SPGPPS
Private Mental Health Alliance

PROGRESS REPORT

the SPGPPS and its Secretariat

the SPGPPS's Centralised Data Management Service

the National Network of Private Psychiatric Sector Consumers and Carers

2005

Australian Medical Association

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The Royal Australian and New Zealand College of Psychiatrists

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The Royal Australian College of General Practitioners

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Mental Health Consumers and Carers

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Australian Private Hospitals Association

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Australian Health Insurance Association

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Australian Government Department of Health and Ageing

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Australian Government Department of Veterans' Affairs

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Strategic Planning Group for Private Psychiatric Services

Foreword

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 (National Network) during 2005 is outlined through this Progress Report. This is the second Progress Report required under the Australian Medical Association (AMA) Agreement for Services 2004-2006 (AMA Agreement or Agreement). Under this Agreement, the following stakeholders have supported the continuation of the SPGPPS, CDMS and National Network for the period of three calendar years from 1 January 2004 to 31 December 2006.

AMA

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Royal Australian College of General Practitioners (RACGP)

Australian Private Hospitals Association Limited (APHA)

Australian Health Insurance Association (AHIA)

Australia Government Department of Health and Ageing (DoHA)

Australian Government Department of Veterans' Affairs (DVA)

Mental Health Consumers and their Carers

Beyondblue

The AMA provides staff for the SPGPPS Secretariat and the CDMS and ensures that the Secretariat and CDMS performs the functions and achieves the objectives set out in Schedule A of the AMA Agreement. Accordingly, the AMA provided the following staff in 2005.

1. An Executive Officer, Mr Phillip Taylor, who is responsible to the SPGPPS through the Chair, for the management of the SPGPPS Secretariat, and the oversight of the SPGPPS's CDMS. Mr Taylor is required to support the activities of the SPGPPS by ensuring that the Services and Deliverables specified in Schedule A are provided. Mr Taylor is also responsible to the National Network through the Chair for the management of the National Network.
2. An Information Officer, Mr Allen Morris-Yates, responsible to the SPGPPS through the Chair, for the management, operation and ongoing development of the SPGPPS's CDMS. Mr Morris-Yates is responsible for ensuring that the CDMS Services and Deliverables specified in Schedule A are provided.
3. An Administrative Assistant, Ms Bronwen van der Wal, responsible to the Executive Officer, for providing the administrative support for the SPGPPS Secretariat, CDMS and National Network.

The AMA maintains financial control of, and support for, all SPGPPS, CDMS and National Network activities and expenditures, including the costs associated with human resource management, accounting processes, preparation for audit, and auditing. In 2005 this included:

a) provision to Mr Taylor of quarterly statements of income and expenditure for the SPGPPS, the SPGPPS's CDMS, and the National Network; and

b) the attendance at meetings of the SPGPPS Finance Committee of the AMA Financial Services Department's Financial Controller, Mr Howard Pickrell.

In 2005, the AMA continued to provide designated and secure office accommodation and staff for the SPGPPS Secretariat at the Federal Offices of the AMA in Canberra. Within the

SPGPPS Secretariat, the AMA provides a highly secure operating environment for the data warehouse and report publication and distribution components of the SPGPPS's CDMS.

The AMA also provided associated infrastructure support including IT support, and staff amenities.

Schedule A of the AMA Agreement requires a comprehensive annual progress report that details SPGPPS, CDMS and National Network activity within a single report. This Progress Report is, therefore, divided into the following three parts.

Part 1 — The SPGPPS and its Secretariat

Part 2 — The SPGPPS's Centralised Data Management Service

Part 3 — The National Network of Private Psychiatric Sector Consumers and Carers

In this Progress Report the term Health Funds refers to private health insurance funds that pay benefits for psychiatric care and the term Hospitals refers to private hospitals with psychiatric beds.

Statements of income and expenditure for SPGPPS, CDMS and the National Network are dealt with under each respective part of this Report. In 2005, the SPGPPS Finance Committee met on a quarterly basis to monitor budgetary expenditure for the SPGPPS, CDMS and National Network activity. Chartered accountants KPMG conducted an audit of the revenue and expenditure for the SPGPPS, CDMS and National Network for the period 1 January 2005 to 31 December 2005. Letters of acquittal for the SPGPPS, CDMS and National Network are included at Attachment 1 to this Report.

This Progress Report has been prepared by the following SPGPPS Secretariat Staff and was unanimously endorsed at the 43rd SPGPPS Meeting held on 24 March 2006 in Sydney

Mr Phillip Taylor Executive Officer SPGPPS	Mr Allen Morris-Yates Principal Information Officer' SPGPPS	Ms Bronwen van der Wal Administrative Officer SPGPPS

Dr Yvonne White Chair SPGPPS	Dr Martin Nothling Chair SPGPPS Finance Committee	Ms Janne McMahon Chair National Network

1. The SPGPPS and its Secretariat

In 2005, the SPGPPS Secretariat provided the necessary support for the operation and activities of the SPGPPS, and its sub-groups through the conduct of face-to-face meetings and teleconferences. This required formulation of meeting agendas, development and distribution of briefing papers for meetings, execution and follow–up of actions arising, and the provision of infrastructure support, including:

making suitable arrangements in good time ahead of the event with regard to all aspects of meetings;

recording of proceedings and the subsequent preparation and distribution of reports on meetings;

administration of financial support associated with the cost of meetings; and

administration of financial support for the consumer and carer representatives to attend meetings.

1.1. The SPGPPS

The SPGPPS is committed to ensuring the highest quality of mental health care is available and accessible to people with a mental illness in a private sector environment that offers a full range of services in a coordinated manner, and that is dynamic and continually evolving to meet emerging community needs. The SPGPPS seeks to achieve this outcome through a reform process, which involves:

undertaking multilateral discussions to better inform stakeholder policy processes;

looking at alternative funding arrangements; and

informing and affecting practice within the sector.

This reform process requires the SPGPPS to meet regularly and undertake open and frank discussions, so that stakeholders can work together to formulate collaborative solutions on agreed key issues affecting mental health services in the private sector. SPGPPS meetings serve to not only better inform stakeholders' policy processes, but also enable agreement to be reached on actions that will improve practice within the private sector.

The SPGPPS conducted four face-to-face meetings of the SPGPPS in 2005 as set out in Table 1 below. In 2004, the SPGPPS agreed that Executive Officer Teleconferences would only take place if there were issues requiring resolution by a substantial number of SPGPPS stakeholders. There were no issues that required resolution outside meetings of the SPGPPS in 2005.

Table 1: Face-to-Face Meetings of the SPGPPS in 2005

Meeting	Date	Venue	Location
39th Meeting	Friday, 18 March	Adelaide Hilton Hotel	Sydney
40th Meeting	Friday, 24 June	New Farm Clinic	Brisbane
41st Meeting	Friday, 7 October	RANZCP Headquarters	Melbourne
42nd Meeting	Friday, 2 December	Kurrajong Hotel Canberra	Canberra

1.2. SPGPPS Representatives

The Australian Medical Association

The AMA convenes the SPGPPS and is currently represented by *Dr Martin Nothling* and *Dr Bill Pring*.

Dr Martin Nothling is a Consultant Physician in Psychiatry in private practice in Brisbane. He is a Fellow of the RANZCP and has been a member of its Forensic Section since 1993. Dr Nothling was Chair of the Belmont Medical Foundation in Brisbane from 1978 until 1980 and Chair of the RANZCP Queensland Branch from 1984 until 1985. He has held several positions with the Queensland Branch of RANZCP including Committee Member from 1984 to 2003 and Member of the Ethics Committee from 1993 to 1998. He served as the Queensland Councillor on the Federal Council of RANZCP from 1985 to 1989, the Federal Treasurer of the RANZCP from 1989 to 1995, and was a Member of the RANZCP Professional Conduct Committee from 1998 to 2004. Dr Nothling has been a member of the AMA Federal Council representing the Psychiatry Craft Group from 2002 until the present. He was a Member of the AMA Public Health Committee from 2002 until 2003, and is currently a Member of the AMA Ethics and Medico-legal Committee, the AMA Medical Indemnity Taskforce and the AMA Therapeutics Committee. He was appointed by the Commonwealth Government Department of Health and Ageing to the Committee advising the IPP Process on psychiatric evidence in court cases. Dr Nothling has lectured extensively on topics related to workplace stress and medico-legal issues. Dr Nothling has been the AMA representative on the SPGPPS since 2002 and has been Chair of the SPGPPSC Finance Committee since 2003.

Dr Bill Pring is a general psychiatrist who works predominantly in private practice, but has also been involved in consultation-liaison (Psychosomatics) psychiatry in the public sector for twenty-four years, including twelve years as Director of Box Hill Hospital Consultation-Liaison Psychiatry Service. Dr Pring has served on the Victorian Branch of the RANZCP (College of Psychiatrists) for sixteen years, including terms as Secretary, Chair, and as Branch General Councillor for six years. Within the AMA he was firstly involved as a Committee Member, and then Secretary of the AMA Section of Psychiatry in Victoria for seventeen years in total. He has served as Psychiatry Craft Group Representative on the Federal AMA for four years, and was the Chair of the Federal AMA Public Health and Aged Care Committee for two years. He has a residual position as AMA Observer on SPGPPS (Private Mental Health Coalition) and currently Chairs the SPGPPS's CDMS Management Committee (formerly the Information Strategy Working Group).

The Royal Australian and New Zealand College of Psychiatrists

The SPGPPS is chaired for the RANZCP by Dr Yvonne White.

Dr Yvonne White is a psychiatrist in private practice in Sydney. She has represented the AMA on a number of committees including its Health, Economics and Financing Committee, the Mental Health Funding Models National Work Program Steering Committee Group for the Optimal Supply and Effective use of Psychiatrists. Dr White has chaired the AMA Taskforce on Youth Suicide, the AMA Youth Health Reference Group, and co-chaired the AMA Women and Medicine Committee. Dr White served as an AMA Federal Councillor representing psychiatry from 1991 until 1998 and was the AMA representative on the SPGPPS from 1995 to 1999. Dr White participated on the SPGPPS Steering Committee, which prepared the *Report on Psychiatric Care for the Ministerial Task Force on Private Health Insurance*. Dr White was a member of the National Reference Group for Mental Health Integrated Projects from 1991 until 2003, and a member of Mental Health Implementation Group of NSW Government between 2000 and 2004. Dr White is currently

the Chair of the Psychiatric Sub-committee of NSW Medical Services Committee, which reviews all laws pertaining to Health prior to their promulgation and she has been a Member of Australian Health Ministers Advisory Council's (AHMAC) National Mental Health Working Group since 2002.

Dr Johanna Lammersma has represented the RANZCP on the SPGPPS since 2001. Dr Lammersma works full time in private psychiatric practice as a general adult psychiatrist with an interest in treatment of mood disorders. She is the Honorary Secretary of the RANZCP and is the chair of the Private Practitioners Network of the College. Dr Lammersma is Patron of the Mood Disorder Association in South Australia and is the RANZCP representative on BOIAG (the Better Outcomes Implementation Advisory Group).

