STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

SPGPPS
ANNUAL PROGRESS REPORT
2001-2002

February 2002

INTRODUCTION

SPGPPS activity during 2001 is outlined through this *SPGPPS Annual Progress Report 2001-2002*. This is the first Progress Report for the SPGPPS under new funding arrangements auspiced by the AMA, and a brief background on this unique partnership arrangement is warranted.

The SPGPPS was established in 1996 as a communication network for the purpose of facilitating increased collaboration on issues relevant to the funding of psychiatric services in the private sector. Since that time, the role of the SPGPPS has expanded, under the National Mental Health Strategy, to include the broad task of progressive private sector reform. This task is currently supported, in partnership by:

- The Australian Medical Association (AMA),
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- The Royal Australian College of General Practitioners (RACGP)
- Commonwealth Department of Health and Ageing (CDHA)
- Commonwealth Department of Veterans' Affairs (DVA)
- Australian Private Hospitals Association (APHA)
- Australian Private Health Insurance Association (AHIA)
- Mental health consumers and carers

The SPGPPS partnership takes into account the relationships, which exist between all stakeholders and the complex political environment in which the SPGPPS operates. The alliance has been critically acclaimed in both the public and private health sectors as a model for facilitating achievement of common goals, while respecting the rights and contributions of all parties in order to build on shared opportunities and strengths. While there are many differences between constituent groups, the SPGPPS model has, for the last six years, enabled stakeholders to find consensus and a way forward on many difficult and contentious issues.

In 1999, the SPGPPS developed an agreed national policy framework for private sector stakeholders involved in the delivery of psychiatric services. This framework formed the basis of the *SPGPPS Strategic Plan 2000-2003*. The Strategic Plan provides an agreed guide for the private sector that details the key issues involved in the delivery of private sector mental health services. The Plan offers some guidance on the policy directions needed to address these issues and encourages stakeholders to develop and implement their own strategies. The Strategic Plan has been acknowledged by the Australian Health Ministers Advisory Council's National Mental Health Working Group as a significant contribution to improving treatment, care and quality of life for Australians with mental health problems or mental disorders.

During 2000, the SPGPPS requested that stakeholders consider what form of infrastructure was necessary to enable the SPGPPS to continue facilitating change for private sector mental health services under the auspice of the Strategic Plan. Four possible alternatives were carefully considered.

1. Incorporation
2. Sub-contractual arrangements
3. Status Quo
4. Disband the SPGPPS

The SPGPPS agreed on a sub-contractual arrangement with the AMA and much of 2000 was devoted to the complex and detailed negotiations necessary to develop an appropriate *AMA Agreement for Services* acceptable to all five parties.

The Agreement was finalised in February 2001 and the National SPGPPS Secretariat was established, at the offices of the Federal AMA in Canberra.

The Secretariat provides administrative and support services for meetings and associated activities of the SPGPPS and supervises the implementation of the *National Model for the Collection and Analysis of a Data Set with Outcome Measures for Private, Hospital-Based Psychiatric Services* and its' Centralised Data Management Service. The Parties to the Agreement are:

- AMA
- APHA on behalf of all participating private hospitals with psychiatric beds;
- AHIA on behalf of all participating health funds;
- CDHA; and
- RANZCP.

These Parties all agreed to make financial contributions for the first three years of operation of the Secretariat from 1 February 2001 until 31 January 2004 (3 calendar years). In accordance with that Agreement, progress to date with the deliverables for Year 1 of operation of the SPGPPS under these new arrangements, are set out below.

DELIVERABLES YEAR 1

1. ***Establishment of a National SPGPPS Secretariat at the offices of the Federal AMA in Canberra, including the provision of staff, administration and management services, accommodation, equipment and IT and IP services.***

   In February 2001, the AMA completed the fit-out of the National Secretariat for the SPGPPS on the 3rd Floor of AMA House, at 42 Macquarie Street Barton, in Canberra. Funding includes provision for consumer and carer representation on the SPGPPS.

2. ***Appointment of an Executive Officer, responsible to the SPGPPS through the Chair, for the management of the National SPGPPS Secretariat. The Executive Officer will undertake the range of policy and advocacy work necessary to facilitate the implementation of the SPGPPS Strategic Plan and support the activities of the SPGPPS in accordance with the SPGPPS Operating Guidelines.***

   On 13 February 2001, Mr Phillip Taylor RN, Dip Admin (Nursing), BA (Policy Studies), signed a 3-year AMA contract to undertake the role of Executive Officer for the SPGPPS.

4. ***Appointment of an Administrative Assistant, responsible to the Executive Officer, for providing the administrative support for the SPGPPS.***

   The SPGPPS advertised for an Administrative Officer in the Canberra Times on 3 February 2001. Interviews were held on 19 February 2001 and Ms Bronwen van der Wal, B.Sc, Dip Ed, was appointed on 26 March 2001.

