STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

TWENTY–SEVENTH MEETING

HELD AT
DEPARTMENT OF VETERANS' AFFAIRS
CENTENNIAL PLAZA
280 ELIZABETH STREET
SURRY HILLS
SYDNEY

THURSDAY, 14 MARCH 2002

REPORT OF MEETING

Glossary of Acronyms and Terms used in this Report

AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers' Advisory Council
APHA	Australian Private Hospitals Association
AMA	Australian Medical Association
CCP	Clinical Care Pathways
CDHA	Commonwealth Department of Health and Ageing
CDMS	Centralised Data Management Service
CDP	Community Development Project
CPG	Clinical Practice Guidelines
Health Fund(s)	Private Health Insurance Funds that pay benefits for psychiatric care
HFPCLG	Health Fund Psychiatric Care Liaison Group
Hospital(s)	Private Hospital(s) with psychiatric beds
MHCA	Mental Health Council of Australia
NCCF	MHCA Natioanl Consumer and Carer Forum
NMHS	National Mental Health Strategy
NMHWG	AHMAC National Mental Health Working Group
NOAC	Network of Australian Consumer Advisory Groups
OFPC	Office of the Federal Privacy Commissioner
PEA	Pre–existing Ailment Rule
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 Twenty–Seventh (27th) Meeting of the Strategic Planning Group for Private Psychiatric Services (SPGPPS) was held on Thursday, 14 March 2002 at the offices of the Department of Veterans' Affairs in Sydney.

This meeting was held back–to–back with the 15 March meeting of the Australian Health Ministers Advisory Council's (AHMAC) National Mental Health Working Group (NMHWG).

A conjoint dinner between the NMHWG and the SPGPPS was held on the evening of the 15 March at Dedes' Restaurant, the Kirribilli Club.

1. PROCEDURAL MATTERS

1.1 OPENING/WELCOME/APOLOGIES/PROXIES/GUESTS

The Chair of the SPGPPS, Dr Yvonne White, opened the meeting at 10:00 AM. The following representatives were in attendance.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
1. Dr Yvonne White Chair SPGPPS
2. Dr Johanna Lammersma

Australian Medical Association (AMA)
3. Dr Bill Pring Chair, SPGPPS Data Collection and Analysis Project
4. Dr Choong–Siew Yong (Observer)

Commonwealth Department of Health and Ageing (CDHA)
5. Mr Mick O'Hara Mental Health Branch and Special Programs Branch (11:00 AM on)
6. Mr Peter Callanan Private Health Industry Branch
7. Ms Denise Sharp Observer, Private Health Industry Branch

Department of Veteran Affairs (DVA)
8. Mr David Morton

Private Hospitals with Psychiatric Beds (Hospitals)
9. Ms Moira Munro

Private Health Insurers (Health Funds)
10. Mrs Judy Hardy
11. Ms Lynn McDonald–Duke

SPGPPS Secretariat
12. Mr Phillip Taylor Executive Officer
13. Mr Allen Morris Yates Principal Information Officer

Apologies

1. Mr Dermot Casey CDHA Mental Health and Special Programs Branch
2. Mr Craig Patterson Royal Australian and New Zealand College of Psychiatrists
3. Ms Janne McMahon SPGPPS Consumer Representative
4. Mr John McGrath SPGPPS Carer Representative
5. Ms Sue Feeney Hospitals, Deputy Chair SPGPPS

Invited Guests

1. Ms Chris Harrington CDHA Private Health Industry Branch
2. Ms Jane Ferry AMA Legal Consultant

1.2 REPORT OF THE 26TH MEETING OF THE SPGPPS

The SPGPPS then considered a copy of the draft report of its 26th Meeting held on 6 December 2001 in Adelaide. The report was approved as a true and accurate record of proceedings.

RESOLVED (Dr Pring/Ms Munro)

1. *That the SPGPPS approve, as a true and accurate record, the report of the 26th Meeting of the SPGPPS held in Adelaide on 6 December 2001.*
2. *That the SPGPPS directs that the Report of the 26th Meeting of the SPGPPS be made available on the SPGPPS Website at: www. spgpps.com.*

1.3 PROGRESS REPORT ON ACTIONS ARISING FROM THE 26TH MEETING

The SPGPPS noted the following Progress Report on Actions Arising from the 26th Meeting of the SPGPPS.

AGENDA ITEM	PROGRESS REPORT ON ACTIONS ARISING FROM THE 26TH MEETING OF THE SPGPPS	ACTION OFFICER(S)	STATUS 4/3/2002
	REPORT ON THE 26TH MEETING OF THE SPGPPS		
➢	Draft and circulate report for comment.	Secretariat & Chair	***Done***
1	***PROCEDURAL MATTERS***		
1.3	**CHAIRS REPORT**		
➢	Organise Strategy Day Meeting for 18 February 2002.	Secretariat	***Done***
➢	Obtain information on facilitators and costs involved.	Secretariat	***Done***
➢	Select facilitator by SPGPPS Executive teleconference	Executive Officers	***Done***
➢	Co–ordinate program development with facilitator	Secretariat/SPGPPS/Facilitator	***Done***
➢	Circulate Strategy Day Program and any material	Secretariat	***Done***
➢	Prepare and circulate draft Strategy Day Report	Secretariat	***Done***
➢	Strategy Day follow–up with facilitator	Secretariat/Facilitator	***Done***
➢	Agenda Item 27th meeting	Secretariat	***Done***
1.5	**NEW PRIVATE SECTOR PRIVACY LEGISLATION**		
➢	Co–ordinate signing & despatch of coalition letter.	Secretariat	***Done***
2	***FINANCE AND OPERATIONAL MATTERS***		
2.3	**SPGPPS OPERATING GUIDELINES**		
➢	Develop a discussion paper on leadership options	Mr Taylor/Ms Ferry	***Done***
➢	Circulate Discussion Paper to assist stakeholders	Secretariat	***Done***
➢	Agenda Item for 27th SPGPPS Meeting	Secretariat	***Done***
3	***DISCUSSION ITEMS***		
3.1	**NATIONAL FORUM 2001 RECOMMENDATIONS**		
➢	Stakeholders to utilise recommendations as a resource.	All	***Done***
➢	Consider recommendations at SPGPPS Strategy Day.	All	***Done***
3.2	**QUALITY AND SAFETY IN MENTAL HEALTH**		
➢	Meeting to determine national symposium agenda	Mr Taylor/Mr Morris–Yates	***Done***
➢	Agenda Item for 27th SPGPPS Meeting	Secretariat	***Done***
3.4	**CONSUMER AND CARER PARTICIPATION**		
➢	Consumer/Carer/Hospitals to report to 27th meeting	Consumer/Carer/Hospitals	***✓Pending***
3.5	**REVIEW OF GUIDELINES FOR DETERMINING BENEFITS**		
➢	Circulate Guidelines to stakeholders for comment	Secretariat	***Done***
➢	Establish Working Group to participate in review	Secretariat	***Done***
➢	Working Group to review Guidelines via teleconference	Working Group	***Done***
➢	Agenda Item 27th SPGPPS Meeting	Secretariat	***Done***
3.6	**PRE–EXISTING AILMENT RULE**		
➢	CDHA to write to SPGPPS with revised approach	Mr Callanan	***✓Pending***
3.7	**GUIDELINES FOR OUTREACH SERVICES**		
➢	CDHAC to report on Working Group Deliberations	Mr Callanan	***✓Pending***
3.12	**ENHANCING RELATIONSHIPS PROJECT**		
➢	Agenda Item 27th SPGPPS Meeting	Secretariat	***Done***

The SPGPPS then considered the following outstanding matters.

