

Australian Medical
Association

The Royal Australian
and New Zealand
College of Psychiatrists

The Royal Australian
College of General
Practitioners

Mental Health
Consumers and Carers

Australian Private
Hospitals Association

Australian Health
Insurance Association

Australian Government
Department of Health and
Ageing

Australian Government
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FINAL REPORT

Strategic Planning Group for Private Psychiatric Services (SPGPPS)

SPGPPS's Centralised Data Management Service (CDMS)

National Network of Private Psychiatric Sector Consumers and Carers (N_N)

2006

Foreword

This is the Final Report on the Strategic Planning Group for Private Psychiatric Services (SPGPPS), its Centralised Data Management Service (CDMS), and the National Network for Private Psychiatric Sector Consumers and Carers (N_N) required under the *AMA Agreement for Services 2004-2006*, which expired on 31 December 2006. During the term of that Agreement, there were several major reviews and reports that carry implications for people who suffer a mental illness and those who fund and provide services for them. These reviews reported at a time when the Council of Australian Governments (COAG) also recognised that mental health is a major problem for the Australian community. COAG has acknowledged that governments have made significant recent investments in the area but have agreed that additional resources will be required from all governments to address the current issues facing the public and the private sectors. In 2006, the Commonwealth and State and Territory Governments agreed to a *National Action Plan on Mental Health 2006-2011*¹ that is aimed at providing sustained improvement in services to the mentally ill.

In recognition of the importance of mental health and the reform of the system that will take place over the coming years, the Parties to the *AMA Agreement for Services 2004-2006*; the Australian Medical Association (AMA), The Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Australian Government (AG), the Australian Private Hospitals Association (APHA), the Australian Health Insurance Association (AHIA), and beyondblue, negotiated for the greater part of 2006 to restructure of the SPGPPS into a Private Mental Health Alliance (PMHA) effective from 1 January 2007.

The New Private Mental Health Alliance (PMHA)

The focus of PMHA will be at the national level. PMHA will be chaired independently to ensure the leadership of the PMHA is not aligned with any particular vested interest group. PMHA will be the major vehicle for representing the private sector in all national forums with a clear understanding of what it can and cannot achieve. PMHA will influence policy and practices within the private sector, and act as the definitive link at the national level between the private and public sectors.

The Centralised Data Management Service

Under the governance of the PMHA, the Centralised Data Management Service (CDMS) will become the private sectors mechanism for monitoring and accountability and will allow scrutiny of activity, monitoring of changes, and ensure competition within the stakeholder groups in terms of benchmarking activity across hospitals and other activities.

Consumer and Carer Input

To strengthen the positioning of the PMHA, the previously constituted National Network of Private Psychiatric Sector Consumers and Carers (or N_N) will become the primary vehicle for consumer and carer input albeit as the *Private Mental Health Consumer Carer Network* (the Network).

PMHA, its CDMS and the Network, will be managed under a new *AMA Agreement for Services 2007-2008*. This Agreement was nearing completion at the end of 2006. At the same time the Parties to the new Agreement had determined priorities for inclusion in a PMHA work plan in consultation with the SPGPPS.

¹ www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf

This Final Report is, therefore, devoted to documenting the completion of the 2004-2006 work programs of the SPGPPS, CDMS and N_N and is divided into three parts.

Part 1 — The SPGPPS

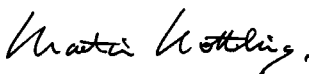
Part 2 — The SPGPPS's CDMS

Part 3 — The National Network (N_N)

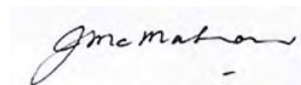
In accordance with the restructure outlined, above the AMA officially closed the SPGPPS Secretariat on 31 December 2006. Consequent to that closure, the AMA established an office for a PMHA Director within the AMA Federal Secretariat in Canberra and relocated the CDMS to the offices of the CDMS Director in Adelaide. The Chair of the Network, Ms Janne McMahon, has undertaken many of the tasks for the Network previously provided by the SPGPPS Secretariat from her home office in Adelaide, with appropriate support from the PMHA Director in Canberra.



Dr Yvonne White
Chair
SPGPPS



Dr Martin Nothling
Chair
SPGPPS Finance Committee



Ms Janne McMahon
Chair
National Network

This Final Report was prepared by the following SPGPPS Secretariat Staff.



