Department of Health and Human Services
HEALTH SERVICES - CLINICAL PERFORMANCE AND EMERGENCY MANAGEMENT

Tasmania

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Strengthening Clinical Support Discussion Paper

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Contents

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Introduction

Tasmania's Health Plan proposes a number of enablers of a sustainable service system. The definition of an enabler is something that, in its absence, makes it very difficult or impossible to achieve the desired result.

The formation of a Clinical Advisory Council and the development of clinical networks have been identified as system enablers of the Tasmania's Health Plan.

Broadly, the Clinical Services Plan has signalled that the new Tasmanian Clinical Advisory Council will be the principal vehicle for clinical advice about the structure and performance of the service system as a whole, and will lead and coordinate new clinical networks in order to facilitate increased collaboration, service integration, monitoring and development.

Clinical networks, which have been developed in many health care systems nationally and internationally, are formal groups of clinicians who work together across organisational boundaries to improve the performance of the health care system. They have been shown to provide a valuable platform for service planning, communication, system-wide coordination and improving quality in complex clinical service systems. They foster clinician cooperation and engagement in the health care system and create a vehicle for service development.

The purpose of this paper is to define the role and draft terms of reference of the Clinical Advisory Council and present more detail about the proposed number and type of clinical networks to be established.

The Tasmanian Clinical Advisory Council

Purpose of the Tasmanian Clinical Advisory Council - how will the health system look different if it is doing its job?

Tasmania's Health Plan establishes a clear case for change in the way our health services are designed and delivered and describes the current and increasing future health care needs of the community. It also identifies the challenges and opportunities facing Tasmania's health system, including the ageing of the population, the need to focus on preventive and early intervention services, the need to ensure proper system design to support quality care and opportunities to introduce new models of care and benefit from new technologies. Tasmania's Health Plan aims to address these issues through a range of initiatives designed to ensure sustainable, high quality and safe health services that are provided for all Tasmanians. Tasmania's Health Plan sees the new Tasmanian Clinical Advisory Council (TCAC) as fostering increased collaboration, service integration, monitoring and development.

Throughout Tasmania's Health Plan the need for change in the way in which we do business, and the need for a coordinated approach across organisational boundaries is consistently iterated. In the past, clinical advice has been provided through the Acute Health Services Clinical Advisory Committee, a number of Statewide clinical committees and other mechanisms. Tasmania's Health Plan, in stating that the TCAC will be the principal vehicle for clinical advice and that it will be multidisciplinary, has ensured that the new TCAC will differ from the previous system.

The new TCAC will also differ in that the previous clinical advisory committee could be seen to have been primarily operational while the vision for the new TCAC is for it to have a more strategic focus. The aim is also to provide for a greater level of engagement of clinicians at a strategic level. If the TCAC succeeds, the system will be provided with advice that is informed by experience "in the field" but which is aware of the complexity of the system, and comprehends change and its effects at a whole of state level.

The purpose of the TCAC will therefore be to provide well informed, non partisan, evidence based health advice to the Secretary, DHHS, for the planning, delivery, evaluation and improvement of health services in Tasmania.

Advice provided by the TCAC will take into account a number of sources of health related information, including:

- socio-demographic;
- administrative;
- population health epidemiology;
- economic analysis;
- service utilisation data;
- safety and quality; and
- the knowledge of members.

What sort of things will the TCAC do to achieve this purpose?

In order to achieve its purpose, the TCAC will need to have a range of roles and functions.

The TCAC will have the following functions:

1 Provide advice and guidance on matters pertaining to the planning, delivery and reform of Tasmania's health services.

2 Provide advice on systemic or complex clinical system and clinical governance issues for consideration by the Secretary.

3 Provide advice on the development of clinical networks, and develop recommendations on issues arising from the operation of the clinical networks.

4 Provide advice on the planning for, and implementation of, new technologies and clinical systems in Tasmania; based on new research evidence, horizon scanning and clinical guidelines that emerge from peak bodies such as the National Health and Medical Research Council.