1.3.1 CONSUMER AND CARER PARTICIPATION *(26th Meeting Agenda Item 3.4*)

Based on the Recommendations of the SPGPPS National Forum 2001, SPGPPS Hospital, Consumer and Carer representatives, in collaboration with the APHA, are working towards the establishment of consumer and carer advisory committees in all private hospitals to enable consumers and carers to contribute constructively to service development, evaluation and current practice. It is anticipated that a national network of consumers and carers will evolve from the Advisory Committee network.

Discussion

Ms Munro reported that all 38 or so Hospitals had been contacted via email concerning the need for a national private sector consumer and carer network and 12 Hospitals had replied. A teleconference was then held to look at what was required and there was a positive response to the establishment of the network. The SPGPPS noted that most of the Hospitals that participated in the teleconference had some form of consumer and carer advisory committee that was either hospital–based, or state–based. Ms Munro indicated that the network is still in its infancy and will meet initially via teleconference. The SPGPPS Consumer representative, Ms Janne McMahon, will be asked to participate on the network with one other Hospital representative, which will be Mr Bernard McNair. Participating Hospitals are examining a mechanism for sharing the costs involved. Preliminary terms of reference are being drafted for the network as a starting point. The first teleconference of the new network will be held shortly.

Hospitals reminded other stakeholders of the need for their constituencies to participate in progressing consumer and carer participation within their own constituencies.

1.3.2 PRE–EXISTING AILMENTS RULE (PEA) (26th Meeting Agenda Item 3.6)

At the 22nd Meeting of the SPGPPS, held on 23 November 2000, a copy of the Executive Summary and Recommendations from the report into the operation of the current pre–existing ailment rules that apply to private health insurance members, were considered. The rules allow health funds to put in place a 12 month waiting period from the date of joining the health fund in circumstances where the ailment, illness or condition existed prior to the person joining a health fund. The rule is also intended to better protect long–term private fund members by ensuring that they are not subject to the escalating premiums that would result from the cost of hit and run members.

Recommendation 16 of the Report asks the SPGPPS to:

> *…develop a guide to assist health funds determine whether or not a psychiatric illness was pre–existing by identifying which psychiatric illnesses are typically clustered or contingent on one another, and which conditions can be generally regarded as distinct and unrelated.*

The SPGPPS believes that identifying which psychiatric illnesses are typically clustered or contingent on one another, and which conditions can be generally regarded as distinct and unrelated, is a complex area that is the subject of a major international research effort.

Since the 22nd Meeting the SPGPPS has written to the CDHA and suggested alternative approaches to this issue. CDHA subsequently undertook a revision of how this matter is to be handled. The Chair reported that Ms Chris Harrington, Director, Insurance Industry Section, CDHA Private Health Industry Branch, had been invited to address this meeting of the SPGPPS on that approach. The Chair welcomed Ms Chris Harrington to the meeting.

Presentation

Ms Harrington opened her address and spoke about the reforms implemented to date. These included the development of *Best Practice Guidelines for Health Funds* (hereafter Guidelines), which provide the following.

1. *Statement of Reason*
2. *Definition of sign and symptom*
3. *Case studies to support definitions*
4. *Instructions to seek information from the treating medical practitioner*
5. *Instructions to assess PEA prior to admission wherever possible.*

The Guidelines define a *symptom* as a person's knowledge of an ailment, because it has been diagnosed, or if there has not been a diagnosis, the person knows that something is wrong because of pain, discomfort or irregularities. For example, a person ***would*** be considered to have a symptom if they have been diagnosed and treated for an ailment, illness or condition at some time in the past, ***and*** this same illness remained present during the six months prior to joining the hospital table.

A person would ***not*** be considered to have a symptom, if that person had been diagnosed and treated for a particular ailment at some time in the past ***and***, at the time, the ailment had been resolved or was declared by the treating medical practitioner to be cured.

If the opinion of the Health Fund practitioner and the treating medical practitioner differ regarding signs and/or symptoms, for each point of difference the fund practitioner must justify with appropriate references why the opinion of the treating medical practitioner should be disregarded.

Psychiatric illnesses are to be assessed for PEA in the same manner as all other illnesses. Not all psychiatric illnesses are related. Evidence of a psychiatric illness or episode in the past does not always constitute symptoms of a psychiatric illness some time later. All PEA assessments for psychiatric hospital treatment should be made in consultation with the treating psychiatrist.

A ***Medical Practitioner Certificate*** has also been developed that documents the principal condition, associated conditions, the date of the patient's ***first*** attendance for this illness, and the signs or symptoms of the condition (when first seen, what it consisted of, when it commenced, and how long it had been present for).

In closing, Ms Harrington explained that two explanatory brochures have also been produced.

1. ***Private Health Insurance: Do you know enough about the pre–existing ailment rule?***

   This brochure is for medical practitioners and provides a clear explanation of the pre–existing ailment rule and provides advice about the role of the medical practitioner in confirming whether the rule applies to their patient before being admitted to hospital.

2. ***Will the pre–existing ailment waiting period affect you?***

   This brochure is for consumers and provides an explanation of the pre–existing ailment waiting period and how it is determined, as well as information about what to do if the waiting period applies. The consumer brochure is provided to:

   - all members who join a Health Fund or upgrade to a higher level of hospital cover; and
   - all members/patients with less than twelve months membership of their current hospital table, and making enquiries about benefits for a planned admission to hospital.

Discussion

The SPGPPS and Ms Harrington then addressed the issue of psychiatric illnesses in relation to the PEA and the way forward.

The SPGPPS noted that in response to the obvious difficulties in implementing the Recommendations related to psychiatry the Commonwealth had undertaken discussions and developed the following five options to progress these recommendations.