Mr Harry Lovelock attended several SPGPPS meetings in 2005 as alternate for the RANZCP Executive Officer, Ms Sharon Brownie. Mr Lovelock is Director of Policy for the RANZCP. He works closely with governments and other mental health stakeholders in the development of mental health policy responses and in the delivery of projects to improve mental health service delivery.

The Royal Australian College of General Practitioners

Dr Brian Kable represents the RACGP on the SPGPPS. Dr Kable is a general practitioner in Brisbane. He has a long interest in primary mental health care and has been involved in extensive postgraduate training for general practitioners in the mental health field. He was instrumental in developing a shared care framework for public mental health patients in Brisbane. He served on the board of Belmont Private Hospital for eight years. Dr Kable is currently chair of the General Practice Mental Health Standards Collaboration, which is the group that accredits courses and sets and maintains standards for the Better Outcomes in Mental Health Care Initiative of the Australian Government.

Private Health Insurance Funds

In 2005, the Chair of the AHIA Mental Health Committee, Mr Brian Osborne, and Mrs Judy Hardy, provided representation for all private health insurance funds that pay benefits for psychiatric care.

Mrs Hardy is a private consultant working in the area of mental health, substance abuse and aged care. Prior to establishing *Judy Hardy and Associates* in 1989 she was Director of Mental Health with the South Australian Health Commission. Mrs Hardy has undertaken significant work in the private sector and is currently National Psychiatric Advisor to Medibank Private. Judy is a member of the AHIA Mental Health Committee and represents Health Funds on the SPGPPS. Mrs Hardy is also a member of a number of national committees advising the Australian and State Governments in a range of areas encompassing mental health, substance abuse, housing and homelessness, information strategy and carers issues. Mrs Hardy has considerable experience in the small business sector at both the managerial and board levels. She is an owner-director of three other businesses operating in Australia, China and Morocco.

Private Hospitals

Ms Moira Munro and Ms Carol Turnbull represented private hospitals with psychiatric beds.

Ms Munro is the Chief Executive Officer of Perth Clinic, a 98 bed Acute Private Psychiatric Hospital in Perth, Western Australia (WA). She is a member of the Board of Directors of Perth Clinic and is a fellow of the Australian Institute of Company Directors. Moira has served on the APHA, Psychiatric Sub-committee as the WA representative for the last 9 years and has been committed to promoting the work of APHA and private hospitals. She is a Director on the board of APHA and Chairs the Private Hospitals Association of WA

Psychiatric Committee. Moira holds a number of Board, Council and Committee memberships across local, state and national arenas. She is Deputy Chair of the SPGPPS and represents SPGPPS on the AHMAC National Mental Health Working Group's, Information Strategy Committee. As a result of her extensive participation throughout the Health Care Industry, and in particular the Private Sector, Moira has a unique understanding of the issues facing the sector on a number of levels including the local operator perspective through to broad industry wide and legislative viewpoints.

Ms Turnbull is the General Manager for Ramsay Health Care (South Australia) Mental Health Services, College Grove Rehabilitation, Central Districts Private Hospital and North Eastern Community Hospitals in South Australia. She is a Registered General Nurse, Registered Mental Health Nurse, and a Certified Practicing Manager with a Graduate Diploma in Management Practices. Carole is currently a member of the APHA Psychiatric Committee and is a board member of the South Australian Branch of the Mental Health Foundation. Previously she also served on the SA Statewide Action Group and the Masters in Mental Health Advisory Group at Flinders University.

Consumers and Carers

In 2005, private sector Consumers were represented by Ms Janne McMahon and Mrs Ruth Carson represented Carers. Ms McMahon is the Chair of the *National Network of Private Psychiatric Sector Consumers and Carers* (National Network).

Ms McMahon has served as the consumer representative on the SPGPPS Working Party for the SPGPPS Data Collection and Analysis Project from 1998 to 2000, the SPGPPS Information Strategy Committee (later the Centralised Data Management Service Management Committee) from 2003 to present and the Mental Health Privacy Coalition in 2002. Ms McMahon is a member of the Management Committee for Bluevoices (the consumer and carer initiative of beyondblue Ltd) and served as a Board Member of the Mental Health Council of Australia from 2000 to 2003. She was a member of the Management Group overseeing the RANZCP development of complaints handling procedures in 2003. Ms McMahon has been a consumer surveyor with the Australian Council on Healthcare Standards since 2001. Additionally, Ms McMahon was appointed by the Australian Government as the consumer representative on the National Evaluation Reference Group (3 early discharge and continuum of care trials in private sector Psychiatric, Rehabilitation and Palliative Care) from 1999 to 2000, the National Reference Group for the National Demonstration Projects on Integrated Mental Health Services from 2000 to 2002, the National Advisory Council on Suicide Prevention – Workshop 2003, the National Mental Health Information Priorities Workshop February 2004 and a Nationally Consistent Approach to Medical Registration from September 2004 to the present.

Ms Ruth Carson is the carer representative on the SPGPPS, and its representative on the National Network. Ruth is currently co-chair of the National Mental Health Consumers and Carers Forum. She is a former member of the Victorian Community Advisory Group and, while in the United Kingdom, of the Ministerial Advisory Group on Social Work Training. Ruth has worked as both a practitioner and lecturer. She has extensive experience at senior management level in the delivery of human services in local government. Ruth is also the carer of a young person who suffers from a serious mental illness.

The Australian Government

The Australian Government was represented in 2005 by the following officers.

The Director of the Department of Health and Ageing, Health Priorities and Suicide Prevention Branch, ***Ms Suzy Saw***.

The Director of the Department of Health and Ageing, Private Health Services Branch, ***Mr Peter Callanan***.

The Acting Director for the Department of Veterans' Affairs Mental Health Policy Section, ***Mr Maurie O'Connor***. Mr O'Connor joined DVA in 2001 to work on the Alcohol Management Project, which originated from the 1997 Vietnam Veterans Health Study and the DVA Mental Health Policy. Part of that initiative was to develop the health promotion *The Right Mix – Your Health and Alcohol*. He has previously worked in the Alcohol and Drug Field, Corrections, Mental Health and Community Health. Mr O'Connor holds qualifications in Behavioural Science, Social Work, Counselling, Psychiatric Nursing, and Education. He is the current Chair of the SPGPPS Substance Abuse and Dependency Working Group.

1.3. Meeting Attendance

Table 2 sets out the record of attendance for SPGPPS Members and Observers at face-to-face meetings in 2005. In accordance with the *SPGPPS Operating Guidelines*, a representative member vacancy occurs if the Representative Member is absent, without the consent of the SPGPPS, from more than two meetings of the SPGPPS held during a period of 12 months.

Table 2: Record of attendance at Meetings of the SPGPPS during 2005.

Organisation	Representative(s)	39th Meeting	40th Meeting	41st Meeting	42nd Meeting
AMA	Dr Martin Nothling	√	√	√	Apology
	Dr Bill Pring (Observer)	√	√	√	√
RANZCP	Dr Yvonne White (Chair)	√	√	√	√
	Dr Johanna Lammersma	√	√	√	√
	Ms Sharon Brownie	Alternate	Alternate	Alternate	Apology
RACGP	Dr Brian Kable	√	√	√	√
The Australian Government	Mr Suzy Saw	√	√	Apology	√
	Mr Peter Callanan	√	√	Apology	Apology
	Mr David Morton	Apology			
	Mr Maurie O'Connor		√	Apology	Apology
Consumers	Ms Janne McMahon	√	√	√	√
Carers	Ms Ruth Carson	√	Apology	√	√
Hospitals	Ms Carole Turnbull	√	√	√	√
	Ms Moira Munro	Alternate	√	√	√
Health Funds	Mrs Judy Hardy	√	√	√	√
	Mr Brian Osborne	√	√	√	√
SPGPPS Secretariat and CDMS	Mr Phillip Taylor	√	√	√	√
	Mr Allen Morris-Yates	√	√	√	√
	Ms Bronwen van der Wal	√	√	√	Apology

1.4. Issues Considered

It was a particularly challenging year for the SPGPPS and the Secretariat. A broad range of issues were addressed through the processes of the meetings of the SPGPPS and its Working Groups. The SPGPPS made detailed submissions and in some cases was invited to appear before a number of inquiries into, or related to, mental health.

These included the following.

Senate Select Committee on Mental Health.

House of Representatives Standing Committee on Health and Ageing Inquiry into Health Financing.

Australian Government's Productivity Commission Position Paper on Australia's Health Workforce.

Human Rights and Equal Opportunity Commission National Inquiry into Employment and Disability.

Mental Health Council of Australia in association with the Human Rights and Equal Opportunity Commission, Out of Hospital Out of Mind Report.

At the invitation of the Chair of the House of Representatives Standing Committee on Health and Ageing, the Hon Alex Somlyay MP, representatives from the SPGPPS appeared to give evidence at a public hearing for the Committee's Inquiry into Health Funding held on 21 September 2005 at Parliament House in Canberra.

In attendance were:

Dr Bill Pring
Chair, SPGPPS Information Strategy Working Group

Ms Christine Gee
Chair APHA Psychiatric Sub-Committee

Mr Paul Mackey
Director, Policy and Research APHA

Mr Brian Osborne
Chair, AHIA Mental Health Committee

Ms Janne McMahon
SPGPPS Consumer representative

Mr Phillip Taylor
SPGPPS Executive Officer

The focus of this public hearing was the private health sector particularly in relation to how best to ensure that a strong private health sector can be sustained into the future, based on positive relationships between private health funds, private and public hospitals, medical practitioners, other health professionals and agencies in the various levels of government.

The SPGPPS Chair and Executive Officer will again appear to give evidence for this Inquiry in 2006. In the interim, the Standing Committee has acknowledged the Interim Draft of the discussion paper titled, *SPGPPS Innovative Models Working Group, Discussion Paper: The Assessment of Models of Funding Service Delivery for Private Psychiatric Services*, prepared by the SPGPPS's Innovative Models Working Group (see 1.1.4 below). The SPGPPS has agreed to the Standing Committee using the Interim Draft as an *exhibit*, on the understanding that it will undergo a major restructure in 2006.

Table 3 provides an indication of range of issues the SPGPPS dealt with in 2005.

Table 3: Agenda Items addressed by Meetings of the SPGPPS in 2005.

