STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

SPGPPS
ANNUAL PROGRESS REPORT
2 February 2003 – 31 December 2003

February 2004

PREAMBLE

The activity of the Strategic Planning Group for Private Psychiatric Services (SPGPPS), its Centralised Data Management Service (CDMS) and the National Network of Private Psychiatric Sector Consumers and Carers (hereafter National Network) during 2003 is outlined through this *SPGPPS Annual Progress Report: 2 February 2003 – 31 December 2003*. This is the third and final Progress Report, as required under the *AMA Agreement for Services* (hereafter ***SPGPPS Agreement***), which supported the operation of the SPGPPS from 1 February 2001 until 1 February 2004. In early 2003, the AMA advised the Parties to the SPGPPS Agreement that it would expire on 1 February 2004. Those Parties were as follows.

- AMA
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Australian Private Hospitals Association (APHA)
- Australian Health Insurance Association (AHIA)
- Commonwealth Department of Health and Ageing (CDHA)

The AMA further advised the Parties (AMA, CDHA, APHA and AHIA) to another *AMA Agreement for Services*, which supported the implementation of the *SPGPPS National Model for the Collection and Analysis of a Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services* (National Model) and its CDMS (hereafter ***CDMS Agreement***), that should the Parties to the SPGPPS Agreement determine not to continue their support of the SPGPPS beyond 31 January 2004, then the CDMS Agreement, which was due to expire on 3 June 2004, would also have to be terminated on 31 January 2004. This would have been a necessary consequence of the AMA being no longer able to meet its obligations under *Schedule B Clause 1.2 a* of the CDMS Agreement, which states that the CDMS will take operational instructions from, and report to, the SPGPPS. In that case, the AMA would have also commenced procedures to ensure that CDMS was closed before the SPGPPS Secretariat is terminated.

Under a Memorandum of Understanding (hereafter ***National Network MoU***), signed in late July 2003, the AMA, RANZCP, and beyondblue agreed to contribute $8000 each for the period of three years to support the activities of the National Network (total $24,000 for Year 1 of operation 1 August 2003 to 31 July 2004). The AHIA and the APHA subsequently also agreed to contribute from 2004 onwards, if the funding for the Network was built into the proposed overarching Agreement for the next three years of operation of the SPGPPS and its CDMS (2004-2006).

A substantial amount of time during 2003 was, therefore, devoted to deliberations concerning the future of the SPGPPS, the CDMS and the National Network.

Future of the SPGPPS, CDMS and the National Network

To assist stakeholders with their deliberations, a discussion paper titled *SPGPPS – Beyond 2003* was prepared and circulated to all SPGPPS and CDMS Stakeholders. The discussion paper was produced to facilitate deliberations and to provide a framework for discussion around the decisions to be made regarding the nature and extent of the services to be provided under any new agreement, and under what operational and funding arrangements those services should be provided. The AMA asked that the period covered in any new agreement be brought in line with the standard AMA financial year, which commences on 1 January and finishes on 31 December. The AMA recommended that the most cost effective approach would be a continuation of the current arrangements, albeit under the auspice of an overarching Agreement that would include the activities of the SPGPPS, CDMS and any other activity for which there are recurrent funding implications, such as the National Network.

As a result of these deliberations, stakeholders agreed to the continuation of the SPGPPS, CDMS and National Network under a new overarching agreement, for the period of three calendar years from 1 January 2004 to 31 December 2006.

The ***AMA Agreement for SPGPPS Services 2004 - 2006***, was drafted by the SPGPPS Legal Counsel, Ms Jane Ferry, in consultation with the SPGPPS, officers of the AMA, RANZCP, APHA, AHIA, CDHA, beyondblue Limited, the SPGPPS Executive Officer and the SPGPPS Information Officer.

The Agreement was signed in late December 2003 and took effect on 1 January 2004, replacing all previous agreements.

The Schedule of Deliverables under the new Agreement includes comprehensive annual progress reports that will detail SPGPPS, CDMS and National Network activity within a single report. The following unified Annual Progress Report, is therefore divided into three parts, Part 1 SPGPPS, Part 2 CDMS and Part 3 National Network. Each Part idenitifes activity under the original SPGPPS Agreement, CDMS Agreements, and National Network MoU up to and including 31 December 2003, when the new overarching AMA Agreement for Services 2004-2006 took effect.

PART 1 SPGPPS

Progress with the deliverables for Year 3 (2 February 2003 – 31 December 2003) of operation of the SPGPPS under the original SPGPPS Agreement is set out below.

1. SPGPPS Secretariat to continue to provide infrastructure support and coordination necessary for all meetings and activities of the SPGPPS.

Throughout 2003, the Secretariat continued to provide support and coordination for the activities of the SPGPPS and for the CDMS. During that time the Secretariat staff comprised the Executive Officer, Mr Phillip Taylor, Principal Information Officer, Mr Allen Morris-Yates, and the Administrative Officer, Ms Bronwen van der Wal.

2. 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 Secretariat provided support and co-ordination of all activities involving the SPGPPS Consumer Representative, Ms Janne McMahon, and Carer Representative, Mrs Ruth Carson including travel, accommodation, payment of sitting fees. SPGPPS Secretarial support for the National Network is also relevant and is outlined in **Part 3** of this unified report.

3. 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.

SPGPPS Secretariat support for the SPGPPS's Centralised Data Management Service (CDMS) is outlined in **Part 2** of this unified report.

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

- 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 Secretariat co-ordinated all aspects of the following meetings in 2003.

Table 1: SPGPPS Face-to-Face Meetings 2003

Meeting	Date	Venue	Location
31st Meeting	Thursday, 13 March	RANZCP NSW Headquarters	Sydney
32nd Meeting	Friday, 20 June	Melbourne Airport Hilton Hotel	Melbourne
33rd Meeting	Friday, 12 September	Adelaide Hilton Hotel	Adelaide
34th Meeting	Friday, 28 November	AMA House	Canberra

The schedule of SPGPPS Members and Observers attending face-to-face meetings of the SPGPPS for 2003 are set out in Table 2 below. In addition, the SPGPPS Secretariat co-ordinated the teleconferences of the SPGPPS Executive Officers to progress matters between face-to-face meetings on 11 February, 15 April, 9 May, 18 June, 29 July and 28 October.

Table 2: SPGPPS Representatives attendance at meetings of the SPGPPS 2003

ORGANISATION	REPRESENTATIVE(S)	31st Meeting	32nd Meeting	33rd Meeting	34th Meeting
AMA	Dr Martin Nothling	√	√	√	√
	Dr Bill Pring (Observer)	√	√	√	√
RANZCP	Dr Yvonne White (Chair)	√	√	√	√
	Dr Johanna Lammersma	√	√	√	√
	Mr Craig Patterson	√			
	Ms Sharon Brownie		√	√	√
RACGP	Dr Brian Kable			√	√
Australian Government	Mr Dermot Casey	√	√	√	**Alternate**
	Mr Peter Callanan	√	√	√	**Alternate**
	Mr David Morton	√	√	√	√
Consumers	Ms Janne McMahon	√	√	√	√
Carers	Mr John McGrath	√			
	Ms Ruth Carson		√	√	√
Hospitals	Mr Ashley Cooper	√			
	Ms Sue Williams		√	√	**Apology**
	Ms Moira Munro	√	√	√	√
Health Funds	Mrs Judy Hardy	√	√	√	√
	Ms Laurel Mitchell	√			
	Mr Brian Osborne		√	√	√

Invited Guests and Speakers 31st Meeting, 13 March 2003 Sydney

Mr Philip Robinson, Chair of the Australian Infant, Adolescent and Family Mental Health Association gave a presentation on the *Children of Parents with a Mental Illness*

Initiative. **Mr Bob Wells**, First Assistant Secretary, Health and Industry Investment Division, Commonwealth Department of Health and Ageing addressed the meeting on the issues relating to the mental health workforce. These presentations have also been substantially documented and appear in the report of the respective SPGPPS meeting. The reports are available from the SPGPPS Secretariat on request, and may also be downloaded from the SPGPPS website at: *www.spgpps.com*.

Table 3 below provides an indication of the range of issues the SPGPPS dealt with in 2003.

Table 3: SPGPPS Meeting Agenda Items for 2003

AGENDA ITEM	SPGPPS MEETING			
1. PROCEDURAL MATTERS	**31ST**	**32ND**	**33RD**	**34TH**
Opening/Welcome/Apologies/Alternates/Guests	✓	✓	✓	✓
Adoption of the Report of the last SPGPPS Meeting	✓	✓	✓	✓
Progress Report and Out of Session Decisions	✓	✓	✓	✓
2. FINANCE AND OPERATIONAL MATTERS				
Election of the SPGPPS Deputy Chair	✓			
SPGPPS Data Collection and Analysis Project	✓	✓	✓	✓
National Network of Private Psychiatric Sector Consumers and Carers	✓	✓	✓	✓
Future of the SPGPPS Beyond 2003	✓	✓	✓	
AMA Agreement for Services 2004 – 2006				✓
SPGPPS Finance Committee				✓
3. DISCUSSION ITEMS				
National Forum 2002 - Agreed Goals:	✓	✓	✓	✓
Goal 1: Enhance Consumer and Carer Participation	✓	✓	✓	✓
Goal 2: Uptake of Innovative Services	✓	✓	✓	✓
Goal 3: Access to Private Mental Health Services	✓	✓	✓	✓
Goal 4: Workforce	✓	✓	✓	✓
Goal 5: Quality, Availability and Utilisation of Information	✓	✓	✓	✓
Children of Parents with a Mental Illness	✓			
Draft National Health Privacy Code	✓			
Mental Health Workforce	✓			
Review of the Guidelines for Health Insurance Benefits		✓	✓	✓
Privacy Kit for Private Sector Mental Health Service Providers			✓	✓
Substance Abuse and Dependency			✓	✓
4. STANDING ITEMS				
Private Hospitals	✓	✓	✓	✓
Private Health Insurance Funds	✓	✓	✓	✓
RANZCP	✓	✓	✓	✓
RACGP	✓	✓	✓	✓
Commonwealth Department of Health and Ageing	✓	✓	✓	✓
AHMAC National Mental Health Working Group	✓	✓	✓	✓
5. INFORMATION ITEMS				
Clinical Practice Guidelines Project	✓	✓	✓	✓
Clinical Care Pathways Project	✓	✓	✓	✓
National Mental Health Integration Projects	✓	✓	✓	✓

Table 4 below gives some indication of the meetings attended by representatives of the SPGPPS.