5. ***Representation for private sector consumers and carers at a national level on all matters related to the delivery of mental health services in the private sector.***

   The SPGPPS is committed, through its Strategic Plan, to the promotion of positive partnerships between consumers and their carers and the providers and funders of

private mental health care services.

Prior to being wound down in 2001, the Network of Australian Consumer Advisory Groups (NOAC) had expressed the view that the progress that had been made over the past few years in the private sector was due largely to the work of the SPGPPS as articulated in its Strategic Plan. The Mental Health Council of Australia (MHCA) has also acknowledged the role of the private sector and has indicated that a lot of work still needs to be done to enable the voice of private sector consumers and carers to be properly heard.

Throughout 2001, the SPGPPS consumer and carer nominees, Ms Janne McMahon and Mr John McGrath respectively, represented the interests of private sector consumers and carers on several national bodies including NOAC and MHCA. Through their tireless efforts, the voice of private sector mental health consumers and their carers is gradually having an impact on practice in the mental health sector.

In 2001, discussions between NOAC, the AHMAC National Mental Health Working Group and the MHCA, in response to the winding down of NOAC, resulted in the development of an alternative model to progress consumer and carer partnerships. The model has been supported by the MHCA and endorsed by the AHMAC Working Group. The *Consumer and Carer National Forum* will work directly through the Consumer and Carer Committee of the MHCA. There will be two positions for appropriate private sector representation on the Forum.

Despite this development, membership of current mental health consumer and carer representational structures are still primarily public sector in their focus. Without a national network of private sector consumers and carers, it will remain difficult to progress partnerships between the public and private sector.

6. Development and implementation of Stage One of the SPGPPS Consumer and Carer Participation Project.

In 2000/2001, the SPGPPS attempted to build on the work described above through the development of a detailed proposal for a Consumer and Carer Participation Project. Essentially the Project was aimed at implementing more formalised mechanisms for mental health consumer and carer participation in the private sector at the local, state and national level.

The Project failed to attract funding from the CDHA Mental Health and Special Programs Branch. The Branch indicated that the Federal Government views health service provision in Australia as a singular health care system, within which people are able to exercise choices about the care they access and receive. Mental health reform is, therefore, viewed as a subset of the wider heath care system. The MHCA was specifically established and funded by the Commonwealth Government to represent the mental health industry in Australia and the Government was satisfied that the MHCA had carried out its charter well.

When the proposal failed to attract funding, the SPGPPS National Forum 2001 looked at how it might best progress consumer and carer participation in the private sector and recommended:

- *That consumer and carer advisory committees be established in all private hospitals to enable consumers and carers to contribute*

constructively to service development, evaluation and current practice. Consideration should be given to the appointment of external representation of consumers and carers to these committees.

- *That mechanisms be established to enable private hospital advisory committees to network at a state and national level.*

These Recommendations have generated an exciting impetus in the private sector to establish a platform for consumer and carer involvement at local, state and national levels. The SPGPPS, APHA and the Chief Executive Officers (CEOs) of private hospitals are working in collaboration to progress these recommendations. This is a critical first step towards involving consumers and carers in the planning, evaluation and continuous improvement of the psychiatric services provided by private hospitals. The SPGPPS Hospital representatives, Ms Sue Feeney and Ms Moira Munro and the CEOs of these hospitals are to be commended for their enthusiasm. If all goes well, a national network of consumers and carers will evolve from the Advisory Committee network. That should then enable a mechanism to be developed to better represent private sector consumer and carers at the state and national levels.

7. Development and implementation of the SPGPPS Quality Improvement Project.

Commonwealth, State and Territory Governments are becoming increasingly aware of the importance of the private sector's contribution to the provision of specialist mental health services in Australia. The priority over the coming years will be to develop complementary public and private mental health services throughout Australia that can successfully demonstrate the quality and efficiency of the services they provide.

Quality and effectiveness are key areas under the Second Plan of the National Mental Health Strategy. Commonwealth, State and Territory Governments have agreed that all public sector mental health services will be accredited using the National Standards for Mental Health Services (NSMHS) by June 2003. In 2000/2001, the CDHA had been meeting with representatives of the State and Territory governments, consumers and carers, and reviewing agencies to assess compliance with the implementation of the National Standards in the public sector.

In the private sector, the SPGPPS is committed, through its Strategic Plan, to work with stakeholders to promote the implementation of appropriate national standards for private mental health services and to the development of a culture of outcome focussed service delivery and management.