Agenda Items	39th	40th	41st	42nd
Procedural Matters				
Opening/Welcome/Apologies/Alternates/Guests	✓	✓	✓	✓
Adoption of the Report of the last SPGPPS Meeting	✓	✓	✓	✓
Progress Report and Out of Session Decisions	✓	✓	✓	✓
Finance and Operational Matters				
SPGPPS, CDMS and National Network Progress Report 2004	✓			
SPGPPS Finance Committee Report	✓	✓	✓	✓
SPGPPS Meeting Dates 2006				✓
SPGPPS Working Groups				
Innovative Models Working Group Report	✓	✓	✓	✓
Information Strategy Working Group Report	✓	✓	✓	✓
Substance Abuse and Dependency Working Group Report		✓	✓	✓
National Network of Private Psychiatric Sector Consumers and Carers Report	✓	✓	✓	✓
Discussion Items				
World Psychiatric Association Section of Epidemiology and Public Health Meeting	✓	✓		
Senate Select Committee on Mental Health	✓	✓	✓	✓
House of Representatives Inquiry into Health Financing	✓	✓	✓	✓
National Inquiry into Employment and Disability	✓			
Productivity Commission Workforce Study		✓	✓	
Promoting Private Health Group (AMA, APHA, AHIA and CHA)		✓	✓	
MHCA, BMRI and HREOC Report Not for Service			✓	✓
Standing Items				
AHMAC National Mental Health Working Group	✓	✓	✓	✓
Consumers and Carers	✓	✓	✓	✓
Hospitals	✓	✓	✓	✓
Psychiatrists	✓	✓	✓	✓
General Practitioners	✓	✓	✓	✓
Health Funds	✓	✓	✓	✓
Government	✓	✓	✓	✓

1.5 Working Groups and Committees of the SPGPPS

Much of the work of the SPGPPS is progressed through the following working groups and committees.

SPGPPS Finance Committee

SPGPPS Innovative Models Working Group (IMWG)

SPGPPS Information Strategy Working Group (ISWG)

SPGPPS Substance Abuse and Dependency Working Group (SDWG)

SPGPPS Mothers and Babies Working Group (MBWG)

*The **Finance Committee** monitors budgetary expenditure for the SPGPPS its CDMS and the National Network of Private Psychiatric Sector Consumers and Carers.*

***IMWG** seeks to encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals.*

***ISWG** seeks to develop strategies to improve the quality, availability and utilisation of information regarding private sector mental health services.*

SDWG is looking at the current treatment and care of substance abuse and dependency in the private sector.

MBWG was established to consider the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care*, and determine whether these Guidelines require amendment in view of the *RANZCP Position Statement on Mothers, Babies and Psychiatric Inpatient Treatment.*

Table 4 below sets out the membership and meetings of these sub-groups for 2005.

Table 4: SPGPPS Working Groups – Membership and Meetings 2005

Group	Representation		Meetings 2005
Finance Committee (FC)	Dr Martin Nothling (Chair)	AMA	5th FC 2 March 6th FC 01 June 7th FC 30 August 8th FC 22 November
	Dr Mirco Kabat	RANZCP	
	Ms Janne McMahon	National Network	
	Mr Brian Osborne	Health Funds	
	Ms Carole Turnbull	Hospitals	
	Ms Maria Jolly	Australian Government	
	Mr Howard Pickrell	AMA Corporate Services	
	Mr Allen Morris-Yates	SPGPPS CDMS	
	Mr Phillip Taylor (Secretary)	SPGPPS Secretariat	
IMWG	Mr Phillip Taylor (Chair)	SPGPPS Secretariat	11th IMWG 07 February 12th IMWG 12 April 13th IMWG 13 June 14th IMWG 14 July 15th IMWG 09 August 16th IMWG 11 November
	Mr Bruce Houghton	Health Funds	
	Ms Carol Turnbull	Hospitals	
	Ms Janne McMahon	Consumers	
	Dr Bill Pring	AMA	
	Dr John Buchanan	RANZCP	
	Mr Peter Callanan	DoHA	
	Mr Maurie O'Connor	DVA	
	Mr Allen Morris-Yates	SPGPPS CDMS	
	Ms Bronwen van der Wal (Secretary)	SPGPPS Secretariat	

Group	Representation		Meetings 2005
ISWG	Dr Bill Pring (Chair)	AMA	6th ISWG 17 March 7th ISWG 23 June 8th ISWG 06 October 9th ISWG 01 December
	Ms Moira Munro	Hospitals	
	Mr Brian Osborne	Health Funds	
	Ms Janne MacMahon	Consumers	
	Ms Ruth Carson	Carers	
	Dr Mirco Kabat	RANZCP	
	Dr Brian Kable	RACGP	
	Mr Peter Callanan	DoHA	
	Mr Phillip Taylor (Secretary)	SPGPPS Secretariat	
SDWG	Mr Maurie O'Connor (Chair)	DVA	3rd SDWG 13 September 4th SDWG 08 November
	Ms Carol Turnbull	Hospitals	
	Mrs Judy Hardy	Health Funds	
	Dr Martin Nothling	AMA	
	Mr Allen Morris-Yates	SPGPPS CDMS	
	Mr Phillip Taylor (Secretary)	SPGPPS Secretariat	
MBWG	Dr Jo Lammersma		1st MBWG - 2006
	Ms Deborah Stephenson or Ms Helen Eriksson	Health Funds	
	Ms Moira Munro	Hospitals	
	Ms Ruth Carson	Carers	
	Mr Phillip Taylor (Secretary)	SPGPPS Secretariat	

1.5.1 The SPGPPS Finance Committee

The SPGPPS Finance Committee met on a quarterly basis to monitor budgetary expenditure for the SPGPPS, CDMS and National Network. Chartered accountants KPMG conducted an audit of the revenue and expenditure for the SPGPPS, CDMS and National Network for the period 1 January 2005 to 31 December 2005. Letters of acquittal for the SPGPPS, CDMS and National Network are included at Attachment 1 to this Report. Statements of income and expenditure for SPGPPS, CDMS and the National Network are dealt with under each respective Part of this Report.

1.5.2 The Innovative Models Working Group (IMWG)

In 2003, the SPGPPS established the IMWG to encourage the uptake of innovative models of mental health care and funding in the private sector and to enhance co-ordination of care between general practitioners, psychiatrists and private hospitals.

To achieve that goal, IMWG developed a set of General Principles and Recommendations, which were endorsed and adopted by the SPGPPS in June 2003.[1] These General Principles supported the substitution of overnight admitted patient care with less restrictive models of care, where those less restrictive models of care resulted in the improvement, or at the very least maintenance, of the quality of patient care and the overall cost–effectiveness of service provision.

In progressing the General Principles and Recommendations, it became clear that markedly different views were held in the private sector concerning the practicality, efficacy and

[1] SPGPPS General Principles and Recommendations can be obtained from the SPGPPS Website at : http://www.spgpps.com.au/documents/spgpps/publications/Principles_Recommendations_Innovative_Models.pdf

feasibility of such models. In response, the SPGPPS significantly broadened the IMWG Terms of Reference in 2004 to increase the focus on the merits, or otherwise, of different models of care and funding and the barriers to their uptake in the private sector.

To inform this work in 2004, the IMWG invited providers, funders, and consumers and their carers, to put their perspectives on alternative models of mental health care and funding to the SPGPPS. At the 36th SPGPPS Meeting, held in March, private health insurance funds (Health Funds) provided their perspective. This was followed by presentation of psychiatrist's perspectives, and that of consumers and their carers, at the 37th Meeting of the SPGPPS in September 2004. Private hospitals with psychiatric beds (Hospitals) and the Department of Veteran's Affairs presented their perspectives in November, at the 38th SPGPPS Meeting.

On 7 February 2005, the IMWG met in Canberra to analyse these different perspectives. In doing so, the IMWG considered the following models of funding and service delivery.

1. Program-based Model
2. Case Management Model
3. Prospective Payment Model
4. Outreach Model

IMWG subsequently prepared and widely circulated a discussion paper to assess models of funding service delivery for private psychiatric services. At the end of 2005, the IMWG was in the process of reviewing the paper based on the critical and constructive comments received from SPGPPS stakeholders.

1.5.3 The Information Strategy Working Group (ISWG)

The SPGPPS established the ISWG to examine the development of an information strategy for the private sector aimed at improving the quality, availability and utilisation of information regarding private sector mental health services.

To achieve that objective the ISWG determined a set of General Work Goals for 2004-2006 that were endorsed by the SPGPPS. Table 5 sets out progress with these Goals as at 31 December 2005.

Table 5: Progress, as at December 2005, with the ISWG's general work goals for 2004 to 2006.

General Work Gaols for 2004–2006	Progress
Work Goal 1: Re-development of the SPGPPS website to better promote the work of the SPGPPS, CDMS, and the National Network of Private Psychiatric Sector Consumers and Carers.	This work was completed in 2004 and is further described under section 1.9 SPGPPS Website below.
Work Goal 2: Ensuring that the current integrity and security of the SGPPS National Model is maintained, as the various conceptual issues that underpin the Model change. These include:	
(a) changes to the Hospital Casemix Protocol (HCP);	This work is ongoing and described under the section on the Hospital Casemix Protocol below.
(b) changes to the clinician rated (HoNOS) and consumer rated (MHQ-14) outcome measures currently in use;	This work is currently under way and explained in detail under Part 2 CDMS 2.4.4 and 2.4.5
(c) changes in how data is collected, for example, on Day Only Patients; and	The ISWG maintains a watching brief on this issue.

General Work Gaols for 2004–2006	Progress
(d) the development of protocols for aggregate statistical analyses that, rather than being based on episodes of care as the subjects of analysis, are based on each (unidentified) patient's combined history of episodes of care within a specified reporting period as the subjects of analysis.	ISWG has been briefed on the logic and the statistical issues involved with this issue. ISWG analyses of substance abuse and dependency comorbidity using a person-based rather than an episode based analysis model. To assist the ISWG in its review of this issue, Mr Morris-Yates will now prepare a discussion paper in the second half of 2006
Work Goal 3: Review of the current CDMS Quarterly Reports for Hospitals and Health Funds and provision of advice on any necessary changes.	In 2005, a new version of the Hospitals Standardised Measures database application, HSMdb version 1.6, was distributed to Hospitals participating in the SPGPPS's National Model (see Part 2 CDMS 2.4 below).
Work Goal 4: Development of a framework for training and implementation support groups at the local level to ensure the sustainability and integrity 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)	In 2005, the ISWG acknowledged that the nature of questions received by the SPGPPS's CDMS from participating Hospital staff reflect that ongoing training remains a serious issue. In response the ISWG considered an alternative model for the provision of refresher and advanced training for participating Hospitals, prepared by Mr Morris-Yates and referred it to the APHA. The APHA Psychiatric Sub-committee acknowledged that training is important and supported the alternative model. The Sub-committee agreed that this training would be a priority in 2006.
Work Goal 5: Review of the existing Risk Management strategies for the National Model and the Centralised Data Management Service (CDMS).	See Risk Management below.
Work Goal 6: Development of new outcome measures of consumer and carer satisfaction, to address their perceptions of care, and their perceived needs.	In 2005, ISWG undertook the necessary negotiations and consultations to progress a proposal for the Pilot Study of the NRI/MHSIP Consumer Survey in both the private and the public sector in 2006. At the end of 2005, an agreement between the AMA, Commonwealth and Queensland Governments had been signed to enable the Pilot to proceed in 2006.
Work Goal 7: Improvement of the understanding of the CDMS and publication of its value, and research potential, widely through relevant journal articles, press releases, conference presentations and collaborative relationships with relevant academic organisations.	ISWG has agreed that individual SPGPPS stakeholder organisations need to address this issue. Current funding does not permit Secretariat Staff to undertake this work. Stakeholders have an opportunity to report on any activity undertaken at each meeting of the ISWG.
Work Goal 8: Accurate assessment of the issue of psychiatric admissions to non-psychiatric private hospitals.	In 2004, the CDMS provided information to the SPGPPS on the volume and nature of psychiatric admissions to non-psychiatric private hospitals. The SPGPPS agreed that it is an issue that needs to be dealt with by individual stakeholders. However, ISWG has agreed to continue discussion with the Australian Government on this matter.