Table 4: Major Meetings attended by Representatives and Officers of the SPGPPS in 2003

MEETING	DATE	REPRESENTATIVE(S)
1. AMHOCN Meeting	17/18 Feb	Mr Morris-Yates
2. AHMAC NMHWG	7 Mar	Mr Taylor, Dr White
3. Training and software setup support for Albury Wodonga Private Hospital	3 Mar	Mr Morris-Yates
4. AHIA Mental Health Committee	12 Mar	Mr Morris-Yates
5. DVA Briefing on the CDMS	18 Mar	Mr Morris-Yates
6. Adult Mental Health Outcome Group Meeting	19 Mar	Mr Morris-Yates
7. Mental Health Privacy Coalition (MHPC)	28 Mar	Dr White, Dr Pring, Ms McMahon,
8. Victorian Private Psychiatric Hospitals Committee Meeting	3 Apr	Mr Morris-Yates
9. AHIA Mental Health Committee Meeting	4 Apr	Mr Morris-Yates
10. 2nd National Mental Health Outcomes & Casemix Forum	7/8 Apr	Mr Morris-Yates
11. AHMAC NMHWG Information Strategy Committee	9/10 Apr	Mr Morris-Yates
12. Consultation re further development of CDMS Standard Reports	30 Apr	Mr Taylor Mr Morris-Yates
13. Back-up training for Albert Road Clinic	1 May	Mr Morris-Yates
14. AHMAC NMHWG National Summit NMHP 2003-2008	2 May	Mr Taylor, Dr White
15. Additional training for Hyson Green at Calvary Private Hospital	5 May	Mr Morris-Yates
16. Consumer Self Rating Review Reference Group (C'th funded project)	19 May	Mr Morris-Yates
17. Additional training and support for Belmont Private Hospital/New Farm Clinic	20 May	Mr Morris-Yates
18. Additional training and support for St Andrews Private Hospital Ipswich	21 May	Mr Morris-Yates
19. Initial Traing and Software set-up Cambridge Private Hopsital	22 May	Mr Morris-Yates
20. Meeting with staff of Perth Clinic & Hollywood Private Hospitals regarding further development of CDMS reports	23 May	Mr Morris-Yates
21. Meeting with DVA	29 May	Mr Morris-Yates
22. ISC National Outcome & Casemix Collection Technical Working Group Meeting	5 Jun	Mr Morris-Yates
23. Software set-up support for Pinelodge Clinic Melbourne	19 Jun	Mr Morris-Yates
24. AHMAC NMHWG	4 Jul	Mr Taylor, Dr White
25. AHMAC NMHWG Information Strategy Committee	14/15 Jul	Mr Morris-Yates
26. Healthscope Hospitals Meeting Melbourne	24 Jul	Dr Pring
27. Australian Mental Outcomes and Casemix Network	4 Aug	Mr Morris-Yates
28. National Network Meeting & Workshop	18/19 Aug	Ms McMahon, Mrs Carson
29. Presentation to CDHA	19 Aug	Mr Morris-Yates
30. Health Outcomes Conference	20/21 Aug	Mr Morris-Yates
31. Presentation at THEMS Pre-Conference Workshop	2 Sep	Mr Morris-Yates
32. Training and support for Albury Wodonga Hospital	10 Sep	Mr Morris-Yates
33. AHMAC NMHWG Safety & Quality Partnership Group	17 Sep	Dr Bill Pring
34. WA Department of Health Presentation	8 Oct	Mr Morris Yates
35. Additional Training & Support Cambridge Private Hospital	8 Oct	Mr Morris-Yates
36. AHMAC NMHWG Information Strategy Committee	9/10 Oct	Mr Morris-Yates
37. APHA Congress	13 Oct	Mr Morris Yates
38. Training & software set-up support for Pine Rivers Private Hospitals	14 Oct	Mr Morris-Yates
39. Training & software set-up support for Greenslopes Private Hospital	15 Oct	
40. Training & software set-up support & Transfer of existing data for Sunshine Coast Private Hospital	16/17 Oct	Mr Morris-Yates
41. National Network Meeting	21 Oct	Ms McMahon, Mrs Carson
42. Federal Privacy Commissioner & Mental Health Privacy Coalition	22 Oct	Dr Pring, Ms Burton, Mr Taylor
43. National Network NSW Committee	3 Nov	Mr Taylor
44. Additional Training & Support The Melbourne Clinic	15 Dec	Mr Morris-Yates
45. National Network Meeting	16 Dec	Ms Janne McMahon

5. Other Meetings Supported by the SPGPPS Secretariat

All stakeholders that attended the SPGPPS National Forum 2002 defined an agreed set of five common goals for private sector psychiatric services and determined some of the short term and longer-term changes that would be necessary to achieve those goals. The agreed goals were as follows.

1. *Enhance Consumer and Carer participation in the design, delivery and evaluation of private sector mental health services, so that Consumer and Carer participation becomes the driving force in all elements of change.*
2. *Enable private sector mental health services to provide comprehensive care by encouraging the uptake of innovative services that have been shown to be effective and feasible.*
3. *Improve access to private sector mental health services by strengthening linkages and improving the co-ordination of care between GPs, Psychiatrists and Private Hospitals*
4. *Seek to ensure that private sector mental health services are supported by a high quality workforce*
5. *Improve the quality, availability and utilisation of information regarding private sector mental health services*

The 6 December 2002 Meeting of the SPGPPS considered progress with these goals and directed that the 2003 SPGPPS National Forum be postponed to enable the SPGPPS to concentrate on these issues in 2003. The National Network has been responsible for progressing the first of these goals (see Part 3). Several SPGPPS working groups were established in 2003 to further progress aspects of the remaining four goals. Working Group and other Committee activity is set out in the table below.

Table 5: SPGPPS Working Group and Other Committee Activity

TITLE	REPRESENTATION		MEETINGS	ISSUES PROGRESSED
SPGPPS Innovative Models Working Group	Mr Bruce Houghton (Chair) Ms Sue Williams Mr David Morton Mr Peter Callanan Dr Bill Pring Dr John Buchanan Ms Janne McMahon Mr Allen Morris-Yates Mr Phillip Taylor	Health Funds Hospitals DVA CDHA AMA RANZCP Consumer CDMS Secretariat	25 Feb 26 Mar 29 Jul 29 Sep 10 Nov	Development of a set of *General Principles and Recommendations* to encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals
Guidelines Review Working Group	Dr Jo Lammersma (Chair) Dr Martin Nothling Ms Moira Munro Mrs Judy Hardy Mr Peter Callanan Ms Janne McMahon Mr Phillip Taylor	RANZCP AMA Hospitals Health Funds CDHA Consumers Secretariat	11 Feb 26 Aug 10 Nov	Review of the *Guidelines for Determining Benefits for health Insurance Purposes for Private Patient Hospital-based Mental Health Care*
Substance Abuse and Dependency Working Group	Mr David Morton (Chair) Dr Martin Nothling Ms Sue Williams Mrs Judy Hardy Mr Allen Morris-Yates Mr Phillip Tayor	DVA AMA Hospitals Health Funds CDMS SPGPPS Secretariat	24 Nov	The Treatment of substance abuse and dependency in respect of alcohol and other drugs in the private sector
SPGPPS Finance Committee	Dr Martin Nothling (Chair) Mr Brian Osborne Ms Sue Williams Dr Jo Lammersma Mr Dermot Casey Mr Howard Pickrel Mr Allen Morris-Yates Mr Phillp Taylor	AMA Health Funds Hospitals RANZCP CDHA AMA Finance Department CDMS SPGPPS Secretariat	10 Nov	Monitoring of budgetary expenditure, on a quarterly basis, for SPGPPS, CDMS and National Network activity

5.1 The Mental Health Privacy Coalition (MHPC)

The MHPC met with the Federal Privacy Commissioner, Mr Malcolm Crompton on 8 May 2002 to discuss the concerns mental health service providers and consumers and their carers had with the Privacy Amendment (Private Sector) Act 2000, which extended the Privacy Act 1988 to cover the private health sector throughout Australia. The focus of the 8 May meeting was the impact on the mental health sector of the legislation, its 10 National Privacy Principles (hereafter NPPs), and the Guidelines on Privacy in the Private Health Sector (hereafter Guidelines). At that meeting, the Privacy Commissioner suggested that the MHPC identify the problems with a view to developing a privacy education campaign, similar to that undertaken by the AMA before the legislation came into effect in December 2001. Such a campaign would assist mental health service providers to work with the NPPs without compromising good clinical practice.

The MHPC subsequently met on 27 June 2002 and agreed that a kit, which provides guidance on the development of privacy policies to suit the needs of mental health service providers and their patients, could overcome many concerns.

