STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

SECOND
STRATEGIC PLANNING DAY

THE PERTH CLINIC
22 HAVELOCK STREET
WEST PERTH

SATURDAY, 28 SEPTEMBER 2002

STRATEGY DAY REPORT

Glossary of Acronyms and Terms used at the Strategy Day

AHMAC	Australian Health Ministers' Advisory Council
APHA	Australian Private Hospitals Association
AMA	Australian Medical Association
CDHA	Commonwealth Department of Health and Ageing
CDMS	Centralised Data Management Service
DVA	Commonwealth Department of Veterans' Affairs
Health Fund(s)	Private Health Insurance Fund that pay benefits for psychiatric care
Hospital(s)	Private Hospital with psychiatric beds
NMHWG	AHMAC National Mental Health Working Group
RACGP	The Royal Australian College of General Practitioners
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SPGPPS	Strategic Planning Group for Private Psychiatric Services

The Second (2nd) *SPGPPS Strategic Planning Day* was held at the Perth Clinic, on Saturday 28 September 2002.

1. OPENING AND WELCOME

The Chair of the SPGPPS, Dr Yvonnne White, opened the Strategy Day at 9:00 AM.

The following representatives were present.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

1. Dr Yvonne White — Chair SPGPPS
2. Dr Johanna Lammersma
3. Mr Craig Patterson

Australian Medical Association (AMA)

4. Dr Martin Nothling
5. Dr Bill Pring — Chair, SPGPPS Data Collection and Analysis Project

Commonwealth Department of Health and Ageing (CDHA)

6. Mr Peter Callanan — Private Health Industry Branch

Department of Veteran Affairs (DVA)

7. Mr David Morton

Consumer Representative

8. Ms Janne McMahon

Carer Representative

9. Mr John McGrath

Private Hospitals with Psychiatric Beds (Hospitals)

10. Mrs Sue Feeney
11. Ms Moira Munro

Private Health Insurers (Health Funds)

12. Mrs Judy Hardy
13. Ms Laurel Mitchell

SPGPPS Secretariat

14. Mr Phillip Taylor — Executive Officer
15. Mr Allen Morris Yates — Principal Information Officer

Facilitor

16. Ms Lynette Glendining — (Facilitor) PALM. Management

The following apologies were noted

1. Mr Mick O'Hara — CDHA Mental Health and Special Programs Branch
2. Dr Brian Kable — The Royal Australian College of General Practitioners

Dr White then introduced the facilitator, Ms Lynette Glendinning. Ms Glendinning was well known to the SPGPPS and had facilitated the First SPGPPS Strategy Day held on 18 February 2002 and the 16 August SPGPPS National Forum 2002, which were both held in Melbourne.

2. STRUCTURE OF THE DAY

Ms Glendinning then outlined the days proceedings and indicated that the purpose of the day was to examine the five Agreed Stakeholder Goals (ASG) arising from the SPGPPS National Forum 2002 and determine the role of the SPGPPS and its stakeholders in progressing these.

This will be done in light of SPGPPS Strategic Plan, which sets out the agreed key policy directions for the private sector.

Ms Glendinning then reminded those present that, in February 2002, the First SPGPPS Strategy Day had agreed that the SPGPPS is a *communication forum* that brings together diverse stakeholders to identify and agree issues in order to provide better mental health services in the private sector. The SPGPPS seeks to achieve this through a reform process, which involves:

1. undertaking multilateral discussions to better inform stakeholder policy processes;
2. looking at alternative funding arrangements;
3. informing and affecting practice within the sector; and
4. linking with the public sector.

This reform process requires the SPGPPS to undertake open and frank face–to–face discussions in which concerns can be raised and heard so that stakeholders can work together on agreed key issues and develop the process necessary to formulate solutions.

3. KEY QUESTIONS

Ms Glendinning then drew attention to the five Agreed Stakeholder Goals and their associated short term and long term actions, which had been circulated with the agenda and papers for the Strategy Day.

Those present were then asked to examine and analyse these based on the following strategic assumptions.

1. Move forward as a unified sector and identify where we can move forward together.
2. Link to wider initiatives where funding is available and get the key issues on the table.
3. Link with the whole sector including the full range of mental health providers.

The outcome was tabulated as follows.