Changes to the Hospital Casemix Protocol (HCP)

There is considerable variation in the manner in which Hospitals record Outreach care such that it is not possible to definitively identify either episodes of "Outreach care" or Occasions of Service for "Outreach care". This serious issue arises, in part, through limitations in the current specification of the HCP. In 2005, Mr Morris-Yates prepared a detailed proposal to address the problems with the HCP, titled:

> *Proposal for changes in Hospital data collection arrangements related to the Hospital Casemix Protocol (HCP) to resolve problems with the identification in the HCP of Outreach care Occasions of Service.*

The Proposal was endorsed in April 2005 by the APHA and forwarded to the Australian Government for consideration as part of its Review of the HCP. This Review has been proceeding in 2005. The review will see the revision of the HCP software, where necessary, and will entail amendment of the regulations and protocols governing the HCP, which require private hospitals to provide the HCP data. It is anticipated that the concerns of the SPGPPS and ISWG will be addressed as part of the Review.

Risk Management Strategies

The ISWG has clearly defined an outline of the various issues that might potentially pose a risk to the security, usability, sustainability, integrity and validity of the National Model, and the collaborative nature of its implementation.

Future Role of the ISWG

At the end of 2005, the SPGPPS considered the role of the ISWG and agreed that it should be restructured as a CDMS Management Committee (CDMSMC) constituted as follows.

Dr Bill Pring, for Clinicians

Ms Moira Munro, for Hospitals

Ms Deborah Stephenson, for Health Funds

Mr Peter Callanan, for the Australian Government

Ms Janne McMahon, for Consumers

Mrs Ruth Carson, for Carers

The first meeting of the CDMSMC in 2006 will develop terms of reference in light of the overall objectives for the CDMS specified under the SPGPPS's National Model, the previously identified Risks and their Management Strategies, and the original ISWG Work Goals for 2004-2006.

Consumer Perceptions of Care

In 2005, the necessary negotiations and consultations took place to progress the proposal for a Pilot Study of the routine collection, analysis and reporting of information regarding consumer perceptions of care, using the *NRI/MHSIP Consumer Surveys*, in both the private and the public sector in 2006. At the end of 2005, an agreement between the AMA, Commonwealth and Queensland Governments had been signed to enable the Pilot to proceed in 2006. Funding of $50,336 (inclusive of GST) has been obtained from DoHA to support the private sector component of the study. The public sector component will be supported by funding of $74,294 (inclusive of GST) from the Mental Health Unit of Queensland Health.

1.5.4 The Substance Abuse and Dependency Working Group (SDWG)

Data from the SPGPPS's CDMS has shown that substance abuse and dependency is a significant issue for private sector mental health services. Since 2003, the SPGPPS Substance Abuse and Dependency Working Group has been investigating and advising the SPGPPS on the treatment and care of substance abuse and dependency, in respect of both alcohol and other drugs, in the private sector, particularly in relation to:

1. What models are being used in private hospitals for the treatment of substance abuse and dependency, including the extent to which the more complex needs of patients with dual diagnoses are being adequately addressed;
2. How the treatment of substance abuse and dependency is being funded; and
3. What is currently known about best practice in respect of the types of care required by patients with substance abuse or dependency problems.

At the 40th SPGPPS Meeting held on 24 June 2005, Professor John Saunders provided a presentation on Substance Use Disorders and the Private Hospital Role.

Professor Saunders is Professor of Alcohol and Drug Studies at the University of Queensland and Director of the Alcohol and Drug Service of the Royal Brisbane and Women's Hospital. He is Editor-in-Chief of the Drug and Alcohol Review, Co-Director of the WHO Collaborating Centre for Mental Health and Substance Abuse, a member of the Australian National Council on Drugs, Secretary of the International Society for Biomedical Research on Alcoholism, Hon. Secretary of the Australasian Chapter of Addiction Medicine of the Royal Australasian College of Physicians, and Co-Chair of the DSM V Substance Use Disorders Committee. He has published two books and more than 250 scientific papers and reviews.

To promote the best practice scenarios outlined in the Professor Saunders presentation SDWG undertook the development of an *SPGPPS Position Statement on the Diagnosis and Treatment of Substance Abuse and Dependency in Private Mental Health Services* (Position Statement). Professor Saunders has agreed to assist SDWG with the drafting of the Position Statement. At the end of 2005, SDWG agreed to undertake a data gathering exercise before taking any further steps in the development of the Position Statement.

1.6 Invited Guests and Observers

The attendance of invited guests and observers at meetings of the SPGPPS is beneficial to the work of the group and of benefit to the guests and observers from the experience they gain. In 2005, the following invited guests and observers attended meetings of the SPGPPS.

The 40th SPGPPS Meeting was very kindly hosted by the New Farm Clinic in Brisbane on 24 June 2004. The Chief Executive Officer of New Farm, ***Ms Sue Feeney***, attended the Meeting, together with ***Professor John Saunders***, from the Centre for Drug and Alcohol Studies, Department of Psychiatry, School of Medicine, University of Queensland, and the Alcohol and Drug Service of Royal Brisbane and Women's Hospital. Professor Saunders addressed the meeting on substance use disorders and the private hospital role.

Ms Deborah Stephenson from BUPA attended the 41st and 42nd SPGPPS Meetings. Ms Stephenson will replace Mr Brian Osborne as one of the two Health Fund representatives on the SPGPPS in 2006.

1.7 AHMAC National Mental Health Working Group and Sub-groups thereof

The SPGPPS is represented on the peak body overseeing mental health policy in Australia, the AHMAC National Mental Health Working Group (NMHWG). In 2005, the Chair of the SPGPPS, Dr Yvonne White continued to represent the private sector at meetings of the NMHWG. The SPGPPS Executive Officer also attends these meetings as an official Observer. The Chair of the SPGPPS ISWG, Dr Bill Pring, represents the SPGPPS on the NMHWG Safety and Quality Partnership with the SPGPPS Executive Officer as his alternate. The SPGPPS Deputy Chair, Ms Moira Munro, represents the SPGPPS on the NMHWG Information Strategy Committee. Table 6 below sets out the SPGPPS membership and meetings of the NMHWG and some of its key sub-groups for 2005.

Table 6: Attendance by representatives of the SPGPPS at Meetings of the AHMAC National Mental Health Working Group and its' sub–committees in 2005.

Committee	SPGPPS and Private Sector Representation	Status	Meetings 2005	Location
NMHWG	Dr Yvonne White Mr Phillip Taylor	Member Observer	7 March	Auckland, New Zealand
			13 May	Melbourne
			4 November	Melbourne
SQP	Dr Bill Pring Mr Phillip Taylor	Member Alternate	20 January	Teleconference
			11 February	Sydney
			13 May	Melbourne
			26 August	Melbourne
ISC	Ms Moira Munro	Member	3-4 February	Hobart
			28-29 April	Adelaide
			6 July	Brisbane
			13-14 October	Perth

The NMHWG has welcomed private sector involvement in a number of other NMHWG subgroups including the following.

Australian Government Department of Health and Ageing Tolkien 11 project.

Steering Committee for the Review of the National Mental Health Policy.

National Standards for Mental Health Services Subgroup.

National Mental Health Workforce Advisory Committee.

At the end of 2005, the NMHWG had also agreed to the involvement of the private sector in the annual monitoring process for the Implementation Plan for the National Mental Health Plan 2003-2008. In accordance with the Key Areas set out in the Plan, the SPGPPS will be involved in the following.

Key Area 1.1 The dissemination of the Prevention Scorecard. The Scorecard will still be the subject of further NMHWG discussion in 2006.

Key Area 1.2 SPGPPS will be invited to participate in the Population Surveillance Workshop in 2006.

Key Area 1.3 The membership of the NMHWG Promotion and Prevention Working Party will be reviewed and consideration given to the involvement of a RANZCP expert in promotion and prevention, as part of this review.

Key Area 1.6 A recommendation will be made to the Australian Government Department of Health and Ageing that the private sector be considered a relevant stakeholder in relation to the National Mental Health Youth Foundation.

Key Area 1.7 The Chair of the Older Persons Mental Health Network will be approached with a recommendation that RANZCP be considered for membership of the Network.

Key Area 2.1 The Terms of Reference of the NMHWG Emergency Mental Health Access Policy Group will be reviewed and consideration given to the involvement of Australian Private Hospitals Association.

Key Area 4.2 SPGPPS will be invited to participate in an Innovations Workshop to consider innovations in mental health service delivery.

1.8 Communications strategies

1.8.1 SPGPPS Newsletter

Three Editions of the newsletter ***SPGPPS News*** were produced in 2005 and widely circulated in electronic format. Copies of the Newsletters were also posted on the SPGPPS website. These newsletters included an editorial and articles on the following issues.

Issue 21, May 2005

Assessing Models of Funding Service Delivery for Private Psychiatric Services

Identifying Episodes of Outreach Services Accurately

A Modular Approach to Training for Hospital Staff

Distribution of a new version of the Hospital's Standardised Measures database application (HSMdb) to participating Hospitals

Issue 22 and 23 July 2004

Substance Use Disorders and the Private Hospital Role

Assessment of Models of Funding Service Delivery for Private Psychiatric Services

Pilot of a Consumer Perceptions of Care Measure

Our Apollo 13 - Exploring Collaboration between SPGPPS and Universities

Issue 24 December 2004

SPGPPS Calendar 2006

Assessment of Models of Funding Service Delivery for Private Psychiatric Services

Centralised Data Management Service Management Committee

Implementation Plan for the National Mental Health Plan 2003-2008

1.8.2 Discussion papers, Position statements and Submissions

In 2005, the following documents were also prepared by the SPGPPS Secretariat in consultation with SPGPPS and its Sub-Groups thereof.

An Interim Draft Discussion Paper titled, SPGPPS Innovative Models Working Group, Discussion Paper: The Assessment of Models of Funding Service Delivery for Private Psychiatric Services.

A draft Position Statement On The Diagnosis And Treatment Of Substance Abuse And Dependency For Private Psychiatric Services.

Submission to the Senate Select Committee on Mental Health

Submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into Health Financing

Submission to the Australian Government's Productivity Commission on its Position Paper on Australia's Health Workforce.