The Second Meeting of the MHPC was held on 1 November 2002 at the offices of the Federal AMA in Canberra. The purpose of this meeting was to:

- examine the concept and content of the *Privacy Kit for Private Sector Mental Health Service Providers* developed by the AMA;
- consider the costs involved with the printing and distribution of Kit; and
- discuss further problems that require legislative changes.

Following revision, *The Kit* was sent to the Office of the Federal Privacy Commissioner (OFPC) for comment in March 2003. Further revisions to The Kit were made incorporating the comments of the OFPC and a final version re-submitted.

In October 2003, the Commissioner indicated that the OFPC still had concerns that there were inconsistencies in the approach used in the Kit that may, in some instances, lead to misinterpretations or inaccuracies in information about the NPPs. Consequently, a meeting was held on 22 October 2003 in Sydney, between the OFPC and representatives of the MHPC to discuss these concerns. The Commissioner was amenable to a form of recognition in the foreword, or other appropriate place in the Kit, if the Kit could be revised to address the concerns of the Privacy Commissioner. The Kit was revised between October and December 2003 and was forwarded to the OFPC in February 2004.

5.2 National Network of Private Psychiatric Sector Consumers and Carers

The 29th Meeting of the SPGPPS requested that the Secretariat prepare a proposal to support expansion of the National Network of Private Psychiatric Sector Consumer and Carers (National Network). A proposal titled, *Improving Consumer and Carer Participation in Private Sector Mental Health Services*, was subsequently prepared and endorsed "in principle" by the December 2002 Meeting of the SPGPPS with the CDHA reserving its position, pending further consultation. The Meeting asked that the following organisations consider the Proposal.

- Australian Medical Association (AMA)
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Australian Health Insurance Association (AHIA)
- Australian Private Hospitals Association (APHA)

- Australian Government (Departments of health and Ageing and Veterans' Affairs)
- beyondblue

Subsequently, a *Memorandum of Understanding* (MoU) was agreed between the AMA, RANZCP and Beyondblue to support the operation of the National Network. The MoU took effect from 31 July 2003 and enabled the Network to further develop its structure and strengthen its position within the sector. The APHA and the AHIA also subsequently agreed to fund the Network under the auspice of an the overarching AMA Agreement for Services 2004-2006.

The National Network held its Second (2nd) Meeting and a Workshop on 18/19 August 2003 at RANZCP Headquarters in Melbourne. The SPGPPS Secretariat provided the administrative support for the two days. Ms Elizabeth Morgan, of Morgan Disney and Associates, was commissioned by the National Network to facilitate the Workshop on the second day.

The 2nd Meeting and Workshop resulted in the following.

- Clarification of role and purpose of the National Network to the extent that an agreed vision and set of terms of reference were endorsed.
- An agreed set of manageable goals and work plan to achieve those goals over the next twelve months.
- A communication strategy to enable Network members to communicate effectively with each other, the SPGPPS Secretariat, and other key networks, particularly Hospitals.
- Endorsement for the establishment of an Expert Advisory Panel as an intellectual resource and point of expert reference for Network members on technical matters related to the design and delivery of private sector mental health services.
- Agreement for the preparation of a Promotional Brochure for the Network.
- Recommendations concerning the integration of mental health consumer and carer participation into all training programs for health professionals for the Australian Government to raise with the Deans of the respective university training programs.

5.3 Australian Council on Healthcare Standards Meeting

The 12 September 2003 meeting of the SPGPPS requested the SPGPPS Secretariat to coordinate a meeting between the SPGPPS representatives and the Executive Officer of the Australian Council on Healthcare Standards (ACHS) to discuss the National Standards for Mental Health Services (National Standards) and their use in ACHS accreditation process in the private sector. This meeting was held on Monday 17 October at ACHS Headquarters in Sydney.

Although accreditation against the National Standards is voluntary, the expectations of the Australian Government and of funders, is that private psychiatric hospitals will seek to be accredited against the National Standards. This has effectively rendered the National Standards as the accepted benchmark and private psychiatric hospitals are keen to demonstrate that they meet the National Standards, however, there are considerable extra costs involved. In the public sector, jurisdictions are required to report on the implementation of the National Standards. In the private sector, accreditation surveys, including assessment against the National Standards, usually costs a private psychiatric hospital around $1,500 extra. This additional cost is a result of the need for a consumer surveyor to be part of the survey team.

The APHA has been attempting to negotiate these issues with ACHS for several years now, and it has also been raised at the Private Health Industry Quality and Safety Committee. As yet a solution has not been found and the matter has been subject of discussion at several meetings of the SPGPPS. The SPGPPS had requested this meeting be convened to address the current situation and arrive at a positive way forward. The outcomes of the meeting were as follows.

- The National Network would recruit appropriate available consumers willing to be trained by the ACHS as dedicated private sector consumer surveyors.
- The ACHS and APHA would jointly approach the Australian Government to support the extra costs involved with the training and inclusion of consumer surveyors in all organisational wide accreditation surveys for private hospitals with psychiatric beds against the National Standards for Mental Health Services during the life of the *National Mental Health Plan 2003-2008*.
- The ACHS would undertake an assessment of the requirements for in-depth reviews against the National Standards for Mental Health Services.

6. The Production and Wide Circulation of a Quarterly SPGPPS Newsletter

Three Editions of the newsletter *SPGPPS News* were produced in 2003 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 14, April 2003
- National Network of Private Psychiatric Sector Consumers and Carers
- National Mental Health Plan 2003–2008
- Innovative Model's Working Group
- Workforce
- Children of Parents with a Mental Illness

Issue 15, July 2003
- National Mental Health Plan 2003–2008 – *The Private Sector Responds*
- SPGPPS Data Collection and Analysis Project
- Safety and Quality in Mental Health
- Future of the SPGPPS Beyond 2003
- Access to After-hours Care – *Survey of the Private Sector*

Issue 16, November 2003
- Centralised Data Management Service
- The National Network
- Outreach Services
- National Standards for Mental Health Services
- Workforce - IBNR Rally
- Substance Abuse and Dependency

Other publications, reports and submissions prepared by the SPGPPS now include.

- History of SPGPPS
- SPGPPS Operating Guidelines
- SPGPPS Strategic Plan 2000 – 2003
- SPGPPS Annual Progress Reports for 2001 and 2002
- Speaking a Common Language
- Towards a Common Electronic Language

- SPGPPS National Forum Proceedings 2001: Access to Psychiatric Services
- SPGPPS National Forum Proceedings 2002: Innovative Models of Service Delivery and Funding for Private Sector Mental Health Services
- *General Principles and Recommendations* to encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals.
- Report to the Ministerial Task Force on Private Health Insurance
- SPGPPS submission to the Federal Privacy Commissioner on the Draft Health Privacy Guidelines
- SPGPPS submission on the National Practice Standards for the Mental Health Workforce
- SPGPPS submission on the National Privacy Code
- SPGPPS submission on the National Mental Health Plan 2003-2008
- *Guidelines for Determining Benefits for Health Insurance Purposes For Private Patient Hospital-Based Mental Health Care*
- MHPC submission on the review of the Privacy Act

7. The Maintenance of a Dedicated SPGPPS website (www.spgpps.com)

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
- National Network

The website will be redeveloped in 2004.

8. SPGPPS Income and Expenditure as at 31 December 2003

The statement of SPGPPS Income and Expenditure for the period 1 February 2003 to 31 December 2003 is set out in Table 6 below.

This budget is complicated by the fact that Year 3 of SPGPPS operation was truncated at 31 December 2003 through the renegotiation of the *AMA Agreement for Services 2004 - 2006*, that came into effect on 1 January 2004. Budgets for the first year of the new Agreement, effectively Year 4 for the Secretariat, were calculated on the assumption that a proportion of funds for that year (the period 1 January 2004 to 31 January 2004) had already been budgeted for and received as part of the Year 3 funding allocation.

Although not all components of the funding allocation could be expected to be evenly distributed across the year, Table 6 includes an indicative imputed budget for the period from 1 Feb 2003 to 31 Dec 2003 that is based on the assumption of an even pattern of expenditure. Certain expenses have been incurred that appear to overspend the imputed budget. These expenses include unbudgeted expenditures during this period associated

with the attendance of SPGPPS representatives at meetings other than those of the SPGPPS and the legal costs associated with the renegotiation of the overarching *AMA Agreement for Services 2004 – 2006*.

Table 6: SPGPPS Income and Expenditure Year 3 as at 31 December 2003

INCOME (1 Feb 2003 to 31 Jan 2004)	
AMA	51,200
RANZCP	25,700
APHA	38,550
AHIA	38,550
Australian Government	38,550
Balance carried forward from Year 2 (2002)	3,480
Total income	**196,030**

EXPENDITURE (1 Feb 2003 to 31 Dec 2003)	**SPGPPS Year 3 budget 1/2/03 to 31/1/04**	**Imputed budget for 1/2/03 to 31/12/03**	**Expenditure during 1/2/03 to 31/12/03**	**Difference**
Recurrent costs for the Secretariat				
Salaries and on–costs	129,104	118,169	127,686	– 9,517
Accommodation	7,259	6,644	7,260	– 616
Electricity & Telephone	3,000	2,746	2,450	296
Internet (ISDN\Website Hosting)	2,625	2,403	827	1,576
Consumables	2,900	2,654	6,941	– 4,287
Sub–total	**144,888**	**132,616**	**145,164**	**– 12,548**
SPGPPS Activity				
SPGPPS Meeting and Working Groups	17,900	16,384	8,552	7,832
SPGPPS Consumer & Carer Representation	8,700	7,963	10,013	– 2,050
National Forum	14,000	12,814	0	14,000
Sub–total	**40,600**	**37,161**	**18,565**	**18,596**
SPGPPS Unbudgeted Activity				
AHMAC NMHWG Meetings	0	0	8,172	– 8,172
Other Meetings/Conferences/Consultation	0	0	8,494	– 8,494
Legal Costs	0	0	10,473	– 10,473
Sub–total	**0**	**0**	**27,139**	**– 27,139**
TOTAL	**185,488**	**169,777**	**190,869**	**– 21,091**

SUMMARY	
Total Income for Year 3	**196,030**
Amount to be carried forward for Year 4	16,603
Available income for 1/2/03 to 31/12/03	169,777
Expenditure during 1/2/03 to 31/12/03	190,869
Funds remaining as at 31/12/03	**5,161**

Chartered accountants KPMG conducted an audit of the revenue and expenditure for the SPGPPS for the period 1 February 2003 to 31 December 2003. A copy of letter of acquittal for that period appears at Attachment 1 to this Report.