1. *Identify the psychiatric illnesses and their symptoms that account for 90% of private inpatient treatment.*
2. *A blanket 6 month waiting period for any psychiatric illnesses.*
3. *If the treating psychiatrists does not agree with the assessment of the Health Fund psychiatrists, then the Health Fund must seek a second opinion from another psychiatrist.*
4. *Patient elects, at the time of joining a Health Fund, to opt for either the 6 month Blanket waiting period, or application of the PEA Rule.*
5. *If the PEA assessment is not completed before admission, should the Health Fund have to pay the claim anyway?*

The SPGPPS noted that, on balance, Option 2 had been supported and referred to the Australian Health Insurance Association (AHIA) Executive. The Executive, however, rejected this option on the basis that it would encourage cost shifting by the States to the private hospitals system because it was a six month waiting period, rather than a twelve month.

The SPGPPS agreed that more information is required on the number of cases where there has been consistent refusal of benefits due to a pre–existing ailment

RESOLVED

The SPGPPS requests that Health Funds and Hospitals consult their constituencies and ascertain the number of cases where there has been consistent refusal of benefits due to a pre–existing psychiatric illness and report back to the next meeting of the SPGPPS.

1.3.3 GUIDELINES FOR OUTREACH SERVICES (26th Meeting Agenda Item 3.7)

The Health Legislation Amendment Act (No.1) 2001 enables the private health industry to fund outreach services, that is, alternative models of health care delivery, as a direct substitute to in–hospital care for admitted patients who are acutely ill. Under the Act, Hospitals seeking to provide outreach services to private patients will be required to gain Ministerial approval before providing outreach services. Only approved services will be covered by hospital table insurance arrangements. To gain approval, hospitals are required to meet specified *Guidelines for Outreach Services* and private hospital and day hospital facilities wishing to offer an approved Outreach Service have been invited to make an application to the CDHA Private Health Industry Branch. A working group of key stakeholder groups will be set up to advise on the suitability of the applications, comprising representatives of the CDHAC, Health Funds and Hospitals and the Royal College of Nursing and the Committee of Presidents of Medical Colleges.

Discussion

Mr Callanan reported that, to date, four applications have been received. The Working Group has reviewed these and recommendations for approval for the Outreach Services, for twelve months, will be sent to the Minister shortly. It is also presumed that those four facilities

currently providing outreach services will want to continue, and they have been advised of the need to renew their applications.

The SPGPPS noted that no applications had been received from private hospitals with psychiatric beds. Possible reasons for this were identified as follows.

- Lack of information;
- Establishment and infrastructure costs for Hospitals in providing Outreach Services.
- Lack of proper evaluation of establishment and infrastructure costs during the *Early Discharge* and *Hospital in the Home* Trials.
- The desire of some consumers, and their carers, for a person with a mental health illness, or disorder to be away from their home environment during acute episodes of their illness.
- Lack of aggregate data on which patient groups are utilising Hospital–based services.

The SPGPPS agreed that this matter should be taken up under the issue of funding models as part of the National SPGPPS Forum. The data that will be available from the Centralised Data Management Service (CDMS) should also be able to identify which patient groups are utilising Hospital–based services.

1.4 OUT OF SESSION DECISIONS

1.4.1 AHMAC NATIONAL MENTAL HEALTH WORKING GROUP (NMHWG)

The incoming Chair of the NMHWG, Dr Penny Gregory, wrote to the SPGPPS Chair, Dr Yvonne White concerning the 14 March Planning Day for the AHMAC NMHWG, and the 15 March meeting of the NMHWG, to which three SPGPPS representatives were invited. To assist with the Planning Day discussions, Dr Gregory asked for advice on the role of the SPGPPS when meeting with the NMHWG and what goals the SPGPPS would like to achieve in conjunction with the NMHWG.

Discussion

The Chair reported that a response had been sent to Dr Gregory indicating that Ms Moira Munro, Mr Phillip Taylor and Dr Yvonne White, would attend the 15 March NMHWG meeting. Concerning the NMHWG Planning Day the SPGPPS noted that the following key points had been made.

- The SPGPPS mandate requires strong and productive linkages with the public sector to facilitate the exchange of ideas and better integration of services across sectors. To date, the SPGPPS has worked towards that goal through its linkage with a range of initiatives auspiced by the NMHWG and by holding two SPGPPS meetings per year back–to–back with the NMHWG. This arrangement enables the SPGPPS to offer an important private sector perspective and link with the goals and activities of the NMHWG. Currently there is no other forum to foster this linkage between private and public mental health services.
- The SPGPPS will focus on the following four key areas over the next 18 months.

  1 Access to Mental Health Services
  2 Funding Models for Mental Health Services
  3 Mental Health Workforce
  4 Consumer and carer participation

- There are many areas of common ground between these issues, and the themes the NMHWG will pursue over the coming year, namely:

  1 Strengthening primary care and early intervention;
  2 Level, mix and integretation of specialist mental health services to meet future demand pressures;

3 Disability and residential support; and
4 Infrastructure reform, particularly in the areas of workforce, information and funding systems.

In particular, infrastructure reform, funding models, workforce, and systems for the evaluation of quality and effectiveness of services, are of key interest to the SPGPPS.

- Some of the issues, which are currently on the SPGPPS agenda, that are relevant to the themes the NMHWG wishes to pursue, include the following.
  - The SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services (hereafter National Model)
  - Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–based Psychiatric Care
  - Integrated National Mental Health Service Projects
  - Quality and Safety in Mental Health Care
- The SPGPPS can offer the NMHWG an important private sector perspective on mental health sector policy and a demonstrated capacity to facilitate service reform geared toward better integration of services across sectors.

The Chair has requested that the SPGPPS be formally represented on the NMHWG. It was anticipated that the NMHWG would provide a response to this request at its 15 March meeting.

1.4.2 NEW PRIVATE SECTOR PRIVACY LEGISLATION

On December 21 2001, a coalition letter between the AMA, RANZCP, MHCA, and APHA, was sent to the Attorney General, the Hon. Daryl Williams AM QC MP, expressing deep concerns over the impact the new private sector privacy legislation and the Health Privacy Guidelines would have on the mental health sector.

Discussion

The Chair reported that the Attorney General had responded and indicated that these concerns have been raised with the Federal Privacy Commissioner, Mr Malcolm Crompton. Mr Crompton has indicated he would be happy to discuss these concerns with representatives from the coalition.

The SPGPPS noted that the coalition stakeholders would go ahead with the meeting and would ask appropriate representatives to attend on their behalf, together with an SPGPPS and Health Fund Observer. It was agreed that the SPGPPS Secretariat should assist in this process by co–ordinating arrangements for the meeting with the Office of the Federal Privacy Commissioner.

RESOLVED

That the SPGPPS requests Secretariat to co–ordinate a meeting between the Federal Privacy Commissioner, Mr Malcolm Crompton and representatives from the AMA, APHA, MHCA and RANZCP, with an Observer from the SPGPPS and the AHIA. The purpose of the meeting will be to discuss concerns over the impact of the new private sector privacy legislation and Health Privacy Guidelines on the mental health sector.