Mr Phillip Taylor
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1. The SPGPPS

The SPGPPS was a national strategic alliance that brought together the major stakeholder organisations involved in the funding and provision of private sector mental health services, and consumers and their carers.

In Australia, the private sector treats over 60% of all people seen in the specialist mental health sector. It employs 16% of the national mental health workforce and provides 16% of total psychiatric beds. The private sector provides a range of mental health care, which includes the services provided by psychiatrists in private office-based practice, and inpatient and Day Only services provided by private hospitals with psychiatric beds (Hospitals). Over 90% of people with a mental health problem or mental disorder seeking inpatient mental health services in the private sector are privately insured. The remainder are people covered by other third party payers including the Australian Government Department of Veterans Affairs, compensation insurers or people who fund their own care.

Since 1996, the Australian Government, and more recently State and Territory Governments, worked with the private sector through the SPGPPS to ensure that the public health sector was complemented by a private sector that is competitive and efficient. A detailed history of the SPGPPS appears at **Appendix 1** of this Final Report.

The SPGPPS was committed to ensuring high quality mental health care was available and accessible to people with a mental illness in a private sector environment that offered a full range of services in a coordinated manner, and that was dynamic and continually evolving to meet emerging community needs. The SPGPPS sought to achieve that outcome through a reform process, which involved;

- undertaking multilateral discussions to better inform stakeholder policy processes;
- looking at alternative funding arrangements; and
- informing and affecting practice within the sector.

The reform process required the SPGPPS to meet regularly and undertake open and frank discussions, so that stakeholders could work together to formulate collaborative solutions on agreed key issues affecting mental health services in the private sector. Those agreed key issues were.

- The need to improve the participation of private sector consumers and carers in the design, delivery and evaluation of private sector mental health services.
- The need to improve the provision of comprehensive mental health care in the private sector by encouraging the uptake of innovative models of service delivery that have been shown to be effective and feasible.
- The need to improve the flexibility of funding arrangements so that the implementation of appropriate models of care is not inhibited.
- The need to improve access to private sector mental health services by strengthening linkages and improving the co-ordination and continuity of care between GPs, Psychiatrists and Hospitals.
- The need to address mental health workforce issues, which have resulted in unfilled psychiatric Registrar training positions, unattractive working environments, and poor remuneration.
- The need to improve the quality, availability and utilisation of information regarding private sector mental health services.

The organisations that were committed to progressing these needs through the SPGPPS included the following.

- The Australian Medical Association (AMA)
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- The Royal Australian College of General Practitioners (RACGP)
- The Australian Private Hospitals Association (APHA)
- The Australian Government Department of Health and Ageing (DHA)
- The Australian Government Department of Veterans Affairs (DVA)
- The Australian Health Insurance Association (AHIA)
- The National Network of Private Psychiatric Sector Consumers and Carers

The SPGPPS was convened by the AMA, Chaired by the RANZCP.

1.1 Meetings of the SPGPPS

In 2006, the SPGPPS conducted four face-to-face meetings as set out in Table 1 below.

Table 1: Face-to-Face Meetings of the SPGPPS in 2006

Meeting	Date	Venue	Location
43 rd Meeting	Friday, 24 March	RANZCP NSW Branch	Sydney
44 th Meeting	Friday, 23 June	New Farm Clinic	Brisbane
45 th Meeting	Friday, 28 September	The Perth Clinic	Perth
46 th Meeting	Friday, 1 December	RANZCP Headquarters	Melbourne

1.1.1. Meeting Attendance

Table 2 sets out the record of attendance for SPGPPS Members and Observers at face-to-face meetings in 2006.

Table 2: Record of attendance at Meetings of the SPGPPS during 2006.

Organisation	Representative(s)	43 rd Meeting	44 th Meeting	45 th Meeting	46 th Meeting
AMA	Dr Martin Nothing	√	√	√	√
	Dr Bill Pring (Observer)	√	√	√	√
RANZCP	Dr Yvonne White (Chair)	√	√	√	√
	Dr Johanna Lammersma	√	√	Apology	√
	Ms Sharon Brownie	Alternate	Alternate	√	Apology
RACGP	Dr Brian Kable	√	√	√	√
The Australian Government	Ms Maria Jolly	Apology	Apology	Apology	
	Ms Suzy Saw		√	√	√
	Mr Peter Callanan	√	√		
	Mr Maurie O'Connor	Apology	Apology	Apology	Apology

Table 2: Record of attendance at Meetings of the SPGPPS during 2006 (continued).