AGREED STAKEHOLDER GOALS (AGS)	NATIONAL FORUM SHORT TERM GOAL	SPGPPS 2ND STRATEGY DAY ACTION	TIME	WHO	NATIONAL FORUM LONG TERM GOAL
1. Enhance Consumer and Carer participation in the design, delivery and evaluation of private sector mental health services, so that Consumer and Carer participation becomes the driving force in all elements of change.	▪ All SPGPPS stakeholder organisations should review their current practice with respect to the involvement of Consumers and Carers in the development and implementation of policy. ▪ ~~Document standard guidelines and practical *how to's* to assist the establishment of Consumer and Carer advisory committees, including examples of hospital experiences~~. ▪ ~~Develop similar guidelines for the establishment of Consumer and Carer advisory committees by other stakeholders.~~	Support the establishment of a National Network of Private Psychiatric Sector Consumers and Carers. Identify current best practice in SPGPPS stakeholders groups in relation to consumer and carer participation.	**Nov 2002** **Mar 2003**	**Secretariat** **Secretariat**	▪ All SPGPPS stakeholder organisations should work toward the establishment of Consumer and Carer advisory committees. ▪ That the APHA Psychiatric Sub–committee encourage all private psychiatric hospitals to participate locally, at state level and nationally with Consumer and Carer advisory committees including the *National Network of Private Psychiatric Sector Consumers and Carers*.

AGREED STAKEHOLDER GOALS)	NATIONAL FORUM SHORT TERM GOAL	SPGPPS 2ND STRATEGY DAY ACTION	TIME	WHO	NATIONAL FORUM LONG TERM GOAL
2. Enable private sector mental health services to provide comprehensive care by encouraging the uptake of innovative services that have been shown to be effective and feasible.	▪ Streamline the current application process for the establishment of Outreach Programs by Private Hospitals. ▪ Undertake a survey to ascertain why Private Hospitals, and other service providers, have not implemented innovative services that have been shown to be effective and feasible in the private mental health service sector. ▪ Undertake a review to identify aspects of re–insurance that impede the appropriate funding of innovative services. ▪ Private Health Insurance Funds, in consultation with SPGPPS stakeholders, to review the impact of product configurations (eg broadly applied co–payments) on the capacity of service providers to provide care in accordance with evidence–based best clinical practice.	**Done** 2.1 Establish a working Group comprised of Hospitals, Health Funds, RANZCP, DVA to identify how to ensure uptake of outreach models. ➢ Report back to SPGPPS on ways to overcome constraints to future uptake of a range of innovative models. 2.2 SPGPPS to determine how best to take these results forward.	**Mar 2003**	**Mar 2003**	▪ Work toward the reform of current regulatory arrangements to enable innovative services to be appropriately funded. ▪ Undertake a review and meta–analysis of innovative initiatives, including but not limited to, Early Discharge and Outreach Programs, to determine what has worked, and what factors have enabled the full incorporation of those initiatives into routine practice. ▪ The above review, and any future initiatives, must involve Consumers and Carers and should be conducted and evaluated within the context of the National Mental Health Strategy. ▪ Encourage the development of Private Health Insurance products that are consistent with evidence–based best clinical practice.

AGREED STAKEHOLDER GOALS	NATIONAL FORUM SHORT TERM GOAL	SPGPPS 2ND STRATEGY DAY ACTIONS	TIME	WHO	NATIONAL FORUM LONG TERM GOAL
3. Improve access to private sector mental health services by strengthening linkages and improving the co–ordination of care between GPs, Psychiatrists and Private Hospitals.	▪ To inform the development of Shared Care arrangements and Consultation–Liaison Psychiatry: ▪ collate and evaluate data collected by Divisions of General Practice on the implementation of shared care arrangements with a view to identifying how those arrangements that have worked might best be implemented in private sector mental health services; and ▪ evaluate the extent to which current and developing CMBS item numbers facilitate or hinder Shared Care and Consultation–Liaison arrangements. ▪ ~~Expedite the development and implementation of CMBS Item Numbers for Telepsychiatry and Consultation–Liaison Psychiatry~~. ▪ ~~Expand the *Practicing Psychiatrist Referral Contact List* for GPs, developed in Victoria, to all jurisdictions.~~ ▪ Remove barriers (eg after–hours access to psychiatrists) to after–hours admission to Private Hospitals. ▪ ~~Improve access to urgent assessment by psychiatrists.~~ ▪ Explore extension of the *Queensland Outback* Model.	3.1 Develop a shared understanding of effective arrangements in strengthened coordination of care. ➢ The SPGPPS to be a forum for discussion with Standing Item on SPGPPS agenda ➢ RANZCP, NNPP rep to keep SPGPPS informed. 3.2 Identify key areas where SPGPPS has a common view and ensure ways to bring key stakeholders together to shape the agenda ➢ Develop protocol to bring coalition of players together. 3.3 Identify extent and nature of difficulties in access to after hours care access across the whole system and, in particular, new patients. ➢ Hospitals & Secretariat to survey Hospitals. ➢ RANZCP to survey members.	**Ongoing** **Ongoing** **Nov 2003**	**Secretariat** **RANZCP** **Chair (Dr White)** **CEO (Mr Taylor)** **Hospitals** **RANZCP** **Secretariat** **Ms Munro/Mr Taylor** **Mr Patterson**	• Encourage consumer, carer and clinician driven development of better models of Shared Care and Consultation–Liaison Psychiatry. • ~~A representative group of stakeholders to develop a strategy to improve access to private sector mental health services for people living in regions where access to such services are limited.~~ • ~~A representative group of stakeholders to review the effect of *selective contracting* on access to private sector mental health services.~~ • ~~Support the implementation Private Hospital based 1800 Help Lines to facilitate assessment and treatment.~~