1.8.3 SPGPPS website (www.spgpps.com.au)

The new SPGPPS website was launched in December 2004 after a substantial redevelopment. The new website is clearly structured to provide the SPGPPS, CDMS, and National Network with their own unique sub-sites within the one domain. To coincide with the launch of the new website, the email addresses for the SPGPPS website and Secretariat Staff, located in Canberra, were changed to be consistent with the new domain name spgpps.com.au.

The SPGPPS, its CDMS and the National Network can be found on the Internet at www.spgpps.com.au. This website has been clearly structured to provide the SPGPPS, CDMS and National Network with their own unique sub-sites within the one domain.

The ***SPGPPS*** sub-site provides access to valuable information on this unique *Private Mental Health Alliance*.

The ***CDMS*** sub-site provides a showcase for the *SPGPPS's National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services*. (See Part 2 for more information).

The ***National Network's*** sub-site acknowledges and supports the integral role played by privately insured consumers and their carers in the improvement of mental health services in Australia.

Figure 1: The home page of the SPGPPS's web site at http://www.spgpps.com.au

1.9 SPGPPS Income and Expenditure as at 31 December 2005

Table 7 sets out SPGPPS Income and Expenditure for 2005.

Table 7: SPGPPS Income and Expenditure from 1 January 2005 to 31 December 2005.

Income (Stakeholder Contributions)			
Australian Medical Association	$51,751		
The Royal Australian and New Zealand College of Psychiatrists	$51,751		
Australian Private Hospitals Association	$51,751		
Australian Health Insurance Association	$51,751		
Commonwealth Department of Health and Ageing	$51,751		
Transfer SPGPPS Balance from Year 2005	$8,658		
TOTAL	**$267,413**		
Expenditure	**Indicative Budget**	**Expenditure**	**Variance**
Staffing	$163,376	$155,985	$7,391
Equipment and Other Infrastructure	$1,000	$2,855	-$1,855
General Recurrent Expenses	$16,675	$14,623	$2,052
Meetings of SPGPPS	$23,038	$20,086	$2,952
Working Groups	$10,416	$25,179	-$14,763
Annual Forum/Symposium	$14,586	$0	$14,586
Other Meetings (AHMAC NMHWG)	$6,140	$16,157	-$10,017
Total before AMA Administration charge	$235,231	$234,884	
AMA Administration Charge of 10%	$23,523	$23,523	
TOTAL	**$258,754**	**$258,407**	
Funds remaining as at 31 December 2005		***$9,006***	

The above income and expenditure statement has been prepared on a cash basis.

Dr Yvonne White Chair SPGPPS and Dr Martin Nothling, Chair SPGPPS Finance Committee, confirm that all expenditure has been made in accordance with the Agreement terms and conditions.

At the end of 2005, there was a surplus of $9,006 remaining in the SPGPPS Budgets for 2005. At its last meeting for 2005, the SPGPPS directed that any surplus at the end of 2005 should be carried forward into the 2006 SPGPPS income stream and used in the first instance for the purchase of appropriate digital recording equipment and a portable data projector.

2 The SPGPPS's Centralised Data Management Service

2.1 Participating Hospitals

All known Private Hospitals with Psychiatric Beds are identified in Table 8 on the following page. As at 31 December 2005, these consisted of 26 stand–alone private psychiatric hospitals and 17 general private hospitals with co–located psychiatric units, together accounting for approximately 1600 beds. Two facilities functioning as stand–alone community–based private psychology services currently submit data to the CDMS. Of the 45 facilities identified in the table, two are not currently participating in the SPGPPS's National Model: Niola Private Hospital in Perth and The Wesley Private Hospital in Townsville.

2.2 Enrolment of New Hospitals

In 2005, one new Hospital, Brisbane Private Hospital, located in Brisbane, Queensland subscribed to the SPGPPS and its CDMS.

Hospitals that wish to participate in the SPGPPS's National Model and its CDMS must contribute to the *recurrent annual* costs associated with the operation of the SPGPPS and it's 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.

2.3 Provision of Standard Quarterly Reports by the CDMS

In 2005, the SPGPPS's CDMS continued to collect, process, analyse and report data submitted by Private Hospitals with Psychiatric Beds (Hospitals) and Private Health Insurance Funds (Health Funds) in accordance with 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). A summary of the timeliness of the CDMS's preparation and distribution of Standard Quarterly Reports to participating Hospitals and Health Funds is provided in Table 9 on page 22.

As can be seen from the summary table, the normal distribution of CDMS Standard Quarterly Reports (SQRs) was often delayed. These delays arose principally due to ongoing delays with some Hospitals not getting their data into the CDMS by the previously agreed deadline of 8 weeks after the end of the quarter. In almost all cases these were due to one–off local problems with staff or system changeovers. In some cases delays by the CDMS in identifying problems with a submission also delayed the final submission of correct data. Previous investigation of the effect of leaving out even one of the larger Hospital's data from the aggregate statistics for all Hospitals indicated that reports should not be run until all data was in. Consequently, the CDMS adopted a policy of not preparing reports until the majority of Hospitals, including all the larger stand–alone Hospitals had submitted their data. The cumulative effect of these delays meant that the CDMS was unable to meet its objective of delivering reports to Hospitals within 13 weeks of the end of the Quarter.

Table 8: Private Hospitals with Psychiatric Beds as at 31 December 2005.

Stand–alone 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]	Brisbane Private Hospital, Brisbane QLD[1]
Delmont Private Hospital; Glen Iris, VIC [1]	Greenslopes Private Hospital; Greenslopes, QLD [1]
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 [1]
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 [1]
Pinelodge Clinic; Dandenong, VIC [1]	Vaucluse Hospital; Brunswick, VIC [1]
Pine Rivers Private Hospital; Strathpine, QLD [1]	The Wesley Private Hospital Townsville; Townsville, QLD [3]
St John of God Hospital Burwood; Burwood, NSW [1]	St John of God Community Psychology Services, Ballarat, VIC [4]
St John of God Hospital Richmond; Richmond, NSW [1]	St John of God Counselling Services, Fremantle, WA [4]
The Sydney Private Clinic; Bronte, NSW [1]	
South Pacific Private Hospital; Curl Curl, NSW [1]	
Toowong Private Hospital; Toowong, QLD [1]	
The Victoria Clinic; Prahan, VIC [1]	
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.
4. Private, community–based, Psychology Service

Following discussion with the APHA's Psychiatric Sub–committee, in October 2005 the CDMS provided each participating hospital with a brief report indicating the timeliness of their submissions over the preceding 12 months in an effort to encourage compliance with the data submission deadlines. This report was circulated shortly before participating Hospitals received their SQRs for the second quarter of 2005. Performance was allocated into three groups, excellent, average and below average. Below average performers were asked to critically examine the reasons for their delays and to liaise with Mr Morris-Yates in

addressing the problem. A graph was included showing the data submission profile for that Hospital over the longer term.

The CDMS's objective now is to have all submissions in 10 weeks from the end of each quarter. The SPGPPS Secretariat has also changed its practices to loading the data as soon as it had been received. Overall, the effect of the report has been very positive. All Hospitals submitted data for the 3rd Quarter 2005 on time except for one, which was late due to staff changes. These reports will be provided, as necessary, separately from SQRs.

Table 9: Distribution of Standard Quarterly Reports to Hospitals and Payers.

	2004 Q3	2004 Q4	2005 Q1	2005 Q2	2005 Q3
Quarter end date	30 Sep 04	31 Dec 04	31 Mar 05	30 Jun 05	30 Sep 05
Date CDMS had completed distribution of reports to Hospitals	28 Feb 05	23 May 05	6 Aug 05	10 Nov 05	17 Dec 05
Date CDMS had completed distribution of reports to Payers	2 Mar 05	6 Jun 05	24 Aug 05	15 Nov 05	20 Dec 05
Delay from end of Quarter to final distribution of all reports (weeks)	21	20	19	19	11

2.4 Further development of materials for participating Hospitals

2.4.1 Enhancements to the Hospitals Standardised Measures database application

In 2005, a new version of the Hospitals Standardised Measures database application, HSMdb version 1.6, was distributed to Hospitals participating in the SPGPPS's National Model. This update incorporated several significant enhancements to the reporting functions within HSMdb. These included:

An enhanced reporting function designed to enable Hospitals to monitor month–to–month changes in collection rates and the timeliness of data entry,

A completely new Clinical Review function that enables a set of records to be selected for review on the basis of a very wide range of administrative, clinical and service utilisation related attributes.

A completely new function enabling the preparation of aggregate statistical reports for various purposes.

Implementation within the data entry functions of further refinements to the data collection protocols for less frequently occurring complex patterns of care.

This new version of HSMdb also included modifications to the data entry and the Hospital Casemix protocol (HCP) record linkage functions to enable repeated very brief overnight stays for same-day procedures to be more effectively handled. Major changes were also made to the HCP linkage function's report regarding problems with the linkage of data. The resulting reports should now be substantially easier to use.

Revisions to the Data Collection Statistics report

The revised Data Collection Statistics Report provides detailed aggregate statistics about the completion of the HoNOS and the MHQ-14. These statistics may indicate the extent to which

the information contained in the database and the various aggregate statistical reports derived from that information can be relied upon. Certain key statistics are presented in a graphical format.

More generally, all the statistics contained in the report are presented in the form of tabulated time series over a 12-month period, with stratification either by month or by quarter within that 12 month period.

The configuration of the report, and detailed guidelines for its interpretation, have been included in the updated HSMdb System User's Guide.

New functions and reports to assist in Clinical Review

New Clinical Review functions in HSMdb have been designed to enable several different tasks to be completed. These include:

Quality improvement. *For example, the clinical review function may be used to identify patients with specified characteristic patterns of service utilisation or clinical profiles so that the details of their care may be more closely examined.*

Contractual reporting requirements. *By selecting the appropriate Administrative criteria (Reference Period and Responsible Payer) then selecting the required aggregate statistical analyses, much of the information needed for a standard report that might be requested by a Health insurance fund or Other payer can be obtained.*

Evaluation of new or existing clinical programmes. *If the Service Unit identification field, or one of the Local data item fields, has been used to identify episodes of care that involved patients' participation in a specific clinical programme then it will be possible to obtain aggregate statistics regarding that clinical programme.*

Provision of aggregate statistical information to treating psychiatrists. *If patients' treating psychiatrists are identified at Admission occasions within HSMdb, then listings and aggregate statistics for each treating psychiatrists' patients can be obtained for any specified Reference Period.*

The aggregate statistical reports include information similar to, though somewhat more detailed than, that contained in the current version of the Hospitals' Standard Quarterly Reports provide by the CDMS.

The reports available from HSMdb's Clinical Review function include detailed HoNOS Item Profiles, a Diagnostic profile, and a detailed Clinical profile that includes demographic statistics (Age group by Sex), Service utilisation details, and both HoNOS and MHQ-14 summary score profiles at Admission and Discharge from episodes of Overnight inpatient care.