Organisation	Representative(s)	43 rd Meeting	44 th Meeting	45 th Meeting	46 th Meeting
Consumers	Ms Janne McMahon	√	√	√	√
Carers	Ms Ruth Carson	√	√	Apology	√
Hospitals	Ms Carole Turnbull	√	√	√	Apology
	Ms Moira Munro	√	√	√	√
Health Funds	Mrs Judy Hardy	√	√	√	√
	Ms Deborah Stephenson	√	√	√	√
SPGPPS Secretariat and CDMS	Mr Phillip Taylor (Secretary)	√	√	√	Apology
	Mr Allen Morris-Yates	√	√	√	√
	Ms Bronwen van der Wal				√

1.2 SPGPPS Work Program 2004-2006

In 2006, the work program of the SPGPPS was finalised through the following working groups and committees.

SPGPPS Finance Committee

SPGPPS CDMS Management Committee

SPGPPS Guidelines Review Working Group

SPGPPS Innovative Models Working Group

SPGPPS Substance Abuse and Dependency Working Group

SPGPPS Mothers and Babies Working Group

1.2.1 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 2006 to 31 December 2006. Letters of acquittal for the SPGPPS, CDMS and National Network are included at **Appendix 2** 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.

1.2.2 SPGPPS CDMS Management Committee (CDMS-MC)

In 2003, the SPGPPS established an Information Strategy Working Group (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 2004-2006* that were endorsed by the SPGPPS. ISWG pursued those goals through the supervision and further development of the SPGPPS's CDMS. 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.

The primary role of the new Management Committee was to ensure that the integrity and sustainability 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)* was maintained. Further details of CDMS activity overseen by the CDMS-MC is provided in *Part 2 CDMS* of this Final Report.

The CDMS-MC held four face-to-face meetings in 2006 as set out below.

1 st CDMS-MC Meeting	23 March 2006	Sydney
2 nd CDMS-MC Meeting	22 June 2006	Brisbane
3 rd CDMS-MC Meeting	28 September 2006	Perth
4 th CDMS-MC Meeting	30 November 2006	Melbourne

1.2.3 The Guidelines Review Working Group (GRWG)

In 2002, the SPGPPS established the GRWG to undertake the review of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* (Guidelines) for the SPGPPS. These Guidelines are intended to provide guidance for private hospitals and health funds in the determining of health fund benefits for private patient hospital-based mental health care. The Guidelines are reviewed on an annual basis by the SPGPPS. In 2006, the GRWG met via teleconference on 31 October 2006 and 8 November 2006 to review the Guidelines, which were endorsed by the SPGPPS at the end of 2006. The revised Guidelines were referred to the DoHA Private Health Industry Branch to be widely promulgated throughout the private sector. It is anticipated that the revised Guidelines will be circulated and made available in 2007 on the Australian Government, Department of Health and Ageing, Private Health Insurance Branch website at: www.health.gov.au.

1.2.4 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*², which were endorsed and adopted by the SPGPPS in June 2003. 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. Markedly different views, however, were held in the private sector concerning the practicality, efficacy and feasibility of such models. In response, the SPGPPS significantly broadened the IMWG Terms of Reference in 2004 to focus on the merits, or otherwise, of different models of care and funding and the barriers to their uptake in the private sector. In 2006, the IMWG completed a comprehensive discussion paper titled, *Options for Funding Service Delivery for Private Psychiatric Service*.³ The Paper assessed models for funding service delivery for private psychiatric services and proposed options that were feasible and practical for government and private sector stakeholders.

² www.spgpps.com.au/documents/spgpps/publications/Principles_Recommendations_Innovative_Models.pdf

³ www.spgpps.com.au/documents/spgpps/publications/IMWG_Discussion_Paper.pdf

1.2.5 The Substance Abuse and Dependency Working Group (SDWG)

In 2003, the SDWG was established to investigate and advise the SPGPPS on the treatment and care of substance abuse and dependency, in respect of both alcohol and other drugs, in the private sector.

In 2005, Professor John Saunders provided a presentation on Substance Use Disorders and the Private Hospital Role to the SPGPPS. 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. Professor Saunders presentation prompted SDWG to undertake further investigations into the following in 2005.