PART 2: SPGPPS CDMS

Part 2 of this report outlines progress with the implementation of the SPGPPS *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services* (hereafter National Model) during the period from 4 June 2003 to the end of the original SPGPPS Agreement, which expired on 31 December 2003.

To date, the implementation of the National Model has proceeded in two stages, the first having the objective of enabling participating hospitals to collect and submit the required data, and the second having the objective of enabling the CDMS to provide Hospitals and Payers with reports based on that submitted data.

Stage One

Apart from the training and support requirements of new subscribers, stage one was completed in the second half of 2002. By November 2002, all participating Hospitals had been provided with training materials and software and had been visited on at least two occasions. At that time, almost all participating Hospitals were able to collect the standardised measures (HoNOS and MHQ–14) at admission and discharge from episodes of overnight inpatient care. The majority of Hospitals were also able to collect that data for episodes of ambulatory care.

Stage Two

In stage two the goal was to consolidate and refine the National Model through a process of evolutionary development of the national data collection and reporting process, with the objectives being that the:

(a) quality of the data submitted by Hospitals can be assured;

(b) content, format and pattern of return of the regular reports has been refined and standardised through a consultative process based on the use of the reports by stakeholders; and

(c) functions of the CDMS have been extended beyond the simple return of standardised quarterly reports to include the ability to respond to requests by the SPGPPS for ad–hoc and more complex statistical analyses designed to assist the various stakeholders in meeting their shared objectives.

As of June 2003, Standard Quarterly Reports that included detailed statistics regarding episodes of overnight inpatient care were being provided on a routine basis to both participating Hospitals and Health Funds, and the Australian Government Departments of Veterans Affairs and Defence.

Progress in these first two years with the implementation of the National Model has been slower than was initially planned. Major factors responsible were:

1. Changes to the National Model required in making it consistent with the new Private Sector Privacy Act. This had flow on effects, requiring changes to the training and reference materials and the database application provided to Hospitals.
2. Inability to employ a project officer with the necessary skills. This substantially increased Mr Morris-Yates' workload and placed restrictions on the work schedule. These changes in staffing resulted in significant changes to the work schedule for both the 1st and 2nd years of operation.
3. Unforseen shortfalls in funding associated with the introduction of the GST and additional travel and infrastructure requirements. These shortfalls in funding have, to some extent, been made up for by re–deploying funds initially budgeted for the project officer and the operations support officer. However, it is now apparent that the infrastructure and ongoing support and consultation requirements of CDMS stakeholders were not adequately taken into account in the initial CDMS budget estimates.

Implementation of the SPGPPS' National Model by Private Hospitals with Psychiatric Beds

Table 1 on the following page identifies all known Private Hospitals with Psychiatric Beds.

As at 31 December 2003, these consisted of 26 stand–alone private psychiatric hospitals and 18 general private hospitals with co–located psychiatric units, together accounting for approximately 1500 beds. Of the 44 hospitals identified in Table 1,

three are not currently identified as participating Hospitals: Niola Private Hospital, The Victoria Clinic, and The Wesley Private Hospital Townsville.

Table 1: Private Hospitals with Psychiatric Beds as at 31 December 2003

Standalone Psychiatric Hospitals	Co-located Psychiatric Units
The Adelaide Clinic; Gilberton, SA [1]	Albury Wodonga Private Hospital; West Albury, NSW [1]
The Albert Road Clinic; South Melbourne, VIC [1]	Beleura Private Hospital; Mornington, VIC [1]
Belmont Private Hospital; Carina, QLD [1]	Cambridge Private Hospital; Wembley, WA [1]
Delmont Private Hospital; Glen Iris, VIC [1]	Greenslopes Private Hospital; Greenslopes, QLD [2]
Evesham Clinic; Cremorne, NSW [1]	Hyson Green at Calvary Private Hospital; Bruce, ACT [1]
Fullarton Private Hospital; Parkside, SA [1]	Hollywood Private Hospital; Nedlands, WA [1]
The Geelong Clinic; St Albans Park, VIC [1]	Joondalup Health Campus; Joondalup, WA [1]
The Hobart Clinic; Rokeby, TAS [1]	Lingard Private Hospital; Merewether, NSW [1]
Kahlyn Private Hospital; Magill, SA [1]	Northpark Private Hospital; Bundoora, VIC [1]
The Melbourne Clinic; Richmond, VIC [1]	Pioneer Valley Private Hospital; North Mackay, QLD [1]
New Farm Clinic; New Farm, QLD [1]	St Andrews Private Hospital Ipswich; Ipswich, QLD [1]
Niola Private Hospital; Leederville, WA [3]	St Andrews Private Hospital Toowoomba; QLD [1]
The Northside Clinic; Greenwich, NSW [1]	The Sunshine Coast Private Hospital; Buderim, QLD [2]
Palm Beach Currumbin Clinic; Currumbin, QLD [1]	St Helens Private Hospital; Hobart, TAS [1]
Perth Clinic; West Perth, WA [1]	Sydney Southwest Private Hospital, Liverpool NSW
Pinelodge Clinic; Dandenong, VIC [1]	Vaucluse Hospital; Brunswick, VIC [1]
Pine Rivers Private Hospital; Strathpine, QLD [2]	The Wesley Hospital; Auchenflower, QLD [1]
St John of God Hospital Burwood; Burwood, NSW [1]	The Wesley Private Hospital Townsville; Townsville, QLD [3]
St John of God Hospital Richmond; Richmond, NSW [1]	
The Sydney Private Clinic; Bronte, NSW [1]	
South Pacific Private Hospital; Curl Curl, NSW [1]	
Toowong Private Hospital; Toowong, QLD	
The Victoria Clinic; Prahan, VIC [3]	
The Wentworth Private Clinic; Wentworthville, NSW [1]	
Wesley Private Hospital Ashfield; Ashfield, NSW [1]	
Wandene Private Hospital; Kogarah, NSW [1]	

Notes:
1. Participating Hospital currently able to submit data to the CDMS.
2. Participating Hospital not yet able to submit data – awaiting formal training in the collection of standardised measures and the use of HSMdb.
3. Hospital is not currently subscribing to the SPGPPS and its CDMS.

Provision of Support for Participating Hospitals

During the period June 2002 to May 2003 Mr Morris-Yates made 28 visits to participating Hospitals. These included visits to Hospitals in all major cities and some regional areas. Visits to Hospitals were very substantially outnumbered by telephone contacts with Hospitals. The support needs of Hospitals included:

- initial training in the requirements of the National Model
- implementation of the data collection protocols
- review of HoNOS rating practices
- use of the Hospitals Standardised Measures database (HSMdb) application software
- linkage of HCP (Hospitals Casemix Protocol) data with OMP (Outcome Measures Protocol) data
- setup of the HSMdb software and correction of problems in existing HSMdb installations caused by local changes in network configurations
- retrieval of lost or corrupted data
- transfer of pre-existing data into HSMdb

The frequency of telephone calls regarding the linkage of HCP data with OMP data has decreased markedly over the period, with most Hospitals now appearing to have mastered this relatively difficult aspect of the local data processing requirements of the National Model.

The original CDMS work plan and budget did not include any provision for visits to Hospitals in the second year of operation of the CDMS. Several factors have led to this requirement for additional support.

First, the changes to the work schedule, mentioned previously, had flow on effects. It had been expected that Hospitals needs for follow-up support during their initial stages of implementation would be completed in the first year of operation of the CDMS. However, the lengthened work schedule coupled with the two factors discussed below has meant that many Hospitals have taken substantially longer to fully implement the National Model than was initially expected. Second, staff turnover among participating Hospitals has meant that re-training, particularly in the use of the HSMdb database application, has been required. Most participating Hospitals are relatively small organisations. As a consequence, when a key staff member leaves, it is usually not the case that there are others who have detailed experience in the requirements of the role that person had left vacant. Third, many Hospitals were found to have significant difficulties in obtaining adequate information technology support. These last two factors seem unlikely to change in subsequent years.

Enrolment of New Hospitals

Hospitals that wish to participate in the SPGPPS National Model and its CDMS must contribute to the *recurrent annual* costs associated with the operation of the SPGPPS and its Secretariat; the *recurrent annual* costs associated with the National Model and the operation of its CDMS. New hospitals are also required to contribute to the costs associated with the assistance provided by the CDMS to a Hospital in implementing the National Model. The AMA invoices the APHA to cover the costs incurred by the SPGPPS Information Officer in providing training and support for the Hospital in its implementation of the National Model.