AGREED STAKEHOLDER GOALS	NATIONAL FORUM SHORT TERM GOAL	SPGPPS 2ND STRATEGY DAY ACTION	TIME	WHO	NATIONAL FORUM LONG TERM GOAL
4. Seek to ensure that private sector mental health services are supported by a high quality workforce.	▪ Investigate links to the Commonwealth Nurse Workforce Initiative.	SPGPPS to link with AHMAC, Commonwealth Health Industry & Investment Division (Mr Bob Wells), & CDHAC to determine current workforce initiatives.	**Nov 2002**	**Secretariat**	Develop strategies to address the undersupply of mental health nurses in the Private Hospital sector.
		SPGPPS stakeholders to identify current problems in consistency & quality in state–based licensing arrangements.	**Dec 2002**	**Hospitals (Ms Munro)** **Health Funds (Mrs Hardy)** **Consumers (Ms McMahon)**	
		➢ SPGPPS Working Group to identify minimal set of requirements based on input from all	**Mar 2003**	**RANZCP (Mr Patterson)**	
		➢ Chair to take forward to NMHWG.	**Mar 2003**	**Chair (Dr White)**	
		Develop a proposal to take to National Council on Safety & Quality/NICS to identify how best to use evidence to get changes in practice.			
		➢ RANZCP to develop a proposal to take forward.	**Early 2003**	**RANZCP (Mr Patterson)**	
5. Improve the quality, availability and utilisation of information regarding private sector mental health services.	▪ Establish a working group to initiate the development of an information strategy.	5.1 Form a Working Group to liaise with the RANZCP to develop a strategy to: ➢ Enable practitioners to use local data linked to evidence (data analysis & alignment) ➢ Ultimately enables benchmarking across settings 5.2 Develop basic information infrastructure to support evidence–based practice in hospitals settings. This should include a description of work currently being undertaken by Mr Allen Morris–Yates.		**Hospitals (Ms Munro)** **RANZCP (Mr Patterson)** **CDMS (Mr Morris–Yates)**	Develop a comprehensive information strategy for private sector mental health services. This strategy should bring together an analysis of the short, medium and longer–term information requirements of all private sector stakeholders with an agreed plan for meeting those requirements. Both the analysis of requirements and the plan should be informed by a full evaluation of the costs, risks, limitations and benefits inherent in the collection and utilisation of that information. The proposed strategy should be both feasible and cost effective. All stakeholder groups should be involved in the development of the strategy.

4. GOVERNANCE AND REPRESENTATIONAL ISSUES

The meeting expressed concern over the lack of attendance at face–to–face meetings of the SPGPPS of the representatives from RACGP and the CDHAC Mental Health and Special Programs Branch. Following discussion it was resolved.

RESOLVED

1. *That the SPGPPS requests the Chair write to the Commonwealth Department of Health and Ageing, Mental Health and Special Programs Branch concerning its attendance at meetings of the SPGPPS.*
2. *That the SPGPPS requests that the Chair of the SPGPPS, Dr Yvonne White, the SPGPPS Executive Officer, Mr Phillip Taylor and RANZCP Executive Director, Mr Craig Patterson meet with the newly appointed RACGP President, Professor Michael Kidd, with a view to securing more consistent and effective RACGP contribution to the SPGPPS.*

6. SPGPPS NATIONAL FORUM 2003

There was discussion of the next SPGPPS National Forum and a range of suggestions were put forward as to how the 2003 Forum could be improved as follows.

- Build in more time for networking and promote the SPGPPS more strongly, in particular, the profile of the Executive Officer needs to be addressed.
- Explore the style of the conference with a range of speakers/electives and demonstrate the track record of achievement.
- Provide opportunities for specific subgroups, for example consumers and carers, to meet together, and facilitate a meeting place for particular groups.
- Bring diverse groups together but ensure task and timing provide sufficient opportunity to explore views.
- Explore stronger input by SPGPPS into TheMES and other conferences.
- Provide a catalyst for provocative debate.
- Look at most appropriate conference timing.

These suggestions were noted for consideration at the 30th Meeting of the SPGPPS.

6. CONCLUSION

There was consensus that the 2nd SPGPPS Strategy Day proved successful in arriving at practical actions geared toward progressing the Agreed Stakeholder Goals that arose form the SPGPPS National Forum 2002 over the next 12–18 months. The SPGPPS agreed to endeavour to maintain the focus of the SPGPPS on these issues.

7. CLOSE

The meeting closed at 4:30 pm and the SPGPPS thanked Ms Glendinning, by acclamation, for her invaluable assistance in facilitating the day.

Mr Phillip Taylor
Executive Officer
SPGPPS

Dr Yvonne White
Chair SPGPPS