1.4.3 NATIONAL PRACTICE STANDARDS FOR THE MENTAL HEALTH WORKFORCE

The SPGPPS noted that the Chair of the National Mental Health Education and Training Advisory Group, Professor Harvey Whiteford, had acknowledged the comments submitted by the SPGPPS on the Standards.

2. FINANCIAL AND OPERATIONAL MATTERS

2.1 SPGPPS ANNUAL PROGRESS REPORT

In accordance with the *AMA Agreement for Services* between the AMA, RANZCP, CDHA APHA (on behalf of participating private hospitals with psychiatric beds), and the AHIA (on behalf of participating private health insurance funds), the SPGPPS is required to produce a yearly progress report, which includes the following.

- Progress with all major SPGPPS activities.
- Financial Statements
- Recommendations on funding for subsequent years.
- Any revision to the funding formula for stakeholder contributions.
- A revised Schedule of Services and Deliverables.

Discussion

The SPGPPS then considered a copy of the draft *SPGPPS Annual Progress Report 2001–2002*, prepared by the SPGPPS Executive Officer, Mr Phillip Taylor. Mr Taylor explained the content of the report. The SPGPPS commended Mr Taylor on the Progress Report.

The SPGPPS noted that the Commonwealth Department of Veterans Affairs' (DVA) would provide an indication as to how it might contribute financially to the work of the SPGPPS at the next meeting.

The RACGP reported that the College wished to continue to participate as a non–financial member. Unfortunately, at this stage, the College will be unable to contribute financially to the ongoing operation of the SPGPPS.

The AMA confirmed that any remaining funds from Year 1, would be used, at the discretion of the SPGPPS, to cover any unbudgeted expenditures.

RESOLVED

1. *That the SPGPPS notes the SPGPPS Progress Report 2001 –2002, prepared by the SPGPPS Secretariat and requests that the Report be forwarded to the signatories to the AMA Agreement for Services.*

2. *The SPGPPS directs that the final version of the SPGPPS Progress Report 2001 be made available on the SPGPPS Website at: www. spgpps.com, following approval by the signatories of the AMA Agreement for Services.*

2.2 SPGPPS STRATEGIC PLANNING DAY 2002

The *SPGPPS Strategic Planning Day 2002* was held at the Melbourne Airport Hilton Hotel, on Monday, 18 February 2002. Ms Lynette Glendinning of P.A.L.M. Management facilitated proceedings. The Chair indicated that the Strategy Day proved highly successful in uniting stakeholders toward addressing the following four key issues in the private sector over the next two years.

1. Access
2. Funding Models
3. Mental Health Workforce
4. Consumer and Carer Participation

Discussion

The SPGPPS considered the outcomes of the Strategic Planning Day and agreed to endorse and progress these key areas over the next two years. The complexities of each of these key areas, and the interrelationships between them, were discussed and the SPGPPS agreed to the following approach.

- ***Access and Funding models***

  These issues will be addressed through the 2002 National SPGPPS Forum (see Agenda Item 2.3).

- ***Mental Health Workforce***

  Hospitals offered to provide background information on the current situation regarding mental health nurses. The RANZCP agreed to provide information on the psychiatrist workforce. The Secretariat was asked to collate this information for the next meeting of the SPGPPS.

- ***Consumer and Carer Participation***

  Continue to progress *consumer and carer participation* in the private sector through the establishment of consumer and carer advisory committees in all private hospitals as described under Agenda Item 1.3.1 above.

The SPGPPS noted the changes the Secretariat had made to the agenda and papers for this meeting. Those present agreed that the changes were already facilitating a much more efficient process. On that basis, it was agreed that two day meetings of the SPGPPS would not be necessary. There was consensus that a strategy day should be held each year, shortly after the annual National SPGPPS Forum, to consider and progress Forum outcomes. It was agreed that, for 2002, the Strategy Day would be held on Saturday, 28 September in Perth (the day after the 29th Meeting of the SPGPPS to be held on Friday, 27 September). The Secretariat was asked to co–ordinate arrangements for the Perth meetings and to organise an SPGPPS Dinner for Friday evening 27th September. The SPGPPS requested that the Secretariat commission Ms Lynette Glendinning to externally facilitate the Strategy Day.

RESOLVED

1. *That the SPGPPS approves the Draft SPGPPS Strategic Planning Day Report 2002 as a true and accurate record of proceedings.*

2. *That the SPGPPS directs that the SPGPPS Strategic Planning Day Report 2002 be made available on the SPGPPS Website at: www. spgpps.com.*

3. *That the SPGPPS endorses the following key issues to be progressed by the SPGPPS over the next two years. In doing so, the SPGPPS notes that these issues are consistent with the policy directions set out in the SPGPPS Strategic Plan 2000–2003.*

    1. *Access.*
    2. *Funding Models.*
    3. *Mental Health Workforce.*
    4. *Consumer and Carer Participation.*

5. *That the SPGPPS recommends that the issues of access and funding models form the basis of discussions at its 2002 National Forum.*

6. *That the SPGPPS requests Hospitals to provide information on the current shortage of mental health nurses, and for the RANZCP to provide background*

information on the current situation regarding the psychiatrist workforce. The SPGPPS Secretariat is asked to collate this information and prepare an appropriate agenda item for the 28th meeting of the SPGPPS.

7. *That the SPGPPS endorses the new format for the agenda and papers for meetings of the SPGPPS.*

8. *That the SPGPPS requests that the SPGPPS Secretariat co–ordinate an annual Strategy Day, to be held shortly after the yearly National SPGPPS Forum to consider and progress the outcomes of the Forum. For 2002, the SPGPPS directs that the Strategy Day be held on Saturday, 28 September in Perth. The SPGPPS requests that Ms Lynette Glendinning be approached to externally facilitate the Strategy Day.*

2.3 FUTURE LEADERSHIP OF THE SPGPPS

Following the 26th Meeting of the SPGPPS, the Secretariat in consultation with the SPGPPS stakeholders and the AMA Legal Consultant, Ms Jane Ferry, prepared a discussion paper to inform stakeholder deliberations concerning the future leadership options for the SPGPPS and to expedite the review of the SPGPPS Operating Guidelines. The paper includes proposed resolutions to change the leadership arrangements of the SPGPPS, if necessary, in accordance with four models.

Discussion

Ms Jane Ferry spoke to the discussion paper and advised that, while a discussion could take place concerning the four models, it may not be appropriate for the SPGPPS to initiate any change in leadership arrangements at this meeting of the SPGPPS. The SPGPPS noted that one Hospital representative, and the Consumer and Carer representatives were not present. It was agreed that this matter should be deferred to this next meeting.