These various sets of aggregate statistics may then be stratified by mental health diagnostic groups, the Responsible ward or unit, or by patients' Treating psychiatrist.

2.4.2 Updated versions of the HSMdb System User's Guide and the Implementation Guide

In 2005, changes and enhancements to HSMdb were documented in a new revised version of the HSMdb System User's Guide to include detailed advice on the use of HSMdb in the management of the data collection process, the use of HSMdb to assist in various aspects of clinical review, the use of the revised HCP import and linkage functions, and completely revised installation instructions.

Both the *System User's Guide* and the *Implementation Guide* now include a comprehensive description of the most current version of the standard data collection protocol. This includes advice as to how the protocol should be implemented in certain complex or unusual cases.

2.4.3 Enhancements to the Standard Quarterly Reports for Hospitals

During 2005 a new section was added to the Standard Quarterly Report for Hospitals. This new Section 4 of the Report provides information that is based just on the analysis of HCP Episode data. Hospitals that are currently unable to submit HCP data to the SPGPPS's CDMS will not have any results for themselves in this section of the report. Statistics are presented for Service provision (Number of episodes and Length of stay) and Charges (Total charges per Episode and average Total charges per Day). At present statistics for Overnight Inpatient separations only are provided. Later revisions of the report may include statistics for Sameday separations.

Under Commonwealth regulations, Hospitals are required to submit HCP data to all Health Insurance Funds and Other Payers with which the Hospital has entered into an HPPA. Under the SPGPPS's National Model for Data Collection and Analysis, Hospitals are asked to submit HCP data for All Patients regardless of Payer along with the data regarding the two clinical measures - the HoNOS and MHQ-14 - that has been collected under the Outcome Measures Protocol (OMP). The HSMdb database application provided to Hospitals by the CDMS handles the linkage and formatting of HCP data at the Hospital end for submission to the CDMS. At the CDMS, the HCP data is combined with the OMP data to provide the detailed data set required for the comprehensive analyses presented in Sections 2 and 3 of the report. During that process, the rules regarding the definition of Episodes and Periods of Care that are applied in the aggregation of the data are those that are specified under the OMP, not the more narrow and clinically simplistic rules that are specified under the HCP.

As a consequence of the differences between the HCP and OMP it is likely that statistics regarding the provision and costs of services will differ depending on which protocol's rules are used in the analysis. The analyses provided in Sections 2 and 3 of the Standard Quarterly Report for Hospitals are based on the rules specified under the OMP. The analyses presented in the new Section 4 are based on the rules specified under the HCP.

The differences between the OMP and the HCP particularly affect the analysis of data provided in the Ambulatory care setting. The HCP treats each Sameday separation as an individual episode. The OMP treats Sameday separations and certain brief Overnight admissions for procedures normally provided on a sameday basis as Occasions of Service within the context of Episodes of Ambulatory care. For most Hospitals, this will affect only a very few episodes. However, the implementation of these analyses within the context of an additional set of Tables will enable Hospitals to work with exact statistics consistent with the HCP data they provide to Health Funds.

2.5 Refactoring of the CDMS data warehouse functions

In the second quarter of the year substantial efforts were directed towards improving the speed and capacity of the CDMS data warehouse application (referred to as CDMSdwh). A number of factors contributed to the need for this work, including:

Increased volume of data being stored within the data warehouse.

Identification of certain problems in the calculation of length of stay and other statistics.

Further refinements to the data collection protocols for less frequently occurring complex patterns of care.

The changes to CDMSdwh will enable it to continue operations in its current form until mid 2007, by which time the volume of data being manipulated will require that the back–end database be upgraded.

2.6 Other issues being addressed

2.6.1 Revision of the MHQ-14 Scoring Algorithms

Mr Morris-Yates commenced working on the redevelopment of the MHQ-14 scoring algorithms in December 2004. In 2005, Mr Morris-Yates built the data extract processes to enable transfer of the data to the software package known as Statistical Package for the Social Sciences, or SPSS. At the end of 2005, Mr Morris-Yates was working to incorporate the National Health Survey data so that the CDMS data (the clinical sample) and the Survey Data (population sample) are available for the development of the scoring algorithms. This work will continue in 2006.

2.6.2 Training for Hospitals participating in the CDMS

In 2005, it was acknowledged that the nature of questions received by both the SPGPPS Secretariat and the CDMS from participating Hospital staff reflect that ongoing training remains a serious issue and that the training needs for Hospitals participating in the SPGPPS's CDMS, are not uniform. Some staff would benefit from basic training in the collection of data and the use of the HoNOS, whilst others would benefit from an opportunity to revise the HoNOS and discuss more complex data collection and clinical rating scenarios.

Similarly, Hospitals' training needs for the use of HSMdb and interpretation of the SQRs also vary. In quite a few cases, particularly for the larger facilities, Hospitals' have some staff who would benefit from basic training and others who would benefit from an opportunity for more advanced training and discussion of issues with peers from other Hospitals.

In addition to the basic training in use of the HoNOS and use of the HSMdb, Hospitals have also asked for additional training in the interpretation and use of the information contained in the SQRs and the use of the new report features in HSMdb.

Accordingly, the following modular training model was developed and proposed to meet the above training needs.

1. Basic training in the HoNOS and the Standard data collection protocols.
2. Revision of HoNOS and discussion of unusual or complex cases and other issues
3. Basic training in the use of HSMdb
4. Advanced use of HSMdb
5. Interpretation of Standard Quarterly Reports and the Aggregate statistical reports produced through HSMdb.

It is assumed that different staff members from each Hospital would be likely to benefit from one or more of the modules. In mid 2005, the APHA, Psychiatric Sub-committee reviewed and supported the proposed alternative model and agreed, however, that this training should take place in 2006.

2.6.3 Exploration of the feasibility of the collection and reporting of information on Consumer Perceptions of Care by Hospitals

In late 2004 the National Network of Private Psychiatric Sector Consumers and Carers (National Network) made it known to the SPGPPS's Information Strategy Working Group that both Consumers and their Carers were concerned by the apparent lack of standardisation in the collection and utilisation of information regarding Consumer Perceptions of Care (CPoC). Such a measure is not currently included as part of the outcome measures collection and analysis processes that are supported in the private sector by the CDMS. Nor is such a measure included in the National Outcomes and Casemix Collection now implemented in specialist public sector mental health services.

To assist in furthering this important area, a proposal and subsequent funding agreement were developed during 2005 to enable a Pilot Study of the feasibility and utility of the Routine Collection and Reporting of Consumer Perceptions of Care to proceed in both private and public sector specialist mental health services in 2006. This Pilot represents a first for private – public mental health partnerships of this nature and shows that the two sectors can work together in the delivery of mental health services.

At the end of 2005, the agreement between the AMA, Commonwealth and Queensland Governments had been signed to enable the Pilot to proceed in 2006. In 2006, the AMA will employ a research assistant and it is anticipated that the Pilot Study should be underway in March 2006.

The Pilot Study will be based within the SPGPPS Secretariat. Mr Allen Morris-Yates will be responsible for the conduct of the study and a Research Assistant, responsible to Allen, will be employed by the AMA to undertake the work required. The Pilot Study will be conducted in the private sector through private hospitals and in the public sector through Queensland mental health services. Six private hospitals have already agreed to participate in the private sector.

The primary objectives of the Study are to examine the feasibility, utility and acceptability to both consumers and service providers of the routine collection and reporting of information regarding CPoC. The principle measure to be used within the private sector component of the pilot study is the *NRI/MHSIP Inpatient Consumer Survey*. The measure was developed in the United States of America (USA) under the auspices of the Mental Health Statistics Improvement Program (MHSIP) and the National Research Institute (NRI) of the National Association of State Mental Health Program Directors. It and the other measures in the MHSIP suite of Consumer Surveys have been widely implemented in the USA by both public and private sector psychiatric inpatient and ambulatory care services. Their use in this study will incur no cost as the measures are in the public domain.

2.7 Impact of the reduction in the Information Officer's work hours from June 2004

The agreed initial round of funding to implement the SPGPPS National Model and the CDMS, ended on 3 June 2004. The services of Mr Morris-Yates, were retained by the AMA in order to support the continued operation and further development of the SPGPPS's CDMS, and also to support Hospitals in their implementation and utilisation of the National Model.

From June 4 2004, Mr Morris-Yates moved from five days full-time employment to a 21 hours per week part-time arrangement. For the reminder of 2004 and all of 2005, this reduction in work hours limited what could be realistically achieved in relation to the CDMS. In particular, it has not yet been possible to undertake the development of certain agreed enhancements to the Standard Quarterly Reports. When completed, that development will result in the inclusion of additional summary statistics within the Standard Quarterly Reports and will also enable both Hospitals and Health Funds to gain access to the Reports as an electronic database.

The reduction in the Information Officer's work hours has also had a substantive impact on the workload of the SPGPPS Secretariat, in that the Secretariat has been required to take on all of the routine operational aspects of the production of the Standard Quarterly Reports.

In 2005, the SPGPPS confirmed that this decision should be revisited as part of the negotiations that must take place during 2006 concerning the future of the SPGPPS and its CDMS, given that the current AMA Agreement for Services 2004-2006 expires on 31 December 2006.

2.8 CDMS Income and Expenditure as at 31 December 2005

The statement of Income and Expenditure for the period 1 January 2005 to 31 December 2005 for the CDMS is set out in Table 10. The statement has been prepared on a cash basis.

Dr Yvonne White, Chair SPGPPS, and Dr Martin Nothling, Chair SPGPPS Finance Committee, confirm that all expenditure has been made in accordance with the *AMA Agreement for Services 2004-2006* terms and conditions.

At the end of 2005, there was a surplus of $5,842 remaining in the CDMS Budget for 2005. The SPGPPS has directed that this surplus be carried forward into the 2006 CDMS income stream.

Table 10: CDMS Income and Expenditure for the period 1 January 2005 to 31 December 2005.

Income (Stakeholder Contributions)			
Australian Private Hospitals Association	$63,119		
Australian Health Insurance Association	$63,119		
Commonwealth Department of Health and Ageing	$63,119		
Remaining funds carried forward from 2004	$4,797		
Total	**$194,154**		
Expenditure	**Indicative Budget**	**Expenditure**	**Variance**
Staffing	$111,763	$117,616	-$5,853
Equipment and Other Infrastructure	$1,000	$12,631	-$11,631
General Recurrent Expenses	$17,713	$19,411	-$1,698
Preparation of Reports and Related Materials	$7,175	$2,281	$4,895
Stakeholder Support and Consultation	$14,555	$19,160	-$4,605
Workshops with Hospitals and Payers	$19,937	$0	$19,937
Total before AMA Administration charge	$172,143	$171,098	
AMA Administration Charge of 10%	$17,214	$17,214	
Total	**$189,357**	**$188,312**	
TOTAL Funds Remaining at 31 December 2005		***$5,842***	

3 The National Network of Private Sector Consumers and Carers

The AMA, RANZCP, APHA, AHIA and beyondblue are supporting the activities of the National Network of Private Psychiatric Sector Consumers and Carers through the services provided by the Secretariat of the SPGPPS. This enabled the National Network to continue to work towards achieving its objectives in 2005. At the end of 2005 the National Network was constituted as follows.