5 Recommend options to address service duplication, gaps and developments.

6 Recommend strategies that promote an integrated and cohesive approach between the various elements of the health system on a Statewide basis.

7 Undertake such other responsibilities as may be requested by the Secretary.

How will the TCAC function to achieve this?

To ensure that the TCAC does its job a number of things need to come together including having:

- a clear and agreed set of business rules (including governance arrangements, agenda setting, meeting times and meeting protocols);
- the right people at the table (membership); together with
- appropriate resources and support.

These elements should also be defined within an agreed framework, such as terms of reference. Terms of reference have been determined and comprise Attachment 1 to this paper.

Governance

In order to help the TCAC achieve its purpose, it is important that governance arrangements appropriate to the importance of the committee, are assigned. The Secretary of the Department of Health and Human Services has determined that the TCAC will report directly to the Secretary through the TCAC Chair.

The Secretary has determined that the TCAC Chair will be the Chief Health Officer. The Chief Medical Officer will be interim Chair until this position is filled.

The TCAC will develop a yearly work plan, consisting of a mix of tasks that the Secretary would like the TCAC to tackle, as well as some that the TCAC membership have also identified. The plan will be endorsed by the Agency Executive Committee (AEC), with the Chair responsible for implementing the plan.

Membership

To comprehend differing clinical perspectives, membership of the TCAC will be drawn from across the primary to tertiary spectrum and from medical, nursing and allied health perspectives. To this end, staff from the Department represented on the TCAC will include:

- Chief Health Officer [TBA] (Chair);
- Chief Medical Officer (interim Chair)
- Deputy Secretary Health Services;
- Deputy Secretary Statewide Systems Development;

- Chief Nurse; and
- Director of Public Health.

The clinical leaders of each of the clinical networks will also be TCAC members. Membership from areas not represented by clinical networks, from other stakeholders outside the Department and the need to have balance of input from regional and rural areas will also be considered. The concept of co-opted membership may be used to meet this need.

It should be noted that the TCAC will be one component of the clinical participation and advisory mechanisms for the DHHS and it is not intended that all stakeholders will nominate members.

Support for the Tasmanian Clinical Advisory Council

The Health Services, Clinical Performance and Emergency Management (CPEM) Business Unit has been tasked in the implementation of Tasmania's Health Plan with the establishment of the proposed clinical networks. Given that the clinical networks are inextricably linked to the TCAC, it is appropriate that CPEM support and ensure the efficient operation of the TCAC. This will include, but is not restricted to:

- organisation of meetings and venues;
- preparation of agendas, minute taking and distribution of papers;
- coordination and preparation of position papers, submissions and other relevant documentation; and
- the development of communication and marketing material.

Clinical Networks

As part of the Tasmania's Health Plan clinical networks are being established in a number of clinical services with a focus on clinician engagement in facilitating service improvement. Clinical networks will span the primary, secondary and tertiary sectors and advise on diverse issues including policy, planning, governance, training of health professionals and service quality.

The functioning of clinical networks will be assisted by the Tasmanian Clinical Advisory Council (TCAC).

What are Clinical Networks and why develop them?

Clinical networks, which have been developed in many health care systems nationally and internationally, are formal groups of clinicians who work together across organisational boundaries to improve the performance of the health care system. They provide a valuable platform for service planning, communication, system-wide coordination and improving quality in complex clinical service systems. They foster clinician cooperation and engagement in the health care system and create a vehicle for service development.

The National Health Service (NHS) of Scotland defines its managed clinical networks as "linked groups of health professionals and organisations from primary, secondary, and tertiary care working in a co-ordinated manner, unconstrained by existing professional and [organisational] boundaries to ensure equitable provision of high quality effective services."