In 2003, five new Hospitals subscribed to the SPGPPS and its CDMS. They were:

- Albury Wodonga Private Hospital, located on the NSW Victoria border
- Cambridge Private Hospital, located in Perth
- Greenslopes Private Hospital, located in Brisbane
- Pine Rivers Private Hospital, located in Brisbane
- Sunshine Coast Private Hospital, located in Buderim
- Southwest Sydney Private Hospital, located in Liverpool

Hospitals Standardised Measures Database Application (HSMdb)

Version 1.3 of HSMdb, which implemented revisions in HSMdb's data import and extract functions associated with changes to the Hospitals Casemix Protocol, which came into effect in July 2002, was distributed to Hospitals in late November 2002. Subsequently, version 1.310 of HSMdb, which embodied further corrections and minor revisions to the application, was distributed to Hospitals in February 2003.

The outcome of consultations with Hospitals regarding the further development of HSMdb is discussed under the section titled ***Consultations regarding the further development of reports produced under the SPGPPS' National Model*** beginning on page 17.

Development and Operation of the CDMS's Data Warehouse, Analysis and Reporting Systems

Initial work on the CDMS Data Warehouse (CDMSdwh) was directed towards providing Hospitals with their first Standard Quarterly Report. This was seen as having the highest priority because of the need to begin providing feedback in response to the substantial work put in by Hospitals in implementing the National Model. The first Standard Quarterly Report, distributed to Hospitals in early August 2002, focussed on the completeness of the data collection. A limited set of tables addressing casemix (e.g., HoNOS and MHQ–14 profiles of patients at admission) and outcomes were provided. This limitation was principally brought about by the late start on CDMSdwh. It was also considered that the quality of the early data could not support more detailed analyses.

Work on the CDMSdwh during September–October 2002 was principally directed to further developing and testing the front–end data import, linkage and processing functions. Conduct of this work was essential, as it is critically important that the initial data processing is completed without error.

Hospitals were asked to submit data for the 2nd quarter of 2002 by the end of September. Hospital's Standard Quarterly Report for that period was similar in content to their first report, with the addition of one table relating to the patient self-report measure. The report for the 2nd Quarter of 2002 was distributed to Hospitals in early November 2002.

Work on the Standard Report for Health Funds also began in September 2002. The first report included information on Hospitals compliance with the data collection requirements of the National Model, and relatively comprehensive information on separations from overnight inpatient care. The report for the 2nd Quarter of 2002 was distributed to Health Funds in early November 2002.

Standard Reports for the third quarter of 2002 for Health Funds and Hospitals were distributed in March 2003. Fourth quarter Standard Reports were distributed in June 2003.

Table below summarises progress with the distribution of Standard Quarterly Reports to Hospitals and Payers.

Table 2: Distribution of Standard Quarterly Reports to Hospitals and Payers.

Data collected for the Period	To Hospitals		To Payers	
	Date Sent Out	Delay	Date Sent Out	Delay
1 Jan to 31 Mar 2002	9 Aug 2002	20 weeks	8 Nov 2003	38 weeks
1 Apr to 30 Jun 2002	5 Nov 2002	18 weeks	8 Nov 2003	18 weeks
1 Jul to 30 Sep 2002	10 Mar 2003	23 weeks	6 Mar 2003	23 weeks
1 Oct to 31 Dec 2002	29 May 2003	22 weeks	3 Jun 2003	23 weeks
1 Jan to 31 Mar 2003	15 Aug 2003	20 weeks	20 Aug 2003	21 weeks
1 Apr to 30 Jun 2003	30 Oct 2003 *	18 weeks	30 Oct 2003 *	18 weeks

***** expected distribution date.

Ideally, the CDMS should be able to prepare and distribute reports within 13 weeks of the end of any given quarter. That benchmark is based on the following assumptions. Hospitals are generally required to submit HCP data to Health Funds within 6 weeks of the end of any given month. It should therefore be possible for Hospitals to submit their data to the CDMS within 7 to 9 weeks of the end of a quarter. Allowing 3 to 4 weeks for the processing of data and the preparation and distribution of reports by the CDMS, a best case scenario should see a delay of no more than 13 weeks.

Delays in the distribution of the Reports has been caused by a number of factors. First, at each period a small minority of Hospitals have experienced difficulties in the preparation of their submissions. This has led to complete data not being available until some 14 or more weeks beyond the end of each period. Second, the preparation of the reports for each period has involved major revisions in the data processing and report generation software.

This process of ongoing development is likely to continue. For example, delays in the preparation of the report for the 1st quarter of 2003 were principally due to the completion of revisions undertaken as part of the process of implementing a number of recommended changes in the Standard Quarterly Reports. The nature of those changes are described in detail under the section titled ***Consultations regarding the further development of reports produced under the SPGPPS' National Model***. The revisions had their most obvious effects in substantial changes to the Hospitals' Reports. The revisions in the report generation software also required the completion of major revisions to the data processing software. These revisions included changes that (a) enable more efficient processing of the increased volume of data being received, (b) enable some automatic correction of errors in the linkage between OMP and HCP data that Hospitals were not able to correct before submission, and (c) enable the identification of periods of ambulatory care in cases where Hospitals collection of OMP data in that service setting was unreliable.

With the assistance of participating Hospitals, it will be possible to achieve reductions in the delay between the close of a period and the distribution of reports. The attainment of an appropriate balance between timeliness and flexibility will be an ongoing objective for the CDMS.

Consultations Regarding the Further Development of Reports Produced under the SPGPPS' National Model

In September 2002, Mr Morris-Yates put a proposal to the SPGPPS that would enable the further development of the services provided to participating Hospitals and Payers by the CDMS. At the 31st meeting of the SPGPPS, held on 31 March 2003, representatives of the financial stakeholders in the CDMS (APHA, AHIA and the Australian Government) indicated that they would provide the additional funding required to undertake the proposed work.

Since then, Mr Morris-Yates, undertook targeted consultations with Hospitals, Health Funds and technical specialists in the area of mental health information policy in preparation for the commencement of Year 3 of operation of the CDMS, which commenced on Wednesday, 4 June 2003. The issues considered in the consultation process and the recommendations arising from the process are described in detail below. These recommendations were put to the June 2003 meeting of the SPGPPS and were endorsed by SPGPPS representatives.

During April and May 2003 these consultations included:

April 3 – Victorian Psychiatric Hospitals Committee (attended by CEOs and other senior staff members of Albert Road Clinic, Delmont Private Hospital, Geelong Clinic, Melbourne Clinic, Northpark Private Hospital and Victoria Clinic)

April 30 – Technical Consultation meeting (attended by Mr Bill Buckingham (Consultant), Dr Phillip Burgess (Consultant), Dr Bill Pring (AMA), Ms Margie Hepner (Hospitals), Mr Brian Osborne (Health Funds), Mr Bruce Houghton (Health Funds), Mr Phillip Taylor and Mr Allen Morris-Yates)

May 1 – Delmont Private Hospital (attended by Mr Graham Cadd (CEO), Ms Debbie van Sebille (Quality Improvement Coordinator), Dr Bill Pring (Psychiatrist), Mr Bruce Houghton (Health fund contracts negotiator) and Mr Allen Morris-Yates).

May 20 – Belmont Private Hospital (attended by Colleen Blums (CEO), Fran Gallagher (Quality improvement coordinator) and other senior staff)

May 20 – New Farm Clinic (attended by Sue Feeney (CEO), Betty Cooper (Research officer), Quality improvement coordinator and Business manager)

May 23 – Perth Clinic (attended by Ms Moira Munro (CEO), Mr Geoff Hooke (Senior clinical psychologist), and Dr Andrew Page (clinical associate))

May 23 – Hollywood Clinic (attended by Ms Karen Gullick (Unit manager), and both the Hollywood Private Hospital's Medical administrator and Quality improvement coordinator.)

May 29 – Department of Veterans' Affairs (attended by Mr David Morton and other senior staff)

Involvement of Hospitals in the consultation process was based on two factors. First, the availability of staff with a demonstrated active interest in the use and development of standard reports and the HSMdb database application. Second, Mr Morris-Yates having the opportunity to visit the Hospitals due to other commitments having already required him to visit the cities in which the Hospitals were located. The principle objective of the consultation process was to obtain informed advice as to the direction that should be taken in the further development of the standard reports and the HSMdb database application.

Issues – 1, Hospital and Health Fund Report content requirements and analysis strategies

Standard quarterly reports are prepared and distributed to all participating Hospitals and Health Funds. These reports present aggregate information based on the data submitted by Hospitals. The subjects of analysis are principally episodes of overnight inpatient and ambulatory care. Reports consist principally of the tabulated results of analyses of patients' clinical profiles at admission and discharge, changes in clinical status from admission to discharge, and service utilisation as indicated either by length of stay or days of care.

Two important areas of concern were identified.

(a) Both Hospitals and Health Funds expressed concerns that the simple focus on episodes did not provide a complete picture of the continuum of care provided to individual persons. There is a need to augment the existing report model with additional information based on the individual person as the unit of analysis. The question is, what aggregate statistical information should be derived from the data submitted by Hospitals to enable Hospitals and Health Funds to gain an understanding of the quality and effectiveness of care provided by the Hospital from a person–based rather than an episode–based perspective.

(b) It is apparent that both Hospitals and Health Funds are having difficulty digesting the detailed statistics presented in the standard reports. A number of approaches to this problem can be envisaged. Various additional methods of data analysis and presentation could be developed, including key performance indicators that summarise the detailed results. Specific interpretative comments could also be added to the standard reports. The relative benefits, costs, and risks of any such

additions to the standard reports need to be identified so that the SPGPPS can offer informed advice to Allen as to how he should proceed with their development.