The SPGPPS then discussed the need for a small executive to be established to progress matters between meetings of the SPGPPS. It was agreed that the current Executive Officers were sufficient to be make decisions between meetings. There was consensus that a brief monthly teleconference of the entire SPGPPS should be held. The teleconference would deal primarily with process issues related to progress with actions arising from the previous face–to–face meeting.

RESOLVED

1. *That the SPGPPS notes the document titled, Future Leadership Options for the SPGPPS: A Discussion Paper Prepared for SPGPPS Stakeholders, February 2002, prepared by the SPGPPS Secretariat and directs that this matter be deferred to 28th meeting of the SPGPPS.*

2. *That the SPGPPS requests the Secretariat to co–ordinate teleconferences on the following dates to deal with process issues related to progress with actions arising from face–to–face SPGPPS meetings.*

7:30PM	*Tuesday, 23 April 2002*
7:30 PM	*Tuesday, 21 May 2002*
7:30 PM	*Tuesday, 9 July 2002*
7:30 PM	*Tuesday, 6 August 2002*
7:30 PM	*Tuesday, 10 September 2002*
7:30 PM	*Tuesday, 5 November 2002*

2.4 SPGPPS NATIONAL FORUM 2002

On Friday, 16 August 2002 the SPGPPS will convene its 3rd National Forum for all stakeholders involved in the funding and delivery of private sector mental health services. In February 2002 the Secretariat undertook an industry–wide consultation process concerning the Forum and the issues that should be addressed. This data was tabled at the meeting and it was noted only 12 responses had been received.

Discussion

In considering this feedback, and in light of the outcomes of the SPGPPS Strategy Day 2002 and the 2001 SPGPPS National Forum, The SPGPPS agreed that the 2002 Forum will be devoted to, *Innovative Models of Service Delivery and Funding for Private Mental Health Services*. There was consensus that an expert who has a global view of the current funding and service delivery issues facing the private sector should be commissioned by the SPGPPS to undertake the preparation of the following for the Forum.

1. Work in consultation with the SPGPPS to develop a template to assist each of the key SPGPPS stakeholder groups to develop background papers, which outline their perspective on the following.

   - The current *state of play* in relation to models of service delivery and funding for private sector mental health services.
   - Impediments to implementing alternative models of service delivery and funding.
   - The directions and possible solutions to address impediments.

   These seven papers will be made available to participants before the Forum and underpin small group discussions on the day.

2. Using the papers developed by stakeholders as background material, develop a summary paper that identifies the key issues that will need to be addressed in developing alternative models of service delivery and funding for private sector mental health services.

3. Facilitate proceedings on the day of the Forum.

There was consensus that Professor Harvey Whiteford, Kratzmann Chair in Psychiatry, Toowong Private Hospital should be approached to undertake this work. It was agreed that Dr Whiteford's advice should be sought on the costs involved and also on alternative experts should he be unable to undertake this work. The SPGPPS agreed to establish an Agenda Committee for the Forum that would oversee this work and develop the Forum Program.

RESOLVED:

1. *That the SPGPPS requests that the Secretariat approach Professor Harvey Whiteford, to undertake the preparation of the following for the SPGPPS National Forum 2002.*

   a. *Work in consultation with the SPGPPS to develop a template to assist each of the key stakeholder groups, Health Funds, Hospitals, psychiatrists, GPs, Commonwealth and Consumers and Carers to develop a background paper, of no more 2000 words, which outlines their perspective on the following.*

      - *The current state of play in relation to models of service delivery and funding for private sector mental health services.*
      - *Impediments to implementing alternative models of service delivery and funding.*
      - *The directions and possible solutions to address impediments.*

b. Using the papers developed by stakeholders as background material, develop a summary paper that identifies the key issues that will need to be addressed in developing alternative models of service delivery and funding for private sector mental health services.

c. Facilitate proceedings on the day of the Forum.

2. *The SPGPPS requests that Professor Whiteford be asked to advise on the costs involved with Resolution 1 and on possible alternative experts should he be unable to undertake this work.*

3. *The SPGPPS requests that the SPGPPS Secretariat co–ordinate the establishment of an SPGPPS National Forum 2002 Agenda Committee constituted as follows.*

Chair SPGPPS Forum
Chair SPGPPS
Health Fund Representative
Hospital Representative
Consumer/Carer Representative
Expert Adviser
SPGPPS Secretariat

4. *The SPGPPS requests the SPGPPS National Forum 2002 Agenda Committee to meet via teleconference and work to the following schedule.*

MONTH	1 MAR 2002	2 APR 2002	3 MAY 2002	4 JUN 2002	5 JUL 2002	6 AUG 2002	7 SEP 2002
Process for Program and Materials Developments							
Develop Forum Program & Flyer							
Agree on, and invite, appropriate speakers							
Draft Background Papers							
Finalise Forum Program and Materials							
Deadlines							
Forum Flyer Despatched			**2**				
Forum Agenda and Papers Despatched					**24**		
SPGPPS 2002 National Forum						**16**	
Post Forum Report							**13**

2.5 SPGPPS DATA COLLECTION AND ANALYSIS PROJECT

The SPGPPS Data Collection and Analysis Project aims to put in place systems for the routine collection of data that will enable the relative effectiveness of various models of service delivery in the provision of mental health care services in private hospitals to be determined. The Project also aims to simplify overall hospital data collection requirements.

Stage One of this Project was completed in May 2000 with the publication of the report titled: *A National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services*. Implementation of the SPGPPS's National Model began in June 2001. To date, training materials and software have been developed and distributed to Hospitals. In September 2001, the SPGPPS's Principal Information Officer, Mr Allen Morris–Yates, visited each participating Hospital to provide a train the trainer workshop and discuss the implementation of the data collection protocols. In December 2001, one day training workshops focussed on the use of the Hospitals Standardised

Measures database (HSMdb) software were conducted in Perth, Adelaide, Melbourne, Sydney and Brisbane.

Discussion

The Chair advised that the SPGPPS is responsible for supervising the implementation of the National Model and the operations of its Centralised Data Management Service (CDMS) and invited Mr Allen Morris–Yates to update the meeting on progress.

Mr Morris–Yates reported that, in late February 2002, a telephone survey of all participating Hospitals was conducted to ascertain progress and identify any significant problems Hospitals may have been experiencing in their implementation of the data collection protocols and use of the software. The SPGPPS noted the results of the survey, which were tabled at the meeting.

The SPGPPS noted that, during the period January through March 2002, training materials were revised and the HSMdb software, and its associated documentation, completed. Mr Morris–Yates indicated that Version 1.1 of the HSMdb software would be distributed to Hospitals in late March.

Mr Morris–Yates reported he would again visit each participating Hospital in April. The purpose of this visit will be twofold. The first task will be to work through with key Hospital staff the processes for the import of HCP data and subsequent submission of both outcomes and HCP data to the CDMS. The second task will be to discuss and document any problems or issues which may have arisen, and review each Hospital's implementation of the requirements of the National Model.