Fundamentally a clinical network is a more formal way of linking people together. Where linkages already occur it is a way to recognise and formalise these linkages; additionally the network also allows new linkages to be forged where they are needed, but do not already exist. Some examples of the outcomes of these linkages include:

- Information exchange between providers, and with consumers.
- Better coordination of scarce resources.
- Agreement/consensus regarding network agreed protocols or standards/best practice care models.
- Information technology that facilitates sharing of information between providers.
- Enhanced professional development.
- Linked quality assurance framework/processes to ensure consistency and achievement of critical mass.
- Establishment of multidisciplinary teams (true teams according to an agreed definition).

Nigel Edwards, a policy director with the NHS Confederation in London, in discussing clinical networks, suggests that the real attraction of networks is that they focus on clinical issues and create organic and flexible organisations that can respond well to a changing environment. This and their collaborative nature are seen to appeal to many clinicians. He suggests that network organisations have several theoretical advantages in terms of their flexibility, robustness, and ability to respond quickly to a rapidly changing environment. In the NHS, networks have emerged as a way of sustaining vulnerable services and maintaining access where the requirements of training or subspecialisation would otherwise mean complete closure of local services.

Given that most other Australian states have adopted the clinical network model, there are advantages in Tasmania following suit. Many of the other states are well down the path of developing a suite of clinical networks, proving a wealth of learned experience from which Tasmania can draw. In developing our its

own networks, Tasmania will be essentially "speaking the same language" as the other states and may be able to develop linkages with similar interstate networks. The Health Plan also strongly supports the development of a range of clinical networks in Tasmania.

Tasmania's Health Plan establishes a clear case for change in the way our health services are designed and delivered and prescribes a range of initiatives designed to ensure sustainable, high quality and safe health services that are provided for all Tasmanians. Effective engagement of clinicians is critical to the success of the Health Plan and achieving service reform and improvement. Clinical networks are a practical method to engage clinicians and will form the backbone of improved clinical engagement in Tasmania.

Challenges and success factors for Clinical Networks

Fundamental to the success of Clinical Networks is a clear understanding that Clinical Networks are **NOT**:

- alternative management structures;
- decision making bodies;
- fund holders; or
- compliance organisations.

Clinical networks need clear governance, leadership and a central structure to coordinate work in order to maintain direction and focus. While less formal structures potentially offer greater trust, engagement and flexibility, there is a need to ensure that appropriate accountabilities are built within the system. There is a risk, however, in creating over-managed structures in that they can impede timely implementation of improvements. The need for accountability will need to be balanced with the need for networks to be responsive and flexible in their approach.

How will we know when a network is required?

Broadly, Clinical networks are useful in services where, underpinned by the principles of Tasmania's Health Plan, the following is required:

- novel solutions to complex problems;
- a multidisciplinary approach;
- quality and safety considerations; and
- consumer involvement.

Tasmania's Health Plan states that multidisciplinary clinical networks will be established in Tasmania where services would benefit because:

- there are small numbers of clinicians, based at different sites and/or operating under different management structures, who would benefit from coordinated peer review and support processes;
- there is a need to coordinate and plan for the efficient management of scarce system-wide resources;
- services are complex, pose high clinical risk and/or are costly and would benefit from state-wide clinical guidelines, referral protocols and monitoring of quality; and/or
- there are opportunities to improve service integration within and/or across the primary and acute care sectors.

What will be the operating principles?

While each network will be different, the common boundaries within which networks will operate, such as purpose and key principles, leadership and governance, membership, support and evaluation have been provided through Generic Terms of Reference for Clinical Networks in Tasmania. These are presented in Attachment 2 to this document. It is envisaged that, once established, each network would adjust the terms of reference to their individual needs.

Leadership

Each Clinical Network will be led by a Clinical Leader. This will be a part-time, fixed-term appointment.