In 2000/2001, the SPGPPS developed a proposal for a Quality Improvement Project Proposal intended to:

- broadly define what constitutes quality and efficiency for private sector mental health services and determine the most appropriate quality improvement tools and techniques for use in the private sector setting;
- build on the National Model for the Collection and Analysis of a Minimum Data Set for Private, Hospital-based, Psychiatric Services;
- review the NSMHS and their appropriateness for adoption in private sector psychiatric services;

- facilitate the development of education and training initiatives in the implementation of outcome measurement and continuous quality improvement for health professionals working in the private sector; and
- determine what sort of information needs to be provided for consumers and carers on the quality of the mental health services available in the private sector.

This Project was submitted to the then CDHAC Mental Health and Special Programs Branch for consideration. The Branch subsequently responded and indicated that the Project proposal would not be funded due to changes in the financial arrangements of the Branch. On that basis, the SPGPPS agreed that quality improvement in mental health services in the private sector should be progressed initially through a base-line survey of private hospitals. The SPGPPS Secretariat, in consultation with Hospital representatives, conducted a survey of Hospitals concerning their current experience with the NSMHS. The survey asked the CEOs to identify the extent to which they had progressed with the NSMHS and to identify any significant problems they encountered with implementation. CEOs were also asked to identify any criteria that were not applicable to their particular facility.

The survey results showed that, of the 25 Hospitals that responded, most had or were in the process of implementing the NSMHS. Some of the issues that the Survey raised included the following.

- The role of consumer and carer representatives needs to be clarified to enable these representatives to provide a proper consumer and carer perspective at the local Hospital level in the planning, evaluation and continuous improvement of services.
- While some Hospitals are clearly involved in working with their local community, others have communities that are not easily defined and therefore experience difficulties integrating their activities with the community and other services. The *Health Legislation Amendment Act (No. 1) 2001* amended (in part) the *National Health Act 1953* to enable 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. This legislation has only recently been introduced hence, improvements in implementing some of the standards in the private sector related to outreach services can be expected in the future

Based on the results of the survey, the SPGPPS endorsed the NSMHS for implementation in private sector mental health services. In doing so, the SPGPPS acknowledged that some Standards were not applicable to the private sector.

In 2001, the Deputy Chair of the SPGPPS, Ms Sue Feeney, was appointed as the SPGPPS representative on the Commonwealth Government's National Standards Implementation Working Group (NSIWG). The purpose of the NSIWG is to progress the implementation of the NSMHS and is comprised of the Commonwealth, State and Territory jurisdictions, consumer and carer representatives and accrediting agencies. The role of the SPGPPS representative 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 related to the NSMHS.

8. Supervision of the implementation of the National Model for the Collection and Analysis of a Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services and its' Centralised Data Management Service.

The SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Service (hereafter National Model), is a key SPGPPS quality initiative that 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 National Model also aims to simplify overall hospital data collection requirements.

In 2001 the Commonwealth, Health Funds, and thirty-seven Private Hospitals with psychiatric beds agreed to contribute to the funding necessary to implement the National Model, and to establish a Centralised Data Management Service (CDMS) within the National SPGPPS Secretariat, at the offices of the Federal AMA in Canberra.

The AMA auspiced this arrangement and a second AMA Agreement for Services was prepared to facilitate this process and secure the services of Mr Allen Morris-Yates to manage the implementation of the National Model and the CDMS. The AMA, CDHA, APHA and AHIA are parties to this agreement, which was signed in April 2001. Mr Allen Morris-Yates was subsequently appointed as the SPGPPS Principle Information Officer responsible for the implementation of the National Model and commenced duties on 4 June 2001.

A comprehensive report regarding progress in the first year of the implementation of the SPGPPS's National Model will be provided in July 2002. A brief summary of progress to date is given below.

July 2001 — Initial review of Hospitals' collection and utilisation of outcome measures

During July 2001, an initial review of participating Hospitals data collection activities was conducted by telephone. At that time, the majority of hospitals were already collecting the recommended clinician–rated outcome measure (the Health of the Nation Outcome Scales (HoNOS)), with half of those also collecting a patient self–report measure. Although two thirds of Hospitals presented the data collected to management, only one third had been able to make further significant steps towards making active local use of the data. In discussions with hospitals it was clear that the major issues to be addressed in the implementation of the National Model would include:

- Ensuring that Hospital staff members are trained to complete the HoNOS in accordance with generally accepted rating guidelines.
- Provision of software to Hospitals to enable them to both record the data collected and make some immediate local use of that data.
- Provision of routine reports comparing the identified Hospital with de–identified National benchmarks.

Whilst it was very encouraging to find that almost all Hospitals were collecting the HoNOS, their relative lack of capacity to make active use of the data indicated that

significant efforts to address the feedback issue will need to be made if data quality and support for the data collection effort is to be maintained. The provision of software to Hospitals and implementation of the CDMS should go some way to addressing this problem.

August to September 2001 — Provision of training in the collection of outcome measures and the requirements of the National Model to individual participating Hospitals

During this period Mr Allen Morris-Yates visited each of the participating Hospitals and spent half a day with key staff providing training and discussing the detail of the implementation and training requirements of the National Model.