The SPGPPS noted that there are two or three Hospitals out of 37 that have chosen not to participate in the implementation of the National Model. It was agreed that this was an issue for those facilities and for Health Funds.

The SPGPPS was satisfied implementation of the National Model was on schedule and congratulated Mr Morris–Yates on the quality of work to date.

RESOLVED

1. *That the SPGPPS notes Progress Report 2 on the implementation of the SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services, prepared by the SPGPPS Information Officer, Mr Allen Morris–Yates.*
2. *That the SPGPPS directs that the Progress Report be made available on the SPGPPS Website at: www. spgpps.com.*

3. DISCUSSION ITEMS

3.1 MHCA CONSUMER AND CARER FORUM & PRIVATE SECTOR REPRESENTATION

The MHCA has invited the private mental health sector to nominate one consumer representative and one carer representative to participate on its *National Consumer and Carer Forum* (NCCF). Participation on the NCCF will cost the private sector approximately $8,250 for two representatives per year (i.e. $4,125 per representative per year). This includes travel, accommodation, and meal expenses, as well as sitting fees for consumer and carer representatives for four days per year.

Discussion

The Chair reported that the SPGPPS has been asked to consider contributing a one third share of $2750 toward these costs, in partnership with Health Funds and Hospitals. In considering this request, the SPGPPS discussed the following.

- The MHCA background paper, *Progressing the Consumer and Carer Partnership: National Consumer and Carer Forum*.
- The resolution of the Health Funds Psychiatric Care Liaison Group (HFPCLG) indicating that it would be happy to recommend that the AHIA fund an equitable share of consumer and carer participation in the NCCF, conditional upon the provision of a joint report from the appointed individuals to the HFPCLG following each meeting.
- Concerns that representation will be tokenistic and limited to a few individuals who will be difficult to support until such time as an identifiable and organised network of private sector consumer and carers exists. Representatives will, therefore, need a great deal of support if their health is not to suffer.
- The NCCF will be predominantly public sector focussed and as such is not the solution to representation for private sector consumers and carers at a national level in the longer term.

Following further discussion the SPGPPS passed the following resolutions.

RESOLVED

1. *That the SPGPPS notes the background paper, Progressing the Consumer and Carer Partnership: National Consumer and Carer Forum, prepared by the Mental Health Council of Australia.*
2. *That the SPGPPS agrees to provide in partnership with Hospitals and Health Funds, a one third share of $2750, for private sector consumer and carer participation on the Mental Health Council of Australia's, National Consumer and Carer Forum (NCCF), on condition that the following provisions are met.*
   - *2.1 Hospitals, Health Funds and the SPGPPS have the opportunity to consider and endorse the individuals nominated to represent the interests of private sector consumers and carers on NCCF.*
   - *2.2 Hospitals Health Funds and the SPGPPS are provided with a joint written report following each NCCF. The report should include:*
     - *a. a summary of areas and issues covered pertinent to the private sector; and*
     - *b. feedback on difficulties, issues and initiatives concerning the improvement of care in private sector mental health services.*
3. *That the SPGPPS acknowledges that it may be necessary to provide interim representation at the April 15/16 2002 NCCF until these arrangements are in place.*

3.2 COMMUNITY DEVELOPMENT PROJECT (CDP)

Mrs Judy Hardy, in her capacity as the consultant undertaking the CDP Project provided the following background for the SPGPPS on the CDP. Mrs Hardy explained that the first major production under the CDP was *The Kit*. Born out of an initiative of the National Mental Health Strategy to support the advocacy activities of consumers and carers, *The Kit* seeks to

increase the knowledge and skills base of the mental health community. The goal of the CDP is to promote both self–advocacy, to enhance the self–determination of the consumer or carer, and system advocacy to effect change on a broader scale. The CDP has extended distribution of *The Kit* and there are now approximately 600 copies of *The Kit* in 250 free Access Centres, where consumers and carers can access it.

The second phase of the CDP is currently underway. The Curriculum Development Education Packages have now been developed based upon information gathered from a first round of national consultations undertaken by the MHCA during February – April 2001. Fifteen locations were visited including all major cities and one regional area in each State/Territory.

The SPGPPS noted that five Training Modules have been developed under the title *Curriculum Development Education Packages*, which cover the following.

1. Effective Interpersonal Communications (Introduction and Practice)
2. Communication in Formal Groups (Committees and Other Methods)
3. Preparing Yourself/Becoming Assertive
4. Information: Building a Base for Advocacy and Activism
5. Advocacy and Activism.

These modules will be available on the MHCA website shortly.

National workshops based on a 'train the trainer' model were conducted from 13 February 2002 to the end of March 2002 to introduce the Curriculum Development Education Packages to the widest possible audience. The workshops specifically targeted consumers and carers but also included service providers and Government employees. Workshops were held in Brisbane, Mt Isa, Darwin, Alice Springs, Whyalla, Adelaide, Canberra, Melbourne, Ballarat, Hobart, Launceston, Tamworth and Sydney.

Mrs Hardy indicated that initial reaction to the Curriculum Development Education Packages from participants has been extremely positive, with participants indicating that the manuals are a valuable training tool. However, feedback highlights workshop participants' concerns about the availability of appropriate resources and local infrastructure to allow them to return to their communities and train other individuals using the Curriculum Development Education Packages.

Discussion

Mrs Hardy indicated that very few people from the private sector participated in the National Workshops. It was agreed that this was an important Project and that the content was applicable to private sector consumers and carers. The SPGPPS expressed the view that stakeholders should bring the existence of the CDP Curriculum Development Education Packages to the notice of their constituency, with a view to the development of mechanisms for the promotion and uptake of the modules to further enhance Consumer and Carer participation in the delivery of private sector psychiatric services.

RESOLVED

1. *That the SPGPPS requests that stakeholders bring the existence of the Community Development Project Curriculum Development Education Packages to the notice of their constituency, with a view to the development of mechanisms for the promotion and uptake of the modules to further enhance Consumer and Carer participation in the delivery of private sector psychiatric services.*
2. *That the SPGPPS requests an article be included in the next edition of SPGPPS News concerning the Community Development Project.*

3.3 GUIDELINES FOR DETERMINING BENEFITS FOR HEALTH INSURANCE PURPOSES FOR PRIVATE PATIENT HOSPITAL–BASED PSYCHIATRIC CARE

The last meeting of the SPGPPS established a working group to participate in reviewing these Guidelines. The Working Group met via teleconference on Monday, 12 February 2002 and revised the Guidelines in accordance with the feedback received from the private sector.

Discussion

The SPGPPS noted the revisions to the Guidelines, prepared by the *SPGPPS Working Group on Benefits Guidelines* and, following further minor amendment, passed the following resolutions.