The clinical leader will:

- be a respected individual who has current or recent clinical experience in the provision of services relevant to the particular network.
- endorse and champion the principles underpinning the establishment of clinical networks.
- be an effective leader able to inspire confidence, and able to broadly promote the benefits of a network approach.
- have a good grasp of strategy development and priorities related to the provision of the relevant services, and of delivering quality outcomes of health care.
- be able to work collaboratively with stakeholders across the interfaces in the health system.

Two Clinical Leaders (Co-clinical leaders) may be considered for some of the more complex networks in Tasmania. Having two clinical leaders has been found elsewhere to prevent key person dependency and can also expand the skill set in the leadership role.

Membership

By definition, all health professionals and consumer groups with involvement and/or interest in the scope of a particular network can be members of the network, with their level of involvement reflecting their clinical responsibilities and interest.

On a practical basis, some professional groups and organisations (e.g. general practices, community services, hospitals) will of necessity be represented by one or more people in network activities, with other members being kept informed of network developments.

While inclusive in intent, network membership is voluntary.

Governance

Relationship to TCAC

The TCAC will provide advice on the development of clinical networks, and develop advice on issues arising from the operation of the clinical networks.

Issues that cannot be resolved by the network, as well as recommendations to the Department from the clinical networks, will be raised into the TCAC forum through the Clinical Leaders, who will sit on the TCAC.

The TCAC will then make recommendations to the Secretary on possible action to resolve these issues. This forum will also allow TCAC to identify issues common across all the networks and therefore identify common solutions.

The Clinical Leader(s) will also report in an operational sense to the Chief Medical Officer (Director of CPEM), as the Business Unit responsible for networks. This will also allow a conduit for formal meeting papers to be presented to the TCAC as the TCAC secretariat will be provided by CPEM.

Advisory committee/reference group

To develop network strategies and work plans, and as one means of exchanging important information, the network will have a group that comprises representatives of most if not all key stakeholder groups/organisations.

It is likely that each group will decide its terms of reference according to its aims and objectives (a generic template will be prepared as a starting point for each network).

It is anticipated that these groups will be relatively large, and may therefore meet less frequently and use other means of communication to achieve their purposes.

Steering committee

It is likely that most networks will choose to have a smaller, more operationally focused steering committee to assist, and provide advice to, the Clinical Leader. This committee will not be representative, but comprise people with particular expertise, perspectives or knowledge relevant to the network, and able to add value to the Leader's role in developing and achieving the aims, objectives and actions of the network (ultimately supported/endorsement by the Network Advisory Committee).

Evaluation and Review

There is considerable support for the use of clinical networks as a mechanism to improve patient outcomes, particularly in an environment of limited resources, as evidenced by their growing adoption both in Australia and overseas. However, although evaluation mechanisms have been built into the framework for many networks, they are yet to complete the evaluation phase, making most evidence in support of improved outcomes mostly anecdotal.

It is therefore essential that evaluativon mechanisms are built into Tasmania's network structure, and that evaluation is ongoing. At a minimum, each network will undergo an annual internal review of its progress and outcomes. Less frequent external reviews may also be conducted if necessary.

There are frameworks that have been developed in other states that will guide the review of Tasmanian networks. One of the first tasks of the TCAC will be to consider which evaluation mechanisms will be appropriate in the Tasmanian context.

How will the networks be supported?

Each network will have a Network Support Officer who will usually be employed within the Clinical Performance and Emergency Management Unit (CPEM) of the Department to facilitate close working relationships with other members of that unit and the other clinical networks.

The Clinical Leader(s) of each network, or their employer, will be provided with financial assistance to provide mechanisms, such as backfilling their position, to allow the clinician to regularly dedicate the required time to network activities.

What networks are being formed?

In the revised Clinical Services Plan component of Tasmania's Health Plan made a commitment to establish a rehabilitation and aged care network by August 2008 and a chronic disease network by December 2008.

In addition, while there is some perception that there is currently a Cancer Network, this network is only in the development phase as part of a Commonwealth funded project, the Cancer Network Establishment Program (CanNET). One of the outputs of CanNET is a Cancer Network and it is expected that this network will be formalised in August 2008.