1. Ms Janne McMahon — Chair and SPGPPS Consumer Representative
2. Ms Ruth Carson — SPGPPS Carer Representative
3. Ms Julie Hutson — Queensland
4. Ms Alvina Hill — New South Wales
5. Mr Wayne Chamley — Victoria
6. Mr Trevor Bester — Tasmania
7. Ms Nadia Docrat — Australian Capital Territory (resigned October 2005)
8. Ms Marjorie Smith — South Australia
9. Ms Anita Fratel — Western Australia (replacing Mr Patrick Hardwick)
10. Ms Ingrid Ozols — Beyondblue Ltd /Blue Voices
11. Ms Bronwen van der Wal — Secretary
12. Mr Phillip Taylor — SPGPPS Executive Officer

3.1 Meetings of the National Network and its State-based Committees in 2005

The National Network held two face-to-face meetings in 2005 as set out in Table 11.

Table 11: Meetings of the National Network held in 2005.

Meeting	Date	Venue	Location
10th Meeting	21 – 22 February 2005	RANZCP Headquarters	Melbourne
CPoC Consultation	31 March 2005	Teleconference	
11th Meeting	15 – 16 August 2005	RANZCP Headquarters	Melbourne

3.2 Invited Guests and Speakers

Mr Allen Morris-Yates attended and addressed the 10th National Network Meeting held on 21-22 February 2005. Mr Morris-Yates together with ***Dr Bill Pring***, AMA representative on the National Networks Expert Advisory Panel (EAP), gave a presentation on the Consumer Perceptions of Care Measure utilising the NRI/MHSIP questionnaires.

Ms Christine Gee, Chair of the APHA Psychiatry Sub-committee and ***Mr Paul Mackey,*** Director, Policy and Research, APHA, addressed the 10th Meeting on the private hospital aspects of health fund portability, default and second tier benefits, and some of the limitations affecting consumers arising out of Hospital Purchaser Provider Agreements.

Mr Brian Osborne, SPGPPS Health Fund representative and Health Fund representative on the National Network's EAP, addressed the 11th National Network Meeting on the Health Fund perspective on funding models.

Ms Carol Turnbull, SPGPPS Hospital representative, also attended the 11th Meeting and gave the Hospitals' perspective on Funding models.

3.3 Attendance at Meetings

The record of attendance for National Network Members and Observes at meetings of the Network in 2005 is set below in Table 12.

Table 12: Record of Attendance at National Network Meeting for 2005.

STATE/TERRITORY	REPRESENTATIVE	10th Meeting	CPoC Consultation	11th Meeting
Independent Chair	Ms Janne McMahon	√	√	√
Australian Capital Territory	Ms Nadia Docrat	√	√	Apology 16.08.05
Beyondblue/Blue Voices	Ms Ingrid Ozols	√	Apology	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	√	√	Apology 16.08.05
Western Australia	Ms Anita Fratel	√	Apology	√

3.4 National Network Meeting Agenda Items

An indication of the range of issues the National Network dealt with in 2005 is provided below in Table 13.

Table 13: National Network Meeting Agenda Items for 2005.

AGENDA ITEMS	10th Meeting	11th Meeting
Procedural Matters		
Opening/Welcome/Apologies/Alternates/Guests	✓	✓
Adoption of the Report of the last National Network Meeting	✓	✓
Progress Report and Out of Session Decisions	✓	✓
Discussion Items		
Consumer Perceptions of Care	✓	✓
Consultation/Reporting Process for the NRI/MHSIP Inpatient Consumer Survey	✓	
Proposed Trial of the NRI/MHSIP Inpatient Consumer Survey	✓	✓
National Network Strategic Plan 2004 – 2006:	✓	✓
Goal 1 Strengthen Consumer/carer representation/participation	✓	✓
Goal 2: Strengthen NN State/Territory-based Committees	✓	✓
Goal 3: Strengthen the Role of Carers	✓	✓
Goal 4: Strengthen Relationships with key stakeholders	✓	✓
Goal 5: Raise the profile of the National Network	✓	✓
Goal 6: Complaints Mechanisms in Private Mental Health Services	✓	✓
Goal 7 Securing Funding Beyond 2006	✓	✓
APHA Psychiatric Sub-committee Presentation	✓	
Policies/Protocols/Processes/Procedures/Submissions	✓	
Submission to OFPC – Review of Medicare & PBS Privacy Guidelines	✓	
National Network Financial Statement	✓	
Tasmanian Carer's Forum	✓	
Funding Models: Hospital's Perspective		✓
Funding Models: Health Fund's Perspective		✓
National Network Senate Select Committee Appearance		✓
National Network Financial Statement		✓
Standing Items		
National Network State Committee Reports	✓	✓
National Consumer and Carer Forum (NCCF) Report	✓	✓
Mental Health Council of Australia (MHCA) Report	✓	✓
Beyondblue/Blue Voices Report	✓	✓
National Mental Health Working Group (NMHWG) Report	✓	✓

Table 14 below sets out the State-based Committee Meetings and Consultations that took place in 2005.

Table 14: State-based Committee Meetings and Consultations 2005.

Meeting	Date	Venue
Tasmania	1,3 March 2005***** 16 June 2005	Hobart Clinic
Western Australia	2 March 2005***** 25 July 2005 12 September 2005	Perth Clinic Hollywood Private Hospital Perth Clinic
New South Wales	3 March 2005***** 8 July 2005	Wesley Private Hospital Black Dog Institute
Queensland	2 March 2005***** 4 July 2005	New Farm Clinic
South Australia	7 March 2005***** 28 April 2005 8 September 2005	Adelaide Clinic
Victoria	28 February*, 2 March 2005***** 7 March 2005 12 December 2005	Albert Road Clinic; Geelong Clinic Delmont Private Hospital Delmont Private Hospital
Australian Capital Territory	9 March 2005***** April 2005 June 2005	Mental Health Care Continuum Group

***** Consumer Perceptions of Care consultations.

3.4 National Network Representation on Other Organisations

Table 15 below identifies National Network representation at the meetings of other groups.

Table 15: National Network Representation at Other Meetings.

Meeting	Date	Representative(s)
APHA Psychiatric Sub-committee	17 February 2005 5 April 2005 6 July 2005 16 September 2005 6 December 2005	Ms Janne McMahon
National Mental Health Consumer and Carer Forum	15 April 2005 29/30 September 2005 8 June 2005 Teleconference 28 November 2005 Teleconference	Ms Ruth Carson
Mental Health Council of Australia	16/17 June 2005 21/22 November 2005 16 March 2005 Teleconference 14 September 2005 Teleconference	Mr Wayne Chamley
World Psychiatric Association Conference	5 July 2005	Ms Janne McMahon
Beyond Outcomes 2005: Responsive, Innovative and Effective Mental Health Care Forum	19/20 October 2005	Ms Janne McMahon
'Not for Service' Launch	19 October 2005	Ms Ruth Carson
APHA Queensland	1 December 2005	Ms Julie Hutson

3.4.1 Mental Health Council of Australia

Mr Wayne Chamley represents the National Network's on the board of the Mental Health Council of Australia (MHCA). Mr Chamley attended two meetings of the MHCA in 2005 and two teleconferences.

3.4.2 National Mental Health Consumer and Carer Forum

The *National Mental Health Consumer and Carer Forum* (NMHCCF) sits under the auspices of the MHCA, which 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 MHCA. Ms Ruth Carson represents the National Network on the NMHCCF. Through this representation the National Network had the opportunity to submit comments on the document: *Craze Lateral Solutions - Development of a new consumer and carer participation model based on the NCCF,* which was presented to the July 2005 meeting of the AHMAC NMHWG.

In 2005, Ms. Ruth Carson was elected to the position of Carer Co-Chair of the NMHCCF. In that capacity she attended the launch of the report of the consultations by MHCA in consultation with the Human Rights and equal Opportunity Commission, titled, *Not for Service*.

3.4.3 Australian Private Hospitals Association (APHA) Psychiatry Sub-committee

In 2004, the Chair of the National Network was appointed as a permanent representative with observer status on the APHA Psychiatry Sub-committee. The Chair attended five of the Sub-committee meetings in 2005.

3.5 National Network Newsletters 2005

The National Network distributed two newsletters in 2005, which contained the following articles.

Volume 3, May 2005

1. Submissions:
   - Privacy Commissioner
   - Human Rights and Equal Opportunity Commissioner
   - Senate Select Committee on Mental Health
   - House of Representatives Standing Committee on health and Ageing
2. Consumer Perceptions of Care Measure
3. TheMHS Conference
4. Honours and Appointments

Volume 4, November 2005

1. State Committee
2. Policy Position - Payment for Consumer and Carer Participation
3. Policy Position – Training and Skills Development for Consumer and Carer Representatives
4. National Network Article - Australian Medicine
5. Senate Select Committee on Mental Health

3.6 Activities 2005

3.6.1 Consumer Perceptions of Care Measure Consultation

The 21 February 2005 meeting of the National Network participated in a workshop to assess whether the NRI/MHSIP, currently being used in the United State of America public sector, would be suitable for use as the instrument for a Consumer Perceptions of Care Measure (CPoC). Subsequently, the members of the National Network undertook further local State and ACT consultations with consumers and carers in the private hospital-based sector in February and March 2005 as detailed in Table 15. A special teleconference of members of the National Network was convened on 31 March 2005 to co-ordinate the consultation. The results of these consultations saw further *suggested* amendments to the *NRI/MHSIP*.

The 11th Meeting of the National Network was asked to consider Mr Morris-Yates recommendations on preserving the validity of the CPoC Measure, and then to endorse both his recommendations and the amended NRI/MHSIP for use in a pilot study that will evaluate the feasibility and utility of the routine ascertainment and reporting of information regarding consumer perceptions of care in both private hospital-based and public sector specialist mental health services.

A joint Agreement between the Australian Medical Association (AMA) Queensland Health and the Commonwealth Department of Health and Ageing to enable the pilot of the CPoC to proceed was signed at the end of 2005 and the Pilot will commence in March 2006.

3.6.2 Government Inquiries

The National Network participated in two major Governmental Inquiries in 2005.

