collaboration with the services, staff and key stakeholders.	September – December 09
Action Plan	Stage 5	
	An action plan will be established for progressing regionalisation of identified services, outlining the stock-take and decision making for categorisation.	January 2010
	Send out document for consultation to staff, key stakeholders and unions.	February 10
	Present the action plan at road-shows to inform and continue dialogue with staff and key stakeholders.	February 10
	Consider feedback and reject, modify or approve	March 10

	the Regional Clinical Services Action Plan.	
Implement	Stage 6	
	Commence discussion with services to progress implementation of the Regional Clinical Services Strategy and Action Plan.	April 10

8. To conclude

Developing regional clinical services is an important opportunity for the Otago and Southland DHBs to ensure equitable, accessible, and integrated health services for the regions' populations, and that those services are clinically and financially sustainable.

Thank you once again to all of you who took the time and effort to provide me with your thoughts on the Concept Paper. As presented in the steps for progression and the timeline the next stage is to appoint a project manager and put together a clinical team to lead the project.



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