How will areas with no networks be supported?

The Department will convene cardiac and renal forums by December 2009. These forums will be presented with data and opinion about current and future service delivery challenges and opportunities and consensus will be sought about the most appropriate method to facilitate ongoing clinical interaction across the State. Convening regular planning forums may be an alternative to establishing ongoing clinical networks for these sub-specialty services.

While the revised Clinical Services Plan has only identified three Networks in its work plan, there is acknowledgement that there is a range of additional areas where networks may also be formed. However, engagement with clinicians is required to determine where, and at what priority. A generic business plan template will be developed to assist clinicians in preparing a case for the establishment of new networks. The TCAC would then assess the proposal and provide advice to the Department.

Commencing by July 2009, statewide clinical consultative meetings will be held twice yearly in each of women's and children's services; adult surgery; adult medicine; and critical care, trauma, emergency and retrieval services until formal ongoing networking structures have been agreed on and implemented.

Where to from here?

The first meeting of the TCAC will be held in October 2008. At this meeting discussion will be held as to expanding the membership of the TCAC to involve experts from areas where Clinical Networks will not yet be formed.

This discussion paper will be circulated to Stakeholders via the DHHS internet and intranet site. Key stakeholders will be contacted directly via email. Key stakeholders will include:

- DHHS Deputy Secretaries;
- Hospital Chief Executive Officers and DHHS Business Unit Directors;
- Directors of Hospital Service Divisions;
- interim Tasmanian Clinical Advisory Council members;
- prospective Tasmanian Clinical Advisory Council members;
- University of Tasmania; and
- General Practice Tasmania.

Feedback should be provided to Clinical Performance and Emergency Management by 25 August 2008.

By email: Helen.Mulcahy@dhhs.tas.gov.au

By Post: Attention Helen Mulcahy

GPO Box 125

Hobart 7001

This feedback will be consolidated and provided to the first meeting of the TCAC for its consideration within the context of their guidance role in the development of clinical networks in Tasmania.

Department of Health and Human Services

Tasmanian Clinical Advisory Council

Draft Terms of Reference

Background

Tasmanian's Health Plan recommended the establishment of a new multi disciplinary Clinical Advisory Council comprising clinicians from the primary and acute health services systems as a key strategy in the delivery of integrated and sustainable services.

Purpose

The Tasmanian Clinical Advisory Council (TCAC) will provide well informed, non partisan, evidence based health advice to the Secretary, DHHS, for the planning, delivery, evaluation and improvement of health services in Tasmania.

Advice provided by the TCAC will take into account a number of sources of health related information, including:

- socio-demographic;
- administrative;
- population health epidemiology;
- economic analysis;
- hospitalisation;
- safety and quality; and
- knowledge of members.

Role and Function

The TCAC will have the following functions:

1. Provide advice and guidance on matters pertaining to the planning, delivery and reform of Tasmania's health services.
2. Provide advice on systemic or complex clinical system and clinical governance issues for consideration by the Secretary.
3. Provide advice on the development of clinical networks, and develop recommendations on issues arising from the operation of the clinical networks.
4. Provide advice on the planning for, and implementation of, new technologies and clinical systems in Tasmania; based on new research evidence, horizon scanning and clinical guidelines that emerge from peak bodies such as the National Health and Medical Research Council.
5. Recommend options to address service duplication, gaps and developments.
6. Recommend strategies that promote an integrated and cohesive approach between the various elements of the health system on a Statewide basis.
7. Undertake such other responsibilities as may be requested by the Secretary.

Attachment 1:

Governance Arrangement

The Chair of the TCAC will provide advice to the Secretary.

The members of the TCAC will be appointed by the Secretary.

The Secretary may from time to time direct the committee to consider certain issues, seek submissions from relevant bodies or individuals, or to provide specific recommendations regarding issues.