Senate Select Committee on Mental Health -- May 2005

This National Network submission raised the awareness of the Committee to issues relating to the treatment and care for consumers, their families or carers. These issues included portability between Health Funds, exclusionary health insurance products, limitations on benefits paid for hospital-based care, co-payments for Day Programs, disputes between Hospital providers and Health Funds, inclusion, education and support for carers, access to services that include intensive case management, crisis teams, mobile community teams and after hours care, appropriate use of low-dose atypical anti-psychotic medication, better integration of services and consumer and carer participation in the development, funding and delivery of mental health services. The National Network Chair, Ms Janne McMahon and the SPGPPS Carer representative, Ms Ruth Carson, appeared before this Committee on 27 September 2005 in Adelaide

House of Representatives Standing Committee on Health and Ageing, Health Funds – May 2005

This submission dealt largely with the concerns regarding private health insurance funds previously outlined to the Senate Select Committee on Mental Health. Concerns being portability between health funds, exclusionary health insurance products, limitations on benefits paid for hospital-based care, co-payments for Day Programs, and disputes between Hospital providers and health funds. Additionally, the National Network considered the retention of the 30% health rebate to be fundamental to a viable private health care sector in Australia. The National Network Chair, Ms Janne McMahon appeared before this Committee on 21 September 2005 in Canberra.

3.6.3 Formal Submissions and Consultations

Over the course of 2005, the National Network made several submissions and commented on a wide range of mental health issues. These are described briefly below.

Office of the Federal Privacy Commissioner: Review of the Medicare and Pharmaceutical Benefits Programs Privacy Guidelines – January, 2005

The National Network raised concerns regarding the increasing use of electronic data collection and storage processes of an individuals' health information. The National Network supported the functional separation of the Medicare claims database and PBS.

Any information used for secondary purposes must be de-identified in all circumstances. The key elements to consent are that it must be voluntary, the individual giving consent must be adequately informed and they must have the capacity to understand, provide and communicate their consent.

Human Rights and Equal Opportunity Commission: National Inquiry into Employment and Disability- March 2005

In this submission, the National Network raised concerns that the community, Government, disability support services including Centrelink do not generally acknowledge the struggle many people have in keeping their mental health disabilities stable, nor do they understand the often episodic nature of the illnesses involved. The Network argued that the retention for a two-year period of the abeyance of the Disability Support Pension (DSP) is fundamental in the attempt to engage in meaningful employment and the need a "safety net" that enables people to attempt to disengage from the DSP and take the risk of entering open employment.

Involuntary Admissions

The National Network raised concerns about the rights of private sector consumers in relation to involuntary admission. The Network called for the urgent review of current State and Territory Mental Health Acts to be undertaken to deal with impediments, such as those that prevent involuntary admissions to appropriate settings in the private psychiatric hospital-based sector.

Australian Competition and Consumer Commission September 2005

The National Network made representations to the ACCC concerning anti-competitive and other practices by Health Funds and providers in relation to private health services.

Consultation Paper – Mainstreaming Of Private Sector Outreach Services Program – November 2005

The National Network welcomed the move by the Australian Government, Department of Health and Ageing to streamline the application and approval processes to enable private hospitals with psychiatric beds and health funds, to provide and fund outreach services.

AHMAC National Mental Health Working Group (NMHWG)

The National Network had the opportunity to provide comment to the NMHWG on the two following documents in 2005.

Pathways to Recovery: Framework for preventing further episodes of mental illness.

Consumer Operated Services.

3.6.4 Strengthening Consumer and Carer Participation

In 2005, to further the goal of strengthening consumer and carer representation and participation in private hospital-based settings, the National Network developed a package of four documents to assist Hospitals in establishing and maintaining viable consumer and carer advisory committees or representation.

The package, titled *Next Step* consists of the following.

1. Template job description for consumer and carer hospital representatives.
2. Template for consumer and carer representative recruitment.
3. Policy position on payment.
4. Policy on consumer and carer training and skills development.

The package was submitted to the APHA Psychiatric Sub-committee on 6 December 2005 for comment. At the end of 2005 the package was being revised based on comments received. The final version is expected to be circulated to Hospitals early in 2006.

To improve representation on the National Network's State-based committees, State Committee Co-ordinators compiled a list of Hospitals with consumer and carer advisory committees who were not represented on their respective State Committee of the National Network. Letters outlining the work and aims of the National Network were sent to the CEOs of these Hospitals.

3.6.5 Strengthening the National Network's relationship with Key Stakeholders

To further its goal of strengthening relationships between consumer and carer organizations, the National Network convened two teleconferences in April and June 2005 between the National Network, the Australian Mental Health Consumers Network, BlueVoices, ARAFMI and Carers Australia. The National Network hosted the first teleconference and beyondblue hosted the second.

3.6.6 Special Funding Applications

The budget for the National Network is primarily focused on enabling the National Network to meet face-to-face on two occasions per year. In 2005, the National Network applied for $5000 to publish 500 copies of the manuscript written by National Network member, Ms Alvina Hill titled, *To dance across the Heavens*. beyondblue was approached in November 2005 but declined. A similar proposal was put to Eli Lilly in December 2005 and the decision is pending.

3.6.7 Raising the profile of the National Network

In 2005 the National Network was able to advertise its aims and the work it does through the following.

Hosting a National Network booth at the TheMHS Conference, held on 30 August to 2 September 2005 in Adelaide.

At the invitation of the Australian Medical Association (AMA), the National Network published a 500-word article in the 4 November 2005 issue of AMA Journal Australian Medicine under the critique titled, *Australia's Mental Health 'Shambles'- De-Institutionalise or Re-Institutionalise.*

3.7 Income and Expenditure for the National Network as at 31 December 2005

The statement of Income and Expenditure for 2005 for the National Network is set out in Table 16 below.

Table 16: National Network Income and Expenditure from 1 January 2005 to 31 December 2005.

Income (Stakeholder Contributions)			
Australian Medical Association	$8,200		
The Royal Australian and New Zealand College of Psychiatrists	$8,200		
Australian Private Hospitals Association	$8,200		
Australian Health Insurance Association	$8,200		
Beyondblue	$8,200		
Transfer of Funds Remaining from 2004	$213		
Total income	**$41,213**		
Expenditure	**Indicative Budget**	**Expenditure**	**Variance**
Staffing	$5,000	$6,066	-$1,066
General Recurrent Expenses (courtesy SPGPPS)	$0		
Meetings and Other Activity	$30,900	$33,497	-$2,597
Total expenditure	**$35,9000**	**$39,563**	**-$3,663**
Funds Remaining as at 31 December 2005		**$1,650**	

The above income and expenditure statement has been prepared on a cash basis.

Dr Yvonne White Chair SPGPPS and Dr Martin Nothling, Chair SPGPPS Finance Committee, confirm that all expenditure has been made in accordance with the *AMA Agreement for Services 2004-2006* terms and conditions.

At the end of 2005, there was a surplus of $1650 remaining from the National Network Budget for 2005. The National Network has directed that the surplus be carried forward into the 2006 National Network Income stream.

KPMG

Auditor's report to the stakeholders of the Strategic Planning Group for Private Psychiatric Services (SPGPPS)

Scope

We have audited the financial information of the SPGPPS Centralised Data Management Service (CDMS) as set out on page 28 of the SPGPPS Annual Progress Report for the year 1 January 2005 to 31 December 2005. SPGPPS is responsible for the preparation and presentation of the financial information. The SPGPPS has determined that the accounting policies used in the financial information are appropriate to meet the requirements under the AMA Agreement for Services (the Agreement). We have conducted an independent audit of the financial information in order to express an opinion on it to the SPGPPS.

The financial information has been prepared by the SPGPPS for the purposes of fulfilling their annual reporting obligations under the Agreement. We disclaim any assumption of responsibility for any reliance on this report or on the financial information to which it relates to any person other than those mentioned above, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standard 802 "The Audit Report on Financial Information Other than a General Purpose Financial Report" to provide reasonable assurance as to whether the financial information is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the financial information. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial information presents fairly that the monies received were expended in a manner which is consistent with our understanding of the functions of the SPGPPS and in accordance with relevant accounting concepts and applicable Australian Accounting Standards.

The audit opinion expressed in this report has been formed on the above basis.

Audit opinion

In our opinion, the financial information presented on page 28 of the SPGPPS Annual Progress Report presents fairly that the amounts shown in the financial information have been expended in a manner consistent with our understanding of the functions of the SPGPPS CDMS and applicable Australian Accounting Standards.

KPMG

KPMG

Place: Canberra, ACT

Date: 5 April 2006

Auditor's report to the stakeholders of the Strategic Planning Group for Private Psychiatric Services (SPGPPS)

Scope

We have audited the financial information of the SPGPPS as set out on page 20 of the SPGPPS Annual Progress Report for the year 1 January 2005 to 31 December 2005. SPGPPS is responsible for the preparation and presentation of the financial information. The SPGPPS has determined that the accounting policies used in the financial information are appropriate to meet the requirements under the AMA Agreement for Services (the Agreement). We have conducted an independent audit of the financial information in order to express an opinion on it to the SPGPPS.

The financial information has been prepared by the SPGPPS for the purposes of fulfilling their annual reporting obligations under the Agreement. We disclaim any assumption of responsibility for any reliance on this report or on the financial information to which it relates to any person other than those mentioned above, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standard 802 "The Audit Report on Financial Information Other than a General Purpose Financial Report" to provide reasonable assurance as to whether the financial information is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the financial information. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial information presents fairly that the monies received were expended in a manner which is consistent with our understanding of the functions of the SPGPPS and in accordance with relevant accounting concepts and applicable Australian Accounting Standards.

The audit opinion expressed in this report has been formed on the above basis.

Audit opinion

In our opinion, the financial information presented on page 20 of the SPGPPS Annual Progress Report presents fairly that the amounts shown in the financial information have been expended in a manner consistent with our understanding of the functions of the SPGPPS and applicable Australian Accounting Standards.

KPMG

KPMG

Place: Canberra, ACT

Date: 5 April 2006

Auditor's report to the stakeholders of the Strategic Planning Group for Private Psychiatric Services (SPGPPS)

Scope

We have audited the financial information of the SPGPPS National Network set out on page 37 of the SPGPPS Annual Progress Report for the year 1 January 2005 to 31 December 2005. SPGPPS is responsible for the preparation and presentation of the financial information. The SPGPPS has determined that the accounting policies used in the financial information are appropriate to meet the requirements under the AMA Agreement for Services (the Agreement). We have conducted an independent audit of the financial information in order to express an opinion on it to the SPGPPS.

The financial information has been prepared by the SPGPPS for the purposes of fulfilling their annual reporting obligations under the Agreement. We disclaim any assumption of responsibility for any reliance on this report or on the financial information to which it relates to any person other than those mentioned above, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standard 802 "The Audit Report on Financial Information Other than a General Purpose Financial Report" to provide reasonable assurance as to whether the financial information is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts disclosed in the financial information. These procedures have been undertaken to form an opinion as to whether in all material respects, the financial information presents fairly that the monies received were expended in a manner which is consistent with our understanding of the functions of the SPGPPS and in accordance with relevant accounting concepts and applicable Australian Accounting Standards.

The audit opinion expressed in this report has been formed on the above basis.

Audit opinion

In our opinion, the financial information presented on page 37 of the SPGPPS Annual Progress Report presents fairly that the amounts shown in the financial information have been expended in a manner consistent with our understanding of the functions of the SPGPPS National Network and applicable Australian Accounting Standards.

KPMG

KPMG

Place: Canberra, ACT

Date: 5 April 2006