All participating Hospitals were provided with a Training Kit, which included a *Hospital Staff Trainer's Manual*, a full set of overhead transparencies for use in training, copies of the *Guide for Hospital Staff*, and copies of the *HoNOS and HoNOS 65+ Training Vignettes*.

The *Trainer's Manual* covered the rationale for the collection of the required data, the data collection, the completion of HoNOS ratings, and guidelines for the administration of patient self–report measures. The *Guide for Hospital Staff* provided a concise outline of the standard protocol for the collection of the required outcome measures, gave detailed guidelines for the administration of self–report measures, and included the full glossaries for both the HoNOS and HoNOS 65+. This document was designed for use by clinical staff directly involved in the collection of the required measures.

Despite the current shortage of nursing staff being experienced throughout the mental health care sector in all parts of Australia, participating Hospitals demonstrated a clear and genuine interest and willingness to undertake the implementation of the National Model.

October to December 2001 — Development of the Hospital's Standardised Measures database (HSMdb) and provision of training in its use

The Hospital's Standardised Measures database (HSMdb) will enable participating Hospitals to record the data collected, submit the data in a de–identified format to the CDMS and also make some immediate local use of the data. Work on the development of the HSMdb began with the distribution in July 2001 of an outline of the functional requirements for the application. Mr Morris-Yates was able to gather further information regarding Hospital's requirements during his visits to Hospitals in August and September.

Version 1.05 of HSMdb was completed in mid November. Some limited supporting documentation focussed on installation of the software and importation of existing data was also completed. Training materials suitable for familiarising data entry staff with the use of the application were also developed.

To facilitate the use of the software, Mr Morris-Yates then conducted a one-day training seminar in each major capital city: Adelaide, Perth, Melbourne, Sydney and Brisbane. Key staff members from each Hospital were trained in the installation, set-up and use of the HSMdb. To enhance the SPGPPS Secretariat's capacity to provide

support for Hospitals, the SPGPPS Administrative Officer, Ms Bronwen van der Wal, attended the Sydney training day.

December 2001 to March 2002 — Revision of training materials and completion of the HSMdb and its supporting documentation

Work during the period December 2001 to March 2002, will focus on the revision and completion of the training and reference materials and the software being provided by the CDMS to support Hospitals in their implementation of the National Model.

A number of factors have contributed to the need to revise the training materials and add further functionality to the HSMdb.

The principal of these factors has been the changes to the National Model made in order to ensure compliance with the requirements of the Privacy Amendment (Private Sector) Act 2000 which came into force on 21st December 2001. The nature of the required changes only became clear following detailed review of the Privacy Commissioner's draft Guidelines and subsequent discussion with a representative of the Privacy Commissioner at the September 2001 meeting of the SPGPPS.

Briefly, in order to ensure compliance with the Act and avoid the need for the ascertainment of consent, data will be submitted to the CDMS in a format which does not enable the personal identification of individual patients by the CDMS, but which still enables the data to be linked with information regarding the payment of benefits by Health Funds.

As there is no practical way of de-identifying data submitted to Health Funds, it was agreed by the SPGPPS that Hospitals should not be required to routinely submit data to Health Funds regarding the outcomes for each episode of admitted patient care for Health Fund members.

A second factor influencing work on the development of the HSMdb has been the recognition that support for the immediate clinical use of the data by clinicians will enhance compliance with the requirements of the National Model. Thus, the first version of the HSMdb supplied to Hospitals included additional functionality related to the clinical use of the data collected.

To enable development of those clinical functions, other core functions relating to the submission of data to the CDMS were omitted in that first release. These omitted functions are now being completed, along with the supporting documentation and training materials. Updates will be distributed to participating Hospitals in March 2002.

April to July 2002 — Development of the CDMS and provision of reports to participating Hospitals and Health Funds

By the end of March 2002 the majority of hospitals should have dealt with any difficulties they may have encountered with the implementation of the data collection protocols.

It is expected that from April 2002 onwards all participating Hospitals will be collecting data in accordance with the requirements of the National Model. Hospitals should also have been able to fully familiarise themselves with the use of the HSMdb and will be in a position to begin the regular submission of data to the CDMS.

During April 2002, Mr Morris-Yates will revisit each Hospital to provide assistance and review their progress with the implementation of the National Model requirements.

During May and June 2002, Mr Morris-Yates will develop the data repository and basic statistical analysis and reporting programs needed to enable the processing of the data submitted by Hospitals.

It is expected that Hospitals and Health Funds will receive their first set of benchmark reports in July 2002.

9. Co-ordination of four face-to-face meetings of the SPGPPS including:

The preparation and distribution of agendas and papers for meetings;

- ***recording the proceedings of meetings;***
- ***distribution of a record of proceedings;***
- ***follow-up actions;***
- ***provision of financial support associated with the cost of meetings; and***
- ***Support for consumer and carer participation.***

The SPGPPS held four face-to-face meetings in 2001 as follows.