Membership

Role of Members

While members are drawn from a diversity of interests, their primary responsibility in the role of TCAC members is to develop the best possible solutions for all current and future users of the health system. TCAC appointees must possess the ability to put forward the views of the segment of the healthcare process of which they have practical clinical knowledge but be able to place these views in the overall context of the system as a whole.

(Note: Expect the TCAC will develop more detailed operating policy that will include some further explanation of this issue.)

TCAC Chair

The Chief Health Officer will chair the TCAC.

General Membership

To comprehend differing clinical perspectives, membership should be drawn from across the primary to tertiary spectrum and from medical, nursing and allied health perspectives. The TCAC will have as members, the clinical leaders of each of the clinical networks. Membership from areas not represented by clinical networks, and from other stakeholders outside the Department also needs to be considered, as does the balance of input from regional and rural areas. The concept of co-opted membership may be used to meet this need. It should be noted that the TCAC is one component of the clinical advisory mechanism and participation arrangement for the DHHS and it is not intended that all stakeholders will nominate members.

Membership must include representation from the following groups, although one member may fulfil more than one of these roles:

- the chair/clinical leader of each of the clinical networks;
- a nominee of the University of Tasmania Faculty of Health Sciences;
- a nominee of General Practice Tasmania; and
- a consumer nominee(s).

Other members

- Chief Health Officer (Chair)
- Deputy Secretary Health Services
- Deputy Secretary Statewide Systems Development
- Chief Nursing Officer
- Chief Medical Officer (act as Chair is required).

Terms of Appointment

Members of the Tasmanian Clinical Advisory Council will be appointed for a period up to three years, with appointment terms being staggered to ensure continuity of corporate memory.

The terms of clinical network chair/leaders will be for their term of appointment to these positions.

Ex-officio members will not have appointment terms specified.

Attachment 1:
The appointment of members will be ratified by the Secretary of the Department of Health and Human Services.

Support for the Tasmanian Clinical Advisory Council

Supporting to, and ensuring the efficient operation of, the TCAC will be the responsibility of the staff of Director, Clinical Performance and Emergency Management, Acute Health Services. This will include, but is not restricted to:

- organisation of meetings and venues;
- preparation of agendas, minute taking and distribution of papers;
- coordination and preparation of position papers, submissions and other relevant documentation; and
- the development of communication and marketing material.

Procedural matters

Procedural matters will be included in operating policy documentation and an orientation manual that will be developed/endorsed by the TCAC. These procedural matters will include:

- establishing sub-committees;
  - meeting times, frequency and duration;
  - circulation of agenda, meeting papers and minutes;
  - quorum;
  - nomination of proxies;
  - participation of observers/invitees;
  - dispute resolution;
  - communication and media; and
  - confidentiality.

Review of the Tasmanian Clinical Advisory Council

The role, function and performance of the TCAC will be reviewed regularly by the Council and the Secretary, with the first review occurring twelve months after its establishment.

Endorsed by Agency Executive Committee :

Signed:

Agency Executive Committee

Attachment 2.

GENERIC TERMS OF REFERENCE FOR CLINICAL NETWORKS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Version 0.D – 28 February 2008)

INTRODUCTION

In a complex health system, everyone recognises the need for, and existence of, formal and informal working relationships that exist in parallel to any formal description of the system.

Clinical networks are in essence a way of better linking health service providers (and consumers) that build on and enhance existing informal networks that arise as a response to the need to achieve better services.

In progressing the recommendations contained in Tasmania's Health Plan it is recognised that clinical networks are features of almost all Australian state and territory health systems and there are a number of similar models in place internationally.

PURPOSE OF NETWORKS

The clinical network framework will form the basis for the greater involvement of clinicians in the planning, delivery, evaluation and improvement of health services in Tasmania and enhance collaboration and coordination in the delivery of services across organisational boundaries in order to improve outcomes for patients and consumers.

