STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

STRATEGIC PLANNING DAY

HELD AT
HILTON MELBOURNE AIRPORT HOTEL
ARRIVAL DRIVE
MELBOURNE AIRPORT

ON

FRIDAY, 18 FEBRUARY 2002

STRATEGY DAY REPORT

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
AMWAC	Australian Medical Workforce Advisory Committee
CCP	Clinical Care Pathways
CDHA	Commonwealth Department of Health and Ageing
CDMS	Centralised Data Management Service
CFC	Consumer Focus Collaboration
HFPCLG	Health Fund Psychiatric Care Liaison Group
MHCA	Mental Health Council of Australia
NMHS	National Mental Health Strategy
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 *SPGPPS Strategic Planning Day 2002* was held at the Melbourne Airport Hilton Hotel, on Friday, 18 February 2002.

1. OPENING AND WELCOME

The Chair of the SPGPPS, Dr Yvonnne White, opened the Strategy Day at 10:00 AM and welcomed the following representatives.

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 Bill Pring — Chair, SPGPPS Data Collection and Analysis Project

Commonwealth Department of Health and Ageing (CDHA)

5. Mr Peter Callanan — Private Health Industry Branch
6. Ms Denise Sharpe — Observer, 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 Lyn McDonald Duke

SPGPPS Secretariat

14. Mr Phillip Taylor — Executive Officer
15. Mr Allen Morris Yates — Principal Information Officer
16. Ms Jane Ferry — AMA Legal Consultant

The following apologies were noted

1. Mr Dermot Casey — CDHA Mental Health and Special Programs Branch
2. Dr Choong–Siew Yong — AMA
3. Dr Brian Kable — RACGP

Facilitor

1. Ms Lynette Glendining — (Facilitor) P.A.L.M. Management

Dr White then introduced the facilitator, Ms Lynette Glendinning. It was noted that Ms Glendinning had undertaken corporate strategy and future directions consultancies a range of organisations including.

- **Australian Bureau of Criminal Intelligence** – corporate and business planning.
- **DETYA** – development of strategies for Australian education in the next 10 years.
- **Bureau of Rural Science** – development of corporate strategies and change management
- **DFAT** – development of corporate plan and divisional business plans for an intelligence agency within the Portfolio.
- **Murray–Darling Basin Commission** – development of Basin 2050 Strategy.
- **Department of Health and Ageing** – future direction setting for the Medical Workforce, Future Health Financing and General Practice.
- **LCM National Health and Aged Care** – development of corporate strategies and governance arrangements with Board and national CEOs.

- **National Office for the Information Economy** – corporate strategy development and member of the Audit, Fraud and Evaluation Committee.

2. STRUCTURE OF THE DAY

Ms Glendinning then outlined the days proceedings and explained that those present had been broken into four small groups and that each group would consider various questions regarding priorities and future SPGPPS activities and present their discussions back to the full Group. Ms Glendinning indicated the purpose of the day was to develop an operating framework for the SPGPPS Strategic Plan 2000–2003 (hereafter Stratgeic Plan) that would enable stakeholders to Plan forward.

3. SMALL GROUP SESSIONS

Each of the four small groups were asked to consider the following key questions.

1. What is the purpose of the SPGPPS?
2. What is the purpose of the Strategic Plan?
3. What has the SPGPPS achieved to date?
4. What are areas for improvement?
5. What are the key issues facing the sector over the next 2 years and what can SPGPPS do?
6. What does each stakeholder group need from the SPGPPS if it is going to work for them?
7. What arrangements are needed to progress SPGPPS agenda forward?

After work shopping each of these questions the SPGPPS agreed the following answers to these questions.

What is the purpose of the SPGPPS?

- 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 outcome 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.

What is the purpose of the Strategic Plan?

- The Strategic Plan Sets out the agreed key policy directions for the private sector and each stakeholder is expected to take forward the relevant elements of the Strategic Plan
- It is intended that each stakeholder will take forward the relevant elements of the of the Strategic Plan
- SPGPPS role is to commission work, where possible, to take the strategic plan forward.

What has the SPGPPS achieved to date?