Meeting	Date	Venue	Location
23rd Meeting	Friday 23 February	AMA NSW Branch	Sydney
24th Meeting♦	Thursday, 7 June	Rydges Plaza Hotel	Darwin
25th Meeting	Friday, 28 September	RANZCP Headquarters	Melbourne
26th Meeting♦	Friday, 6 December	Hilton Adelaide Hotel	Adelaide

♦ Held back-to-back with the AHMAC National Mental Health Working Group

The Secretariat co-ordinated two meetings of the SPGPPS being held back-to-back with the AHMAC National Mental Health Working Group. A conjoint dinner was also organised between the two groups and representatives of the SPGPPS attended the meeting of the Working Group as observers.

The SPGPPS Secretariat has been commended on several occasions for quality of the preparation of the agenda, papers and subsequent Reports of Meetings for meetings of the SPGPPS. Progress with follow-up after each meeting is presented at every meeting of the SPGPPS. There were no major outstanding matters evident at the end of 2001.

SPGPPS Representatives Attendance at Meetings of the SPGPPS for 2001

ORGANISATION	REPRESENTATIVES	23RD MEETING	24TH MEETING	25TH MEETING	26TH MEETING
AMA	Dr Bill Pring	√	√	√	√
	Dr Choong-Siew Yong		√	Apology	Apology
RANZCP	Dr Yvonne White	√	√	√	√
	Dr Don Grant	Apology			
	Dr Robert Broadbent	√	√		
	Dr Johanna Lammersma		√	√	√
	Mr Craig Patterson			√	√
RACGP	Dr Brian Kable	Apology	Apology	Apology	Apology
CDHA	Mr Dermot Casey	Alternate	√	Apology	Alternate
	Mr Peter Callanan	√	√	√	√
DVA	Mr David Morton	√	Apology	√	√
Consumers	Ms Janne McMahon	√	√	√	√
CARERS	Mr John McGrath	√	√	√	√
HOSPITALS	Mrs Sue Feeney	√	√	√	√
	Ms Moira Munro	√	√	√	√
Health Funds	Mrs Judy Hardy	√	√	√	√
	Mr Bruce Houghton	√	√		
	Ms Lynn McDonald-Duke			√	Apology

Invited Guests and Speakers

24th Meeting, 7 June 2001 Darwin

Professor Ian Hickie, CEO, *beyondblue Ltd*., attended this meeting and provided a presentation on *beyondblue*.

The then Chair of NOAC, Ms Elizabeth Morgan, and Dr Petros Markou, Director, East Point Therapy Centre, NT also attended this meeting.

25th Meeting, 28 September 2001 Melbourne

Ms Chris Cowper, from the Office of the Federal Privacy Commissioner, attended and spoke at 25th Meeting about the new *Private Sector Privacy Legislation*. Based on these discussions:

- an article was prepared on the impact of the legislation for the mental health sector for the December 2001 edition of the SPGPPS newsletter;

- amendments were also made the SPGPPS National Model to ensure compliance with the new legislation; and
- the SPGPPS Secretariat co-ordinated the development of a coalition letter to the Federal Attorney General, which raised concerns over the impact the legislation would have on the mental health sector, on behalf of the AMA, RANZCP, MHCA and the APHA.

26th Meeting, 6 December Adelaide

Dr Margaret Tobin, represented the AHMAC National Mental Health Working Group (NMHWG) at this Meeting and provided a presentation on Quality and Safety in Mental Health. As a result:

- the SPGPPS agreed to form an alliance with the Quality Improvement Committee of the RANZCP, the MHCA and the NMHWG to progress quality and safety in mental health care. A meeting of these stakeholders will be held in early February 2002; and
- Dr Tobin prepared the article titled, *Quality and Safety in Mental Health-Time for Action*, for the December 2001 edition of the SPGPPS Newsletter.

All the above presentations have also been substantially documented and appear in the Reports of the respective SPGPPS Meetings, which are available from the SPGPPS Secretariat and from the SPGPPS website. A typical SPGPPS Meeting agenda is set out below.