Some of the key aims of clinical networks include:

- Improving information exchange between providers, and with consumers.
- Developing agreement/consensus regarding network agreed care pathways, protocols or standards/best practice care models.
- Having linked quality assurance frameworks and processes to ensure consistency of outcomes.
- Enhanced professional development, including through increasing leadership opportunities.
- Establishment of multidisciplinary teams (true teams according to an agreed definition).
- Consideration and provision of advice regarding health workforce and other enablers of service provision (e.g. information systems, transport)
- Better coordination for the use of scarce resources.

Attachment 2.

KEY PRINCIPLES OF CLINICAL NETWORKS

1. Networks will increase the engagement of health professionals, and key stakeholders in service planning, policy and clinical reforms.
2. The primary focus of networks will be on the patient and the community needs through increased participation, partnerships and communication.
3. Improvement in patient care and outcomes to meet the needs will focus on key dimensions of quality such as access, appropriateness and integration.
4. The networks will foster and lead continuous improvement in clinical services by developing and advising on the implementation of:
    - Evidence based practice standards and protocols
    - Referral and support structures between and within health services with an emphasis on clinical management and partnerships.
5. Networks will work internally and with other networks to enable co-ordinated health strategies, and will better link strategic and operational health issues.
6. Accountability and reporting arrangements for the network will be clearly defined and evident to all stakeholders.

LEADERSHIP AND GOVERNANCE

Each Clinical Network will be led by a Clinical Leader. This will be a part-time, fixed-term appointment made following assessment of applicants who formally express an interest in the role.

The clinical leader will;

- be a respected individual who has current or recent clinical experience in the provision of services relevant to the particular network.
- endorse and champion the principles underpinning the establishment of clinical networks.
- be an effective leader able to inspire confidence, and able to broadly promote the benefits of a network approach.
- have a good grasp of strategy development and priorities related to the provision of the relevant services, and of delivering quality outcomes of health care.
- be able to work collaboratively with stakeholders across the interfaces in the health system.

The Clinical Leader will report in an organisational sense to the Deputy Secretary of Health Services, with the assistance and input of the Director, Clinical Performance and Emergency Management, with whom the Clinical Leader will have most working contact for network operational issues.

The Clinical Leader will be a member of the Tasmanian Clinical Advisory Council.

MEMBERSHIP

By definition, all health professionals and consumer groups with involvement and/or interest in the scope of the particular network can be members of the network, with their level of involvement reflecting their clinical responsibilities and interest.

On a practical basis, some professional groups and organisations (e.g. general practices, community services, hospitals) will of necessity be represented by one or more people in network activities, with other members being kept informed of network developments.

While inclusive in intent, network membership is voluntary.

ADVISORY COMMITTEE/REFERENCE GROUP

To develop network strategies and work plans, and as one means of exchanging important information, the network will have a group that comprises representatives of most if not all key stakeholder groups/organisations.

The group will decide its terms of reference according to its aims and objectives (a generic template will be prepared as a starting point for each network).

It is anticipated that these groups will be relatively large, and may therefore meet less frequently and use other means of communication to achieve their purposes.

STEERING COMMITTEE

Most networks will choose to have a smaller, more operationally focused steering committee to assist, and provide advice to, the Clinical Leader. This committee will not be representative, but comprise people with particular expertise, perspectives or knowledge relevant to the network, and able to add value to the Leader's role in developing and achieving the aims, objectives and actions of the network (ultimately supported/endorsement by the Network Advisory Committee)

LOGISTIC SUPPORT

Each network will have a Network Support Officer who will usually be employed within the Clinical Performance and Emergency Management Unit of the

Department to facilitate close working relationships with other members of that unit and the other clinical networks.

EVALUATION and REVIEW

Each network will undergo an annual internal review of its progress and outcomes.

There are frameworks that have been developed in other states to guide the review of Tasmanian networks.

Less frequent external reviews may be conducted if necessary.

David Boadle
Director, Clinical Performance and Emergency Management
Acute Health Services

27 February 2008