Clear recommendations emerged from the consultations. They were as follows:

1. The standard reports need to be augmented with graphical representations of key statistics. These graphs should generally be in the form of bar charts that enable Hospitals to easily and quickly identify important trends and key areas for improvement.

2. Certain key statistics should be placed at the beginning of the reports as a Summary of the more detailed information that follows. Some of these statistics are already available, however others will need further development to determine the most appropriate method of calculation and format for presentation. The recommended summary statistics include:

- Completion rates (admission + discharge) for clinician ratings and patient self reports for episodes of overnight care completed during the reporting period
- Completion rates (period start + finish) for clinician ratings and patient self reports for periods of ambulatory care completed during the reporting period
- Average HoNOS Total score and MHQ–14 Total score (to be defined) at Admission to episodes of overnight inpatient care completed during the reporting period
- Average HoNOS Total score Effect Size and MHQ–14 Total score (to be defined) Effect Size (change from admission to discharge) for episodes of overnight inpatient care completed during the reporting period
- Average total number of days in hospital per person during the current reporting period
- Average total number of ambulatory care contacts per person during the current reporting period
- Average total number of days in hospital over the 12 month period including the current reporting period per person for all persons in care during the current reporting period
- Ambulatory care ratio for the Hospital, defined as the ratio of Total ambulatory care days divided by the sum of Total overnight inpatient days plus Total ambulatory care days, during the current reporting period.
- High needs patients as a proportion of total patients in care during the period.

3. Development of more comprehensive analyses based on the patient rather than the episode as the subject of the analysis will require substantial further discussion and exploratory analysis of the existing data. The first step in this should be the development of a discussion paper that outlines the issues and canvasses various alternative approaches to the analysis and presentation of the required information. Comments should then be sought on the proposals contained in the discussion paper from Hospitals, Health Funds and others stakeholders. The inclusion of additional statistical analyses in the Standard Reports will follow if an acceptable and statistically coherent approach can be identified.

4. Both Hospitals and Health Funds identified the current lack of an agreed classification of services provided as a significant limitation. Currently, the ICD–10–AM Procedure classification enables only a limited description of the services provided and the extent to which there is consistent use of the classification in

hospital–based (private or public) psychiatric services is unknown. At present, reliable indications of the use of ECT can be obtained and it was recommended that aggregate statistics regarding the use of ECT should be included in the Standard Reports. The inclusion of statistics regarding the use of other types of interventions, based on Procedure coding in the HCP records, may need to be postponed until exploratory analyses of the extent and consistency of coding have been completed. The general issue of the development of an agreed classification of services and interventions has been referred to the SPGPPS Information Strategy Working Group.

Issues – 2, National Report content requirements

At the December 2002 meeting of the SPGPPS, the Australian Government asked that a National Report on Private Hospital–based Psychiatric Services be prepared. At the technical consultation we had planned to develop a draft framework for that Report. However, representatives and consultants advised that a more useful and efficient approach would be to develop a report that contained key statistical findings from the preceding Year of data collection. These findings would be made available to all stakeholder groups for inclusion in their own Annual Reports and such other documentation they may wish to publish in regards to the provision of private hospital-based psychiatric care.

A first example of that type of report was provided to representatives attending the June 2003 meeting of the SPGPPS and has subsequently been made available on the SPGPPS's website (www.spgpps.com).

Issues – 3, Facilitation of the local utilisation of data

The CDMS provides and maintains a database application, known as the Hospitals Standardised Measures database (HSMdb), for Hospitals to record the data collected under the National Model. There was general agreement among all Hospitals consulted that a number of enhancements to the HSMdb database application were needed. These included the capacity to record the identity of patients' Treating psychiatrists and a substantially more flexible capacity to analyse the data locally, without resort to external statistics packages.

As initially specified, the SPGPPS's National Model did not include Treating psychiatrists in its analytic framework. However, in all consultations, Hospitals have remarked that the capacity to identify variations in service utilisation, casemix and outcomes associated with treating psychiatrists would substantially enhance the utility of the data. Similarly, many psychiatrists have remarked that they would like to be able to gain access to both individual patient-level reports and also to aggregate statistical reports regarding their patients' admissions to Hospitals. The changes to the general data collection protocol and the associated changes to the HSMdb database application necessary to enable that to occur are relatively straightforward. When combined with the proposed enhancements to HSMdb's listing and analysis functions (described below) the addition of the required functionality could be implemented with relative ease.

As at May 2003, HSMdb included several list functions and one aggregate statistics function. The list functions were: *Patients currently in care*, *Patients due for review*, and *Patients not discharged within a given period* (used to monitor the data collection processes). These functions were included primarily to assist in the management of the data collection processes. However, they do include a useful navigation function that allows the user to select a patient in the list and go directly to the *Individual patient review* function. This allows the user to examine the selected patient's clinical profile and history in detail. The single aggregate statistics function was a simple casemix

report that provided aggregate statistics based on patients' clinical profiles at admission and their Principal diagnosis from the HCP episode records.

Now that Hospitals had become familiar with the more detailed statistical information available in the Standard Reports, they indicated that there was a need to be able to explore their Hospital's data in more detail. Whilst data stored in HSMdb could be easily exported to an external statistics package for more detailed analysis, few Hospitals have the software or staff with the technical expertise to use such packages. Therefore, it was proposed that HSMdb's list functions be augmented and that the aggregate statistics function be replaced with a *Clinical Review* function.

The new Clinical Review function was completed in February 2004. It has been designed to enable both a patient listing and an aggregate statistics report, based on episodes, to be accessed from a single selection dialog. The selection criteria include both administrative and clinical criteria. For example, the user is able to select all patients with a particular Diagnosis and a Length of stay of greater than a certain specified number of days. From that selection, the user would then be able to review each individual patient's clinical profile or print an aggregate statistical report similar in content to the primary data tables contained in both the Hospitals and Health Funds standard quarterly reports.

Involvement in Other Related Activities

The SPGPPS Information Officer has taken an active part in Australian Government sponsored and other related activities aimed at progressing the information development components of the National Mental Health Strategy. This has included his attendance at meetings and participation in working groups and other committees as detailed below.

- Information Strategy Committee (ISC) of the AHMAC National Mental Health Working Group. Mr Morris-Yates sits on this committee as the private sector's representative. Involvement in the work of the ISC is essential to the further development of partnerships between private and public sector mental health service providers.
- ISC Technical Working Group responsible for the development and maintenance of the National Outcomes and Casemix Collection specifications (NOCC). This working group is responsible for the development and maintenance of the requirements for national data collection by public sector mental health services. As published, these requirements are essentially congruent with those being voluntarily implemented in the private sector under the SPGPPS's National Model.
- Committee responsible for the development of tender requirements and the subsequent evaluation of tenders for the provision of services by parties to the Australian Government's Australian Mental Health Outcomes and Casemix Network (AMHOCN). This network will provide a similar service at a national level for public sector mental health services as that provided by the CDMS in the private sector. Close liaison between the CDMS and AMHOCN will be essential to the ongoing work of the CDMS.
- Standards Australia Committee IT 14/4. In the 2002–2003 period this committee successfully managed the development of **HB174-2003: Information security management – Implementation guide for the health sector**. This guideline was developed to assist health service providers (including general practitioners, pharmacists, and small to medium sized hospitals, pathology and diagnostic imaging services and the like) in implementing the series of standards, AS13335 (.1 to .5): Information technology – Guidelines for the management of IT security.

Income and Expenditure for CDMS as at 31 December 2003

The statement of Income and Expenditure for the period 4 June 2003 to 31 December 2003 for the CDMS is set out below. This budget is complicated by the fact that Year 3 of CDMS operation was truncated at 31 December 2003 through the renegotiation of an overarching AMA Agreement for Services, that came into effect on 1 January 2004. Budgets for the first year of the new Agreement, effectively Year 4 for the CDMS, were calculated on the assumption that a proportion of funds for that year (the period 1 January 2004 to 3 June 2004) had already been budgeted for and received as part of the Year 3 funding allocation.

Although only some components of the funding allocation could be expected to be evenly distributed across the year, the following statement includes an indicative imputed budget for the period from 4 June 2003 to 31 December 2003 that is based on the assumption of an even pattern of expenditure. Consequently, certain expenses have been incurred that appear to overspend the imputed budget. These expenses include the accrual of salaries for annual leave, the purchase of various items of infrastructure, and expenses incurred in the provision of support and consultation.

Table 3: CDMS Income and Expenditure as at 31 December 2003

INCOME (4 Jun 2003 to 3 Jun 2004)

APHA	75,174
AHIA	75,174
Australian Government	75,174
Total Income	**225,522**

EXPENDITURE (4 Jun 2003 to 31 Dec 2003)

	CDMS Year 3 budget 4/6/03 to 3/6/04	Imputed budget for 4/6/03 to 31/12/03	Expenditure during 4/6/03 to 31/12/03	Difference
Staff (salaries, on–costs, and accruals)	163,080	94,016	107,854	–13,838
Support and Consultation	13,600	7,840	10,772	–2,932
Infrastructure	5,500	3,171	4,301	–1,130
Recurrent expenses	22,840	13,167	13,318	–150
Total expenditure before AMA Fees	**205,020**	**118,194**	**136,245**	**–18,050**
AMA Administration Fee	20,502	11,819	11,819	**0**
TOTAL	**225,522**	**130,013**	**148,064**	**–18,050**

SUMMARY

Total Income for Year 3	**225,522**
Amount to be carried forward for Year 4	95,508
Available income for 4/6/03 to 31/12/03	130,014
Expenditure during 4/6/03 to 31/12/03	148,064
Funds remaining as at 31/12/03	**77,458**

Chartered accountants KPMG conducted an audit of the revenue and expenditure for the CDMS for the period 4 June 2003 to 31 December 2003. Acquittal for the CDMS is included in the KPMG letter that appears at Attachment 1 to this Report.