1.	**PROCEDURAL MATTERS**
	1.1. OPENING/WELCOME/APOLOGIES/ALTERNATES/GUESTS
	1.2. ADOPTION OF THE REPORT OF THE 25TH SPGPPS MEETING
	1.3. Progress with Matters Arising from the 25th Meeting
	1.3.1. New Private Sector Privacy Legislation
	1.4. Out of Session Decisions
2.	**FINANCE AND OPERATIONAL MATTERS**
	2.1. SPGPPS Budget 2002
	2.2. SPGPPS Meetings 2002
	2.3. SPGPPS Operating Guidelines
3.	**DISCUSSION ITEMS**
	3.1. SPGPPS National Forum 2001 Recommendations
	3.2. Quality and Safety in Mental Health
	3.3. SPGPPS Data Collection and Analysis Project
	3.4. Consumer and Carer Participation
	3.5. Guidelines for Determining Benefits
	3.6. Pre-existing Ailment Rule
	3.7. Guidelines for Outreach Services
	3.8. Second Tier Benefits
	3.9. Clinical Care Pathways Project (CCPs)
	3.10. Clinical Practice Guidelines Project (CPGs)
	3.11. Integrated National Mental Health Service Projects
	3.12. Enhancing Relationships Project
	3.13. Flannel Flower
4.	**INFORMATION ITEMS**
	4.1. AMA/DVA Mental Health Care Planning Project
5.	**OTHER BUSINESS**

Meetings Attended by Representatives of the SPGPPS in 2001

GROUP	REPRESENTATIVE(S)	MEETING DATE(S)
Commonwealth Department of Health & Ageing National Standards Implementation Working Group	Mr Taylor for Ms Feeney	7 September
Commonwealth Department of Health & Ageing Integrated National Mental Health Services Project Reference Group	Dr White	23 March 14 September 30 November
Australian Health Ministers' Advisory Council National Mental Health Working Group AMWAC Project Joint Response Workshop	Dr White	23 April
Australian Health Ministers' Advisory Council National Mental Health Working Group Information Strategy Committee	Mr Allen Morris-Yates	30 August, 29/30 October 13 and 30 November 3/4 December
Standards Australia Health Informatics Committee Privacy and Security Sub-committee (IT/14/4)	Mr Allen Morris-Yates	18 June, 7 August
7th Annual National Health Outcomes Conference	Mr Allen Morris-Yates	28 June
Australian Health Ministers' Advisory Council National Mental Health Working Group	Dr Yvonne White Dr Bill Pring Ms Janne McMahon Mr Allen Morris-Yates Mr Phillip Taylor	8 June
National Health & Medical Research Council SRDC Workshop on Partnerships in Mental Health Research	Mr Allen Morris-Yates	7 October
Australian Health Ministers' Advisory Council National Mental Health Working Group Dual Diagnosis Sub-committee	Dr White	17 October
RANZCP Clinical Practice Guidelines Review	Ms Hill for Ms McMahon	8 November
NOAC	Ms McMahon	28 Feb–1 March 4/5 September
Australia Private Hospitals Association Annual Congress	Mr Morris-Yates Dr Bill Pring	21/22 October
SPGPPS National Forum 2001	All	3 August
Australian Health Ministers' Advisory Council National Mental Health Working Group	Dr Yvonne White Mrs Judy Hardy Mr Craig Patterson Mr Allen Morris-Yates Mr Phillip Taylor	7 December

9. Co-ordination of a National SPGPPS Forum for all private sector stakeholders to review progress with the implementation of the SPGPPS Strategic Plan 2000-2003.

On Friday, 3 August 2001, the SPGPPS convened its Second (2nd) National Forum. The Forum titled, *Access to Psychiatric Services*, was held at the Rydges Capital Hill Hotel in Canberra. A welcome cocktail party was held on the evening of Thursday, 2 August 2001 at the Kurrajong Hotel to celebrate the opening of the National SPGPPS Secretariat at the offices of the Federal AMA in Canberra.

The Forum was attended by 100 Delegates and sought practical recommendations on what private psychiatric services can do to help address some of the key issues that affect access to psychiatric services in Australia. The complex and difficult issues involved were broken down into five key areas, and the Forum developed recommendations for each of these in accordance with the strategic directions set out in the *SPGPPS Strategic Plan 2000-2003*.

1. Continuum of Care Models in the Private Sector
2. Mental Health Workforce
3. Rural Mental Health
4. Intensive Psychiatric Treatments
5. Consumers and Carers

The SPGPPS obtained $15,000 funding from *Eli Lilly Pty Ltd* for the printing of a post Forum publication, which was distributed widely throughout the public and the private sectors, including to all private hospitals with psychiatric beds, private health insurance funds and all practicing psychiatrists. A copy of the Forum Publication can be obtained from the SPGPPS Secretariat on request and is also available from the SPGPPS website. The 100 page publication included:

The Opening address: The Forum—a Continuing Program
Dr Jonathan Phillips

The Keynote Address: Overview of Private Psychiatric Services
Mr Bruce Houghton

Edited Summaries Of Small Group Session Presentations

1. **Access to Continuum of Care Models in the Private Sector**
   Professor Philip Morris
   Specific Models of Continuum of Care
   Mr Peter Callanan
2. **The Mental Health Workforce**
   Professor Ross Kalucy
3. **Rural Mental Health**
   Dr David Monash
4. **Intensive Psychiatric Treatments**
   Dr Michael Honnery/Dr En Kong Tan
5. **Consumers and Carers**
   Ms Janne McMahon

The Forum Recommendations

The Summation and Close
Dr Jonathan Phillips

Two Annexures
Annexure 1: The List of 100 Delegates
Annexure 2: A reprint of the *SPGPPS Strategic Plan 2000 –2003*

10 The production and wide circulation of a quarterly SPGPPS Newsletter in both hard copy and electronic formats.

Four Editions of the newsletter *SPGPPS News* were produced in 2001 and widely circulated in hard-copy and electronic formats. Copies of the Newsletters were also posted on the SPGPPS website. The Newsletters included an editorial and articles on the following issues.