- Development of a two agreed Glossaries: *SPGPPS Glossarys of Terms: Speaking a Common Language* and *Towards a common electronic language*
- Development of an agreed Strategic Plan
- Development and implementation (across 37/8 private hospitals with psychiatric beds) of a *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services* (hereafter National Model).
- Negotiated two unique partnership agreements with the AMA to provide funding and infrastructure support for the SPGPPS and the implementation of the National Model. These *AMA Agreements for Services* have enabled the SPGPPS to achieve the following.
  1. Registration of the SPGPPS logo.
  2. Establishment and staffing a National SPGPPS Secretariat in Canberra.
  3. Development a dedicated SPGPPS Website.
  4. Publication of a quartely newsletter.
  5. Meet four times a year on a face–to–face basis.
  6. Form working groups to progress issues.
  7. Hold an annual National Forum for the private sector.
  8. Publish and widely circulate the proceedings of the National Forum.
  9. Establishment and staffing of a Centralised Data Management Service to support implementation of the National Model.
  10. Meet twice a year with the AHMAC National Mental Health Working.
  11. Review of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Psychiatric Care*.

What are areas for improvement?

- Facilitate legislative change to deal with impediments to the implementation of strategies.
- Better representation for private sector consumers and carers is needed.
- Improve involvement with the public sector.
- Improve the SPGPPS ability to develop, action and implement collaborative solutions on key issues affecting the private sector.
- Improve governance of SPGPPS ensure it has the capacity to better direct initiatives such as Clinical Practice Guidelines Project.
- Better engage with psychiatrists and GPs.

What are the key issues facing the sector over the next 2–3 years and what distinctive contribution can the SPGPPS make?

KEY PRIVATE SECTOR MENTAL HEALTH ISSUES 2002–2004	DISTINCTIVE SGPPS CONTRIBUTION TO PROGRESS KEY ISSUES 2002–2004
1. Access to Mental Health Services Improve access to private sector mental health services expansion and better co–ordination of existing services and exploring alternative modes of services based on the	• Revisit the recommendations of the *SPGPPS National Forum 2001: Access to Psychiatric Services* and determine the key areas to be addressed, how best to progress these and who is

KEY PRIVATE SECTOR MENTAL HEALTH ISSUES 2002–2004	DISTINCTIVE SGPPS CONTRIBUTION TO PROGRESS KEY ISSUES 2002–2004
continuum of care model.	best placed to progress these.
2. Funding Models for Mental Health Services Develop alternative models of funding for service delivery that support the continuum of care model	• Explore alternative funding models for service delivery that support a continuum of care for testing in the private sector, eg. Community Trials
3. Mental Health Workforce Improve the training of psychiatrists and GPs and attract and retain mental heal nurses.	• Confirm this as a priority issues with the RANZCP and the relevant Nursing organizations and work with these organizations to implement strategies to address.
4. Consumer and carer participation Increase participation of consumers and carers in policy development processes and the provision of services in the private sector.	• Secure stakeholder commitment to develop a set of Key Performance Indicators for consumer and carer participation. • Create a constituency for consumers and carers at a national level. • Ensure that the needs and interests of consumers and carers are paramount in the way the SPGPPS operates.

The meeting then discussed what each stakeholder group needed from the SPGPPS if it is going to work for them and in doing so recognised that the representational authority within the group is limited. Representatives acknowledged that their capacity to exercise authority and control over their individual constituencies is extremely variable.

What arrangements (business rules) are needed to progress SPGPPS agenda forward?

Stakeholder Interests

Hospitals:

1. *Identify and then research common issues through*
   - Stakeholder Group or SPGPPS Secretariat to produce background paper that synthesizes stakeholder views on the issue.
2. *SPGPPS to discuss/workshop the issues.*
   - Identify any immediate action that stakeholders can implement.
   - Clarify any long term strategy as joint, bilateral or individual.
   - Determine action and terms of engagement.

4. CONCLUSION

There was consensus that the SPGPPS Strategy Day proved successful in uniting stakeholders toward addressing four key issues in the private sector over the next 2 years. Those issues are:

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

The SPGPPS agreed to endeavour to maintain the focus of the SPGPPS on these issues.

5 CLOSE

The meeting closed at 4:00 pm and the SPGPPS thank Ms Glendinning, by acclimation, for her invaluable assistance in facilitating the day.

Mr Phillip Taylor
Executive Officer
SPGPPS