PART 3: NATIONAL NETWORK FOR PRIVATE PSYCHIATRIC SECTOR CONSUMERS AND CARERS

Based on the recommendations of the *SPGPPS National Forum 2001* and the *1st SPGPPS Strategic Planning Day*, Hospitals and Consumer and Carer representatives, worked in collaboration, throughout 2002, with the APHA, toward the establishment of consumer and carer advisory committees in private hospitals. This was done to enable consumers and carers to contribute constructively to service development, evaluation and current practice. It was envisaged that a national network of consumers and carers would evolve from the advisory committee network. The SPGPPS acknowledged that there are two key issues involved in fulfilling the recommendations of the Forum and Strategy Day. Firstly, it is critical that the private sector have its own consumer and carer organisation. Secondly, there is a need for private sector mental health consumers and carers to be represented on all relevant national bodies.

A teleconference was held on 13 May 2002 to look at what was required for the establishment of the network. Most of the 12 Hospitals that participated in the teleconference had some form of consumer and carer advisory committee that was either hospital-based, or state-based.

Concurrently, the MHCA, and the Australian Health Ministers Advisory Council's, (AHMAC) National Mental Health Working Group (NMHWG), developed an agreed model to progress consumer and carer partnerships after the winding down of NOAC. The *National Consumer and Carer Forum* (NCCF) was established as a national initiative, which aims to progress consumer and carer participation in the Australian mental health sector. The MHCA invited the SPGPPS to nominate one consumer representative and one carer representative to participate on the NCCF. The SPGPPS, APHA and AHIA provided funding to enable Ms Alvina Hill (consumer) and Ms Ruth Carson (carer) to attend the inaugural April 2002 NCCF to represent the interests of private sector consumers and carers. It was subsequently decided that the SPGPPS would decline the provision of any further funding for private sector consumer and carer representation on NCCF and would look at the issue of funding for the fledgling National Network.

The first face-to-face meeting of the National Network, was held on 15 August 2002 to coincide with the SPGPPS National Forum 2002. Hospitals supported travel and accommodation costs for consumers and carer representatives and the SPGPPS funded venue and catering costs. Twenty-two consumers and carers attended the meeting and most stayed on to attend the SPGPPS 2002 National Forum.

Since that time the National Network applied for membership of the MHCA and that application was approved by the MHCA Membership Committee and subsequently ratified by the MHCA Board.

The SPGPPS Secretariat, in consultation with SPGPPS representatives Ms Janne McMahon, Dr Jo Lammersma, Mrs Judy Hardy, Ms Moira Munro, and Mr John McGrath prepared a draft proposal to support expansion of the National Network and sought funding from the AMA, RANZCP, AHIA, APHA, CDHA, DVA and beyondblue Ltd.

In June 2003, the AMA, RANZCP, beyondblue Ltd signed a Memorandum of Understanding (MoU) to fund the National Network with the Commonwealth, APHA, AHIA declining with the intention of bringing the funding under one overarching agreement for the SPGPPS beyond 2003. Each of the Parties to the MoU contributed $8000 for one year (total $24,000 for year 1 of operation). This put the National Network on a firmer footing but severely restricted activity until the AHIA and APHA

additional funding became part of the overarching AMA Agreement for Services, which came into effect from 1 January 2004.

National Network Objectives

Through the MoU, the Parties agreed to work together to support the activities of the Newtwork to enable it to put in place the structure necessary to achieve the following.

1. Provide a point of reference and a mechanism for consumer and carer nomination, participation and advice to organisations, committees and working groups requiring private sector input including, but not limited to the following;
    - The Strategic Planning Group for Private Psychiatric Services
    - The Royal Australian and New Zealand College of Psychiatrists
    - Australian Medical Association
    - The RANZCP Private Practitioners Network
    - The Royal Australian College of General Practitioners
    - The Australian Divisions of General Practice
    - The Australian Private Hospitals Association
    - The Australian Health Insurance Association
    - Commonwealth Department of Health and Ageing
    - The Department of Veteran Affairs
    - The Australian Council on Health Care Standards
    - The Mental Health Council of Australia
    - The National Consumer and Carer Forum
2. Develop an expanded constituency to advise on issues, which affect mental health consumers and carers in the private sector including a focus on issues of national significance.
3. To develop a framework for state-based structures.
4. Develop and implement processes to enable the evaluation of the responsiveness and accountability of private sector stakeholders to consumers and carers.
5. To develop a mechanism that is more inclusive of people who receive their treatment and care from office-based practitioners.
6. Improve mechanisms for the handling of complaints and adverse events.
7. To encourage the development of stakeholder consumer and carer advisory committees.

The 2nd Meeting and Workshop of the National Network was held in Melbourne on 18-19 August 2003 to clarify the objectives of the Network. A Vision Statement, Terms of Reference and Workplan were agreed on. The following lists Network activity from 1 July to 31 December 2003 in line with the National Networks Terms of Reference.

Development of Consumer and Carer Advisory Committee Kit

To encourage the development of stakeholder consumer and carer advisory committees, the National Network developed the *Getting Started Kit*. The Kit was sent on request to a number of Hospitals, which did not have consumer and carer advisory committees but were interested in setting them up.

Expert Advisory Panel

Given the complexities of private sector mental health services, it was proposed that an Expert Advisory Panel (EAP) be established as an intellectual resource for the National Network. The EAP will be comprised of an expert representative from each of the

stakeholders involved in the funding and delivery of private sector mental health services. The National Network will not consult with the EAP as a whole, but will refer to the individuals who make up the Panel on any complex issue specific to their area of expertise. Individual members of the Panel will act as advisors to, or be advised by, the National Network and will also act as a conduit between their respective stakeholder constituency and the National Network. This is considered an innovative approach to consumer and carer organisations in Australia. The proposed structure of the EAP is as follows.

EAP Representative	**Nominated by:**
1 Psychiatrist	RANZCP
1 Consultation-liaison Psychiatrist	AMA
1 General Practitioner	Royal Australian College of General Practitioners
1 General Practitioner	Australian Divisions of General Practice
1 Hospital CEO	APHA
1 Health Fund Representative	AHIA
1 Australian Government representative	Commonwealth Department of Health and Ageing
1 Psychologist	Australian Psychological Society

The establishment of the EAP was delayed in 2003 until specific people, who are well placed within those organisations and have a good understanding of consumer/carer issues, could be approached to determine their willingness to be members of the EAP.

State and Territory Committees

In September 2003 a letter was sent to the CEOs of all private hospitals with psychiatric beds (Hospitals) foreshadowing a telephone survey of Hospitals regarding the existence of consumer and carer advisory committees in their organizations, introducing the State and Territory Co-ordinator and indicating that the goal would be the establishment of State and Territory Consumer Committees.

In October 2003, a survey of Hospitals was conducted as a first step in establishing strong linkages between the Network's State and Territory Co-ordinators and the Consumer and Carer Advisory Committees, (and/or their consumer consultants) that already exists in some Hospitals. It was envisaged that the State and Territory Committees initially would draw their membership from these groups.

By 31 December 2003, all State Committees had held their inaugural meetings with Western Australia scheduled for 14 January 2004 and the ACT in its formation.

Support for Smaller States

Recognising that the smaller states (South Australia, Western Australia and Tasmania) have fewer private psychiatric facilities and therefore a narrower base of support, it was agreed that a small states teleconference held three times a year, would provide an opportunity for consumers and carers to support each other and share information to facilitate their advocacy activities.

Promotional Brochure

The National Network developed a promotional brochure *Driving Change* to promulgate the role of the National Network. With the generous donation of $2,000 from a private psychiatric hospital it was possible to print 35,000 copies for distribution to Hospitals and interested consumer and carer organizations. RANZCP will distribute the brochures, at no cost, as an onsert in the College publication *Australasian Psychiatry*.

National Network Representation on Other Organisations

In October 2003, Mr Wayne Chamley was elected as the National Network's representative replacing Ms Janne McMahon on the board of the Mental Health

Council of Australia (MHCA). Ms McMahon represented the National Network at the Annual General Meeting of the MHCA in November 2003.

The National Consumer and Carer Forum (NCCF) comprises a consumer and carer representative from each state and territory, ARAFMI, Carers Australia, the Australian Mental Health Consumers Network, Grow, Consumers Health Forum and Beyondblue. This Forum sits under the auspices of the Mental Health Council of Australia who have been commissioned by the Australian Health Ministers Advisory Council's, National Mental Health Working Group to provide the infrastructure and support for consumer and carer issues to be raised nationally. These issues are then progressed through the Mental Health Council. Given the Network's restricted budget in 2003, it was originally decided not to seek representation on the NCCF. This position was reversed by the decision of the co-chairs of the NCCF to allow National Network representation at no cost, in line with the non-financial status of other organisations represented on the NCCF.

Strategic Relationships with Private Sector Organisations

The RANZCP Complaints Handling Project consultation paper was distributed to all Network Members, together with a draft pamphlet on how to make a complaint. The National Network together with the Australian Mental Health Consumers Network (AMHCN) and Carers Australia are the nominated organisations available to support consumers or their families through the difficult complaints period.