Issue No 6, February 2001

- National SPGPPS Secretariat
- Implementation of the National Data Collection and Analysis Project
- Consumer and Carer Involvement Project
- Quality Improvement Project
- The Community Development Project

Issue 7, May 2001

- SPGPPS National Forum 2001
- Progress with the Implementation of the National Model
- Integrated Mental Health Trials
- Clinical Practice Guidelines
- STOP PRESS : Budget 2001 – 2002

Issue 8, September 2001

- SPGPPS National Forum 2001
- Implementation of the SPGPPS' National Model
- Quality Improvement in Private Sector Mental Health Services
- National Practice Standards for the Mental Health Workforce
- Consumer and Carer Participation

Issue 9 December 2001

- New Privacy Legislation
- SPGPPS Data Collection and Analysis Project
- Consumer and Carer Participation
- Safety and Quality in Mental Health *Time for Action*

Other publications, reports and submissions prepared by the SPGPPS during the year are listed as follows.

Publications

- SPGPPS Operating Guidelines
- SPGPPS National Forum 2001, *Access to Psychiatric Services,* Edited Proceedings

Reports

- Progress Report on the Implementation of the SPGPPS National Model
- Implementation of the National Standards for Mental Health Services in the Private Sector, Survey Report

Submissions

- RANZCP Clinical Practice Guidelines Project
- SPGPPS submission to the Office of the Federal Privacy Commissioner
- Coalition submission to the Attorney General concerning the impact of the new private sector privacy legislation

10. The establishment and maintenance of a dedicated SPGPPS website (www.spgpps.com).

The SPGPPS website, *www.spgpps.com*, was established and operational in June 2001. The website was developed in-house and was upgraded in November 2001. The website is constantly updated and currently contains information on:

- The Structure of the SPGPPS
- Reports of meetings of the SPGPPS and other reports
- Publications
- Newsletters
- Links to other relevant national and international sites
- Public documents about the National Model and its CDMS
- Documentation to support the implementation of the National Model

11. Expenditure and Funding

The most recent *Statement of Receipts and Payments* as at the ***end of January 2002*** are set out below.

INCOME	Amounts Received
Stakeholder Contributions	
Australian Medical Association	58,473.00
The Royal Australian & New Zealand College of Psychiatrists	29,237.00
Australian Private Hospitals Association	43,855.00
Australian Health Insurance Association	43,855.00
Commonwealth Department of Health and Aged Care	43,855.00
TOTAL	**219,275.00**

EXPENDITURE	Budget Year 1	Expenditure to Jan 31 2002
SECRETARIAT STAFF		
Salaries and Oncosts	129,104.00	122,292.00
SPGPPS		
Meetings and Working Groups of the SPGPPS	17,900.00	19, 469.56
Consumer and Carer Representation	8,700.00	6,063.69
National SPGPPS Forum 2001 (net expenditure)	14,000.00	17,156.59
INFRASTRUCTURE		
Accommodation (recurrent)	18,720.00	9360
Electronic Equipment (one-off)	13,200.00	15,564.93
Office Furniture and Equipment (one-off)	2,720.00	2,876.50
Software (one-off)	4,650.00	2,935.95
Other Costs (recurrent)	2,900.00	3,391.98
SPGPPS PROFILE		
SPGPPS Trademark Registration	4,000.00	1,943.25
SPGPPS Website Setup	1,956.00	1,109.39
Annual Recurrent Website Costs (Year 1)	1,425.00	0.00
TOTAL	**219,275.00**	**196,703.84**

a. Audited Financial Statements

The chartered accountants, Duesburys, have conducted an audit of the revenue and expenditure for the SPGPPS as part of their annual audit of the financial statements of the AMA for the period 1 February 2001 to 31 December 2001. A copy of Duesbury's letter of aquittal and the *Statement of Expenditure and Income* for that period appear at **Attachment 1**.