RESOLVED

1. *That the SPGPPS notes the revisions to the Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Psychiatric Care, prepared by the SPGPPS Benefits Guidelines Working Group. The SPGPPS requests that the relevant stakeholders discuss the revisions with their constituencies, with a view to a final version of the Guidelines being prepared for endorsement by the 28th meeting of the SPGPPS.*
2. *That the SPGPPS requests that the Commonwealth Department of Health and Ageing consider reviewing the components of hospital treatment as defined in current Commonwealth health legislation. In the interim, the SPGPPS recommends that a commonsense, case–by–case, approach should prevail when interpreting the current health legislation.*

3.4 PARTNERSHIP IN SAFETY AND QUALITY IN MENTAL HEALTH

On 1 February 2002, the RANZCP convened a meeting of representatives from the MHCA, SPGPPS, Safety and Quality Sub–committee of the NMHWG and the Quality Committee of the RANZCP to progress the development of a background paper for the NMHWG proposing that a National Symposium on Mental Health Safety and Quality be held in 2002. A secondary purpose of the meeting was to share what each of the partners were doing about mental health safety and quality issues and whether there are ways to work together to better achieve shared aims.

Discussion

The SPGPPS Executive Officer, Mr Phillip Taylor, and the SPGPPS Information Officer, Mr Allen Morris–Yates, reported that they had attended the meeting at the request of the SPGPPS. The SPGPPS then noted and discussed the draft report titled *Partnership in Safety and Quality in Mental Health*, which had been prepared by the RANZCP following the meeting. It was noted that the background paper would be tabled at the 15 March 2002 meeting of the NMHWG.

The Chair indicated that the SPGPPS has been asked to nominate a representative to sit on a working group that will oversee the symposium, should it go ahead.

RESOLVED

1. *That the SPGPPS notes the unconfirmed draft minutes from the Partnership in Safety and Quality in Mental Health meeting held in Melbourne at RANZCP Headquarters on, 1 February 2002.*
2. *The SPGPPS nominates its Executive Officer, Mr Phillip Taylor, to participate on the steering group to oversee the proposed working symposium on Safety and Quality in Mental Health, should it go ahead.*

3.5 NATIONAL STANDARDS IMPLEMENTATION WORKING GROUP (NSIWG)

On, 25 February 2002, the NSIWG met at RANZCP Headquarters in Melbourne and Mr Taylor, attended as a proxy for the SPGPPS Deputy Chair, Ms Sue Feeney.

The purpose of the NSIWG is to progress the implementation of the National Standards for Mental Health Services. Membership of the NSIWG comprises the Commonwealth, State and Territory jurisdictions, consumer and carer representatives and accrediting agencies.

The SPGPPS representative's role on the NSIWG is to provide representation for private sector mental health services, as well as providing the Government and the private sector with an opportunity to discuss matters of mutual concern.

Discussion

Mr Taylor reported on developments {awaiting minutes from Mick}.

3.6. TRANSFER OF ACCREDITATION STATUS

Mrs Judy Hardy reported that Health Funds require accreditation (or proof of a booked survey) by a recognised external agency (most choose ACHS), for a hospital to receive payment of benefits. Health Funds recognise the costs involved in this process, and the effort involved in commitment to a process of quality improvement required to obtain and maintain accreditation. The SPGPPS noted that the following ACHS actions have, therefore, been of considerable concern to Health Funds in the last year.

- The reinstatement of full accreditation to a hospital following closure, change in ownership, re–opening at a later date with new programs and program staff.
- The granting of a continuation of accreditation to a hospital, previously used as a surgical hospital. This hospital is leased by a large group that has expertise in the running of psychiatric hospitals. However, staffing and program structures have still to be finalised.

Health Funds support the SPGPPS policy position of applicability of the National Standards for Mental Health Services (hereafter Standards) to private psychiatric hospitals. Some Health Funds have also placed hospitals on notice that it is expected that future full surveys will be against the in–depth Standards. Health Funds also recognise the progress that the majority of private hospitals have made in implementing the Standards. We use accreditation status as one outcome indicator that our members are likely to receive appropriate care.

Mrs Hardy indicated that ACHS has informed Funds that hospitals are required to reapply for accreditation if ownership changes. Funds believe that this is insufficient, particularly in the following situations:

- The hospital is now functional for a significant amount of time.
- The nature of service delivery changes, for example, from surgical to psychiatric.

Discussion

The meeting was supportive of Health Fund concerns and passed the following resolution.

> ***RESOLVED***
>
> *The SPGPPS endorses Health Fund concerns regarding transfer of Accreditation Status and requests that this matter be referred to the ACHS on behalf of all stakeholders.*

4. INFORMATION ITEMS

The following Information Items were noted en bloc as read by the meeting.

4.1 SECOND TIER BENEFITS

CDHA Private Sector Industry Branch has undertaken a review of the default table of benefits following consultation with the private health industry. The then Minister for Health and Aged Care approved the recommendations from the review and a revised version of the second tier determination under paragraph (bj) Schedule 1 of the *National Health Act 1953* was gazetted on 20 July 2001. The revised second tier provisions, took effect from 1 August 2001, and aim to correct anomalies that existed in the original provisions, which include:

- hospital eligibility for second tier benefits being assessed by individual RHBOs;
- difficulty in hospitals obtaining second tier benefits;
- complex calculation for the second tier benefit;
- lack of transparency; and
- questionable effects of the dispute resolution mechanism.

The new second tier provisions aim to improve quality of care through quality criteria that are outcome focussed and reflect best practice in relation to management of the operation of the hospital, clinical practices, safety and quality of medication, personnel and consumer rights.

To ensure fairness and provide hospitals with more certainty about their eligibility for second tier benefits, an Industry Second Tier Advisory Assessment Committee has been established. The Committee will consider applications from hospitals for a recommendation that all relevant RHBOs should pay second tier benefits for episodes of hospital treatment provided at the facility where a HPPA has not been agreed.

The dispute mechanism has been improved. Should the Committee fail to reach agreement on compliance matters or an RHBO/hospital either disagree with the findings of the Committee or cannot resolve the second tier benefits that should be paid, they may refer the matter to the Private Health Insurance Ombudsman (PHIO) for mediation. If the parties do not agree to adopt the recommendation of PHIO then the issue may be referred to the Minister for Health and Ageing who may give a direction as to the scope and level of benefits to be paid.

The calculation of second tier benefits has been more clearly defined. The second tier benefit level that a relevant RHBO will pay for an episode of hospital treatment will be no less that 85% of the average of schedule rates referred to in the relevant RHBO's HPPAs that were in force on 1 August of each year.

To improve transparency of second tier benefit levels for hospitals, RHBOs will be required to make their second tier schedules available to both the Department and facilities who request them. All RHBOs will also be required to conduct an independent audit, in compliance with Australian auditing standards and provide the Department of Health and Aged Care and the Private Health Insurance Administration Council a statement confirming that their second tier benefits have been calculated in accordance with Schedule 6.