The National Network will continue to monitor progress, particularly as many complaints are against psychiatrists in private practice. Ms McMahon was invited to represent the National Network on the RANZCP Management Committee, and attended its 3 April 2003 meeting. Mr Chamley attended the meeting on the 8 September 2003 to review the RANZCP Complaints Handling Project. The Project reflects a change in process brought about when the College sought legal advice that essentially said that it did not have the power to police its membership on matters other than the education and training of psychiatrists. The College has appointed a full time complaints officer and established an 1800 number as the contact point for complaints. Complaints can also be submitted in writing. The system will be supported by three committees of psychiatrists who will look at the nature of the complaint in relation to whether it's a matter of ethics, business practice or professional standards. They will then decide where the complaint resides and advise the complaints officer to write back to the complainant directing them to organisations such as the Health Services Commissioner, Chief Psychiatrist or Medical Registration Boards etc.

Consumer and Carer Participation in Health Professional' s Training

A submission on consumer and carer participation in health professional' s training was sent to Mr Bob Wells, First Assistant Secretary of the Department of Health and Ageing. Mr Wells agreed that one avenue for addressing this issue would be to engage mental health consumers and carers as active facilitators and participants in training programs for health professionals. Mr Wells indicated that he would raise this matter during the course of regular consultations with the relevant University Deans' committees. Following advice from Dr Jo Lammersma, Ms McMahon has been in contact with Michael Searle of the Office of the Solicitor General regarding a program he is closely associated with titled FAME (Families as Medical Educators). It is felt that further exploration of this program could be adopted for the Mental Health sector. The National Network will consult with Mr Wells regarding a similar approach and expects to correspond further with him after these processes are completed.

Australian Council on Health Care Standards

At a meeting with the Chief Executive Officer of the Australian Council on Healthcare Standards (ACHS) on the 17th November, 2003 the National Network was identified as the key body for recruiting consumer surveyors from the private sector for training as consumer surveyors by the ACHS. To date, Ms Alvina Hill, Mr Wayne Chamley and the Chair of the Wesley Private Consumer and Carer Advisory Committee in NSW, Mr. Eddie Mirck have agreed to be trained by the ACHS.

The National Network will continue to work in consultation with the APHA psychiatric sub-committee to identify suitable consumer surveyors with experience of private psychiatric hospital experience.

Meetings of the National Network in 2003

The National Network held three meetings in 2003, beginning with a face-to-face 2 day meeting and workshop in Melbourne on 18-19 August 2003, followed by two meetings via teleconference. Meeting dates are listed in Table 1 below and Table 2 provides an indication of Representative attendance patterns for meeting of the National Network.

Table 1: National Network Meetings 2003

Meeting	Date	Venue	Location
2nd Meeting	Monday/Tuesday 18/19 August	RANZCP Headquarters	Melbourne
3rd Meeting	Tuesday, 21 October		Teleconference
4th Meeting	Tuesday, 16 December		Teleconference

Table 2: National Network Representatives attendance at meetings of the National Network in 2003

STATE/TERRITORY	REPRESENTATIVE	2nd Meeting	3rd Meeting	4th Meeting
Independent Chair	Ms Janne McMahon	√	√	√
Australian Capital Territory	Ms Kim Werner	√	√	√
Beyondblue/Blue Voices	Ms Ingrid Ozols	√	√	**Apology**
New South Wales	Ms Alvina Hill	√	√	√
Queensland	Ms Julie Hutson	√	√	√
South Australia	Ms Marjorie Smith	√	√	√
SPGPPS Carer	Mrs Ruth Carson	√	√	√
Tasmania	Mr Trevor Bester	√	√	√
Victoria	Mr Wayne Chamley	√	√	√
Western Australia	Mr Patrick Hardwick	√	√	√

Invited Guests and Speakers

2nd Meeting, 18-19 August 2003 in Melbourne

Ms Sharon Brownie, Chief Executive Officer of the Royal Australian New Zealand College of Psychiatrists addressed the meeting concerning the ways in which the Network could liaise with RANZCP and informed the meeting that RANZCP is keen to

forge stronger links with consumers and carers.

Table 3 below provides an indication of the range of issues the National Network dealt with in 2003.

Table 3: National Network Meeting Agenda Items for 2003

AGENDA ITEM			
4. PROCEDURAL MATTERS	**2ND**	**3RD**	**4TH**
Opening/Welcome/Apologies/Alternates/Guests	✓	✓	✓
Adoption of the Report of the last National Network Meeting		✓	✓
Progress Report and Out of Session Decisions		✓	✓
5. FINANCE AND OPERATIONAL MATTERS			
Strategic Planning Group for Private Psychiatric Services (SPGPPS)	✓		
Background of the National Network	✓		
SPGPPS Administrative and Support Arrangements for the Network	✓		
6. DISCUSSION ITEMS			
Vision Statement and Terms of Reference	✓		
Expert Advisory Panel	✓	✓	✓
Role of State Co-ordinators	✓	✓	✓
Promotional Brochure	✓	✓	✓
Strategic Relationships with Private Sector Organisations	✓	✓	✓
Consumer & Carer Participation in Health Professionals' Training	✓	✓	✓
National Consumer and Carer Forum	✓	✓	✓
National Network Workshop Program	✓		
7. INFORMATION ITEMS			
SPGPPS	✓	✓	✓
RANZCP Complaints Handling Project	✓	✓	✓
Mental Health Council of Australia (MHCA)	✓	✓	✓
8. OTHER BUSINESS			

Table 4: State-based Committee Meetings 2003

Meeting	Date	Venue
Tasmania	18 Sep 2003	Hobart Clinic
Western Australia	27Oct 2003	Perth Clinic
New South Wales	3 Nov 2003	Sydney Private Clinic
Queensland	28 Nov 2003	New Farm Clinic
South Australia	3 Dec 2003	Adelaide Clinic
Victoria	5 Dec 2003	Delmont Private Hospital
Australian Capital Territory		Calvary Private Hospital

Table 5: National Network Representation at Other Meetings

MEETING	DATE	REPRESENTATIVE(S)
1. RANZCP Complaints Handling Project Management Group	3 April	Ms Janne McMahon
2. RANZCP Complaints Handling Project Review	8 Sept	Mr Wayne Chamley
3. Mental Health Council of Australia AGM	26/27 Nov	Ms Janne McMahon/Mr Wayme Chamley
4. Australian Council on Healthcare Standards	17 Nov	Ms Janne McMahon

Income and Expenditure for the National Network as at 31 December 2003

The statement of Income and Expenditure for the period 1 August 2003 to 31 December 2003 for the National Network is set out in Table 6 below. This budget is complicated by the fact that Year 1 of National Network operation was truncated at 31 December 2003 through the renegotiation of the overarching *AMA Agreement for Services 2004-2006*, for the SPGPPS, CDMS and National Network that came into effect on 1 January 2004. Budgets for the first year of the new Agreement, were calculated on the assumption that a proportion of funds for that year (the period 1 January 2004 to 31 July 2004) had already been budgeted for and received as part of the Year 1 funding allocation. Although only some components of the funding allocation could be expected to be evenly distributed across the year, the following Table includes an indicative imputed budget for the period from 1 August 2003 to 31 December 2003 that is based on the assumption of an even pattern of expenditure. Consequently, certain expenses have been incurred that appear to overspend the imputed budget.

Table 6: Income and Expenditure for the National Network as at 31 December 2003

INCOME (1 July 2003 to 30 Jun 2004)

AMA	8,000
RANZCP	8,000
Beyondblue	8,000
APHA Donation	4000
Private Hospital Donation	1818
Total income	**29,818**

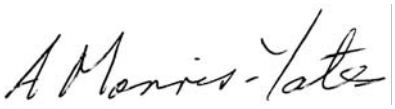
EXPENDITURE (1 July 2003 to 31 Dec 2003)

	NN Indicative Year 1 budget 1/8/03 to 31/7/04	NN Imputed budget for 1/8/03 to 31/12/03	NN Expenditure during 1/8/03 to 31/12/03	Difference
General Recurrent Expenses				
Staffing	5,000	2,090	2,561	– 471
Accommodation Telephone (courtesy SPGPPS)	0			
Other consumerables (courtesy SPGPPS)	0	0	48	– 48
Sub-total	**5,000**	**2,090**	**2,609**	**– 519**
Meeting and Other Activity				
Catering/Room Hire Equipment (courtesy RANZCP & Others	0	0	0	**0**
Travel/Accommodation/Sitting Fees/Meals/Taxis	27,200	11,370	11,981	– 611
Workshop facilitator's fees	0	0	2,400	– 2400
Teleconferences (courtesy AMA for 2003 only)	1900	794	0	794
Representation on the MHCA	1,200	502	580	– 78
Printing/Postage Costs etc (NN Brochure)	600	2,418	2,442	– 24
Sub-total	**30,900**	**15,084**	**17,403**	**– 2,319**
TOTAL	**35,900**	**17,174**	**20,012**	**– 2,838**

SUMMARY

Total Income for Year 1	**29,818**
Amount to be carried forward for Year 2 of NN	13,968
Available income for 1/8/03 to 31/12/03	15,850
Expenditure during 1/8/03 to 31/12/03	20,012
Funds remaining as at 31/12/03	**9,806**

Chartered accountants KPMG conducted an audit of the revenue and expenditure for the National Network for the period 1 August 2003 to 31 December 2003. Acquittal for the National Network is included in the KPMG letter that appears at Attachment 1 to this Report.



Phillip Taylor
Executive Officer
SPGPPS

Mr Allen Morris Yates
Information Officer
SPGPPS