13. Revision of funding and stakeholder contributions for Year 2.

As mentioned above, the establishment of the National SPGPPS Secretariat was the subject of an *AMA Agreement for Services.* The Parties to this Agreement are:

- AMA
- APHA on behalf of all participating private hospitals with psychiatric beds
- AHIA on behalf of all participating health funds
- Commonwealth Department of Health and Aged Care (CDHAC)
- RANZCP

These Parties are all financial members of the SPGPPS and agreed to the following schedule of contributions for the first three years of operation of the Secretariat, commencing 1 February 2001 until 1 February 2004 (3 calendar years).

CONTRIBUTIONS	Year 1	Year 2	Year 3
AMA	$58,473	$25,700	$25,700
RANZCP	$29,237	$25,700	$25,700
RACGP		$25,700	$25,700
Commonwealth	$43,855	$38,550	$38,550
AHIA	$43,855	$38,550	$38,550
APHA	$43,855	$38,550	$38,550
TOTAL	**$219,275**	**$192,750**	**$192,750**

It was originally intended that the RACGP would become a Party to the *AMA Agreement* at the end of Year 1, and a financial member of the SPGPPS at that time. The RACGP later indicated that, due to financial constraints, the College would be prepared to participate as a **non-financial** member, but would be unable to contribute financially to the ongoing operation of the SPGPPS. The above schedule of contributions was amended to reflect this decision, with the shortfall being met by the AMA for Year 2. The SPGPPS subsequently agreed that any additional contributions to the operations of the SPGPPS Secretariat, or any savings, should be used to reduce the AMA's contribution in the first instance. The AMA has indicated that any remaining funds from Year 1, however, should be used, at the discretion of the SPGPPS, to cover any unbudgeted expenditures.

The AMA subsequently issued invoices, in accordance with the revised schedule set out below, in December 2001. This was done to give the Parties to the *AMA Agreement* enough time to process their payments before the commencement of Year 2, on **1 February 2002**.

CONTRIBUTIONS	YEAR 2	YEAR 3
AMA	$51,400	$51,400
RANZCP	$25,700	$25,700
Commonwealth	$38,550	$38,550
AHIA	$38,550	$38,550
APHA	$38,550	$38,550
TOTAL	**$192,750**	**$192,750**

12. Revised Schedule of Services and Deliverables for Year 2.

At the end of 2001, the SPGPPS took the opportunity to openly and frankly address any issues or concerns stakeholders had in relation to the operation of the SPGPPS and its Secretariat under the new stakeholder funding arrangements, auspiced by the AMA. The outcome was overwhelming support for the work of the SPGPPS to continue, and agreement that the following activities needed to be undertaken in Year 2.

1. SPGPPS Secretariat to continue to provide infrastructure support and coordination necessary for all meetings and activities of the SPGPPS.
2. SPGPPS Secretariat to co-ordinate an externally facilitated strategic planning day in early 2002, to develop an operational framework for the *SPGPPS Strategic Plan 2000-2003* to better enable the SPGPPS and its stakeholders to:
    - set priorities and determine the key activities that need to be undertaken;
    - improve collaboration with other groups in the public and private sectors; and
    - facilitate the evaluation of recommendations arising from the National Forums of the SPGPPS against the SPGPPS Strategic Plan.
2. A review of the leadership options for the SPGPPS within the context of the following four models
    1. RANZCP Chair and democratically elected Deputy Chair
    2. Rotating Chair and democratically elected Deputy Chair
    3. Rotating Chair with a psychiatrist holding the Chair or Deputy Chair
    4. Elected Chair and Deputy Chair
3. Review of the SPGPPS *Operating* Guidelines in accordance with the outcome of the Strategic Planning Day and the review of leadership options for the SPGPPS.
4. Representation for private sector consumers and carers at a national level on all matters related to the delivery of mental health services in the private sector.
5. Supervision of the implementation of the *National Model for the Collection and Analysis of a Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services* and its Centralised Data Management Service.
6. Co-ordination of four face-to-face meetings of the SPGPPS including:
    - The preparation and distribution of agendas and papers for meetings;
    - recording the proceedings of meetings;
    - distribution of a record of proceedings;
    - follow-up actions;
    - provision of financial support associated with the cost of meetings; and
    - support for consumer and carer participation.
7. Co-ordination of a National SPGPPS Forum in 2002 for all private sector stakeholders.
8. The production and wide circulation of a quarterly SPGPPS Newsletter in both hard copy and electronic formats.
9. Maintenance of the website www.spgpps.com.
10. Production of a Year 2 Progress Report, which includes the following.

- Progress with the implementation of the strategic initiatives and any projects.
- Progress with any other major SPGPPS activities.
- Audited Financial Statements.
- Recommendations on funding for Year 3.
- Any revisions to the funding formula for stakeholder contributions.
- A revised Schedule of Services and Deliverables for Year 3.

The AMA will continue to take all reasonable steps to ensure that the above requirements are satisfied and will provide a final report upon completion of the AMA Agreement for Services in 2004.

Mr Phillip Taylor
Executive Officer
SPGPPS