Full details of the new arrangements for the second tier benefit, including a copy of the schedule listing the eligibility criteria, are contained in the CDHA Circular HBF721/PH455, from the Branch website: http://www.health.gov.au/privatehealth/providers/circulars01–02/721_455.htm.

4.2 CLINICAL CARE PATHWAYS

The RANZCP scoping exercise to explore the potential use of Clinical Care Pathways (CCPs) in psychiatry and mental health services was completed in 1999 and a project report was provided to the CDHA.

The report highlighted the lack of experience and information in applying CCPs across community care in mental health and identified that most work to date had focused on diagnostic related groups, particular events such as Electro convulsive Therapy, or events within a CCP such as assessment or admission. The report, however, did conclude that CCPs could promote quality patient care by incorporating standards and Clinical Practice Guidelines and providing a mechanism whereby care can be monitored on the basis of outcomes.

The RANZCP has applied for funding from the Commonwealth to publish the report as a discussion paper for consideration and comment. The consultation process will be carried out by the RANZCP, and a report prepared for the Commonwealth within three months.

4.3 CLINICAL PRACTICE GUIDELINES PROJECT

In late 1998, the CDHA and the New Zealand Health Funding Authority provided funding for the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to develop a series of evidence–based Clinical Practice Guidelines (CPGs) for clinicians and for consumers on Schizophrenia, Anorexia Nervosa, Deliberate Self Harm, Major Depression (in adults), Bipolar Disorder, and Panic Disorder and Agoraphobia.

This initiative was intended to result in a set of user friendly and accessible CPGs that could be used as a resource for clinical decision–making. The series would replace an earlier and now outdated Treatment Outline series. All available CPGs can be obtained from the College website: www.ranzcp.org.

The SPGPPS has previously expressed the view that the development and consultation processes, associated with the Project, has not resulted in CPGs that are relevant to private sector psychiatric services. The SPGPPS does not believe that the CPGs, in their current form, can be implemented by private sector psychiatric services.

There have been significant changes to the CPG process over the Christmas/New Year period, which were approved this month by both the RANZCP QI Committee and the Board of Practice Standards.

The changes are based on, and have been guided by, the principle that treatment decisions are determined by the combination of available evidence, clinician experience and patient preference. Consequently the College will not produce CPGs but rather Clinical Practice Evidence–based Summaries of the available evidence in each area. Quality improvement occurs when clinicians are able to reflect upon their practice with the help of available evidence, institute changes that they may think will improve care and then measure whether this occurs. The aim is that this cycle will be repeated throughout a clinician's working life and a significant hurdle in this process is being able to access the current evidence. The summaries aim to provide this. They will not be proscriptive and will provide the current science.

Currently the teams for each disease guideline are producing the 6 summaries. A series of day long workshops will then be held which will provide feedback and help produce the final document. These workshops will be chaired by an independent senior clinician who will have not had any previous input to the process. A broad range of people from all sections of the College will be invited including public and private sector psychiatrists and representatives from the Sections, Faculties and Special Interest Groups.

4.4 INTEGRATED NATIONAL MENTAL HEALTH SERVICE PROJECTS

The aim of these Projects is to establish and document approaches to integrating private psychiatric services and public sector mental health services. The purpose is to create and test a more flexible integrated framework within which mental health care can be delivered, and to optimise outcomes for consumers. The Projects are expected to achieve improvements in the quality, appropriateness, and efficiency of mental health service delivery by:

- assisting greater involvement of private psychiatrists in public sector mental health services;
- providing continuity of care for private psychiatrists' patients who require hospitalisation; and
- improving linkages with primary care, especially general practitioners.

Four projects, one in Victoria, two in New South Wales, and one in Queensland, are in different phases of development and implementation as set out below.

- ***Victoria***

  The Public and Private Partnerships Project of inner East Melbourne is a joint initiative of St Vincent's Mental Health Services and the Melbourne Clinic. The project commenced in September 2000 after completing a lengthy 2–year planning phase.

- ***New South Wales***

  Two projects commenced the Live Phase on 1 July 2001.

  1. Far West Area Health Service – the project has involved extensive consultation with consumers and carers, Indigenous Australian groups, as well as other stakeholders, and offers the opportunity to trial various ways of improving psychiatric services in a remote rural setting.

  2. Illawarra Area Health Service – the project proposes an integrated mental health network that will: facilitate improved access for consumers across a range of services; provide private psychiatrists in the region with an opportunity to better target their skills in an innovative way; and provide multi–disciplinary support for local general practitioners in their role as primary carers. Rather than being a discrete demonstration project, all aspects of mental health service provision, related projects and services in the region have been considered in the development of this proposal.

     The evaluation team, for the two New South Wales Projects has been appointed and is headed by Dr Natasha Posner from the Social Policy Research Centre at the University of New South Wales.

- ***Queensland***

  A Queensland project, auspiced by the Toowong Private Hospital and Royal Brisbane Hospital, has commenced its planning phase.

The University of Wollongong's *Centre for Health Services Development* is providing technical advice and support to all projects. The evaluation of the Public and Private Partnerships Project in Victoria is being conducted by the University of Melbourne's *Centre for Health Program Evaluation*.

The last meeting of the National Reference Group for these projects was held on 30 November 2001. It was noted that there will be no further meetings for six months.

4.5 ENHANCING RELATIONSHIPS PROJECTS

The SPGPPS has been monitoring progress with the project to progress the recommendations outlined in the report by Frank Small and Associates, *Attitudes of Health Professionals*, which was undertaken by the Mental Health Council of Australia (MHCA) with funding from the Commonwealth Department of Health and Ageing.

The current Project, titled *Enhancing Relationships Project*, involved the development of strategies, including costing for utilising and implementing the findings and recommendations of the *Attitudes of Health Professionals Project*.

In 2000, a Discussion Paper was developed by the Steering Committee overseeing the Project and a national consultation process was subsequently conducted involving stakeholders from within the mental health sector and other relevant sectors, such as general health and education.

A draft final report for the Project was subsequently developed which outlined priorities for implementation, and for future scoping. A copy of that draft was circulated for comment in July 2000 to members of the SPGPPS. The final report and its recommendations were submitted to the August 2000 meeting of the AHMAC National Mental Health Working Group. The Report was published earlier this year and copies were circulated to the SPGPPS.

At the last meeting, Mr John McGrath reported that the CDHA has not yet developed a response but has adopted some of the recommendations such as the need for funding consumer and carer participation. Mr McGrath asked that this issue remain on the agenda.

6. OTHER BUSINESS

There was no other business.

7. CLOSE

There being no further business, the meeting closed at 4:00 PM.

Dr Yvonne White
Chair

Mr Phillip Taylor
Secretary