- What models were 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 were being adequately addressed;
- How the treatment of substance abuse and dependency was being funded; and
- What was known about best practice in respect of the types of care required by patients with substance abuse or dependency problems.

In 2006, SDWG met on the four occasions set out below to analyse these investigations and to undertake the development of a set of *Guidelines for Assessment and Recognition of Alcohol and Drug Programs and Services Conducted by Recognised Private Providers*.

5 th SDWG Meeting	20 February 2006	Adelaide
6 th SDWG Meeting	27 April 2006	Brisbane
7 th SDWG Meeting	8 June 2006	Teleconference
8 th SDWG Meeting	31 August 2006	Teleconference

At the end of 2006, the Guidelines were endorsed by the SPGPPS for inclusion as an addendum to the Australian Government's *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* (see 1.2.3 above).

1.2.6 SPGPPS Mothers and Babies Working Group (MBWG)

The SPGPPS established MBWG to review the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* and determine whether these Guidelines required amendment in view of the *RANZCP Position Statement on Mothers, Babies and Psychiatric Inpatient Treatment*. The MBWG met in January 2006 and subsequently finalized an amendment to the Guidelines, recommending that Mothers suffering from a post natal psychiatric illness should usually be treated together with their baby and that private health insurance benefits should include the accommodation of the baby during his or her mother's stay. The amendment was incorporated into the Guidelines at the end of 2006 (see 1.2.3 above).

1.3 AHMAC National Mental Health Working Group and sub groups thereof

In 2006, the SPGPPS continued to be represented on the peak body and its sub groups overseeing mental health policy in Australia, the AHMAC National Mental Health Working Group (NMHWG). The SPGPPS Chair, Dr Yvonne White, attended meetings of the NMHWG and the SPGPPS Executive Officer attended as the official SPGPPS Observer. The Chair of the SPGPPS CDMS-MC, Dr Bill Pring, represented the SPGPPS on the NMHWG Safety and Quality Partnership (SQP) with the SPGPPS Executive Officer as alternate. The SPGPPS Deputy Chair, Ms Moira Munro, represented the SPGPPS on the NMHWG Information Strategy Committee (ISC).

Table 3: Attendance by representatives of the SPGPPS at Meetings of the AHMAC National Mental Health Working Group and its' sub-committees in 2006.

Committee	SPGPPS and Private Sector Representation	Status	Meetings 2006	Location
NMHWG	Dr Yvonne White Mr Phillip Taylor	Member Observer	10 February	Melbourne
			12 May	Melbourne
			6 October	Melbourne
SQP	Dr Bill Pring Mr Phillip Taylor	Member Alternate	6 March	Sydney
			8 September	Melbourne
			8 December	Melbourne
ISC	Ms Moira Munro	Member	30-31 March	Canberra
			13-14 July	Darwin
			3-4 November	Melbourne

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

- Steering Committee for the Review of the National Mental Health Policy.
- National Standards for Mental Health Services Subgroup.
- National Mental Health Workforce Advisory Committee.

A review undertaken by AHMAC of subcommittees and support structures resulted in six principal committees being implemented in 2006. The NMHWG subsequently became the Mental Health Standing Committee (MHSC) of the Health Policy Priorities Principal Committee (HPPPC). The SQP became the Mental Health Safety and Quality Partnership Group (MHSQP) and ISC became the Mental Health Information Strategy Committee (MHISS).

The SPGPPS Chair and Executive Officer also appeared for a second time before the *House of Representatives Standing Committee on Health and Ageing, Inquiry into Health Funding*.

In Chapter 8 of the Standing Committee's final report⁴ special mention is made of the SPGPPS as set out below.

Box 8.4 Strategic Planning Group for Private Psychiatric Services — a case study of private sector collaboration

The Strategic Planning Group for Private Psychiatric Services (SPGPPS) brings together a coalition of providers, funders and recipients of mental health services with the commitment to facilitate progress in the provision of mental health services in the private sector.

Members of the SPGPPS include the Australian Medical Association, The Royal Australian and New Zealand College of Psychiatrists, The Royal Australian College of General Practitioners, Commonwealth Department of Health and Ageing, Department of Veterans' Affairs, Mental Health Consumers and Carers, Australian Private Hospitals Association and the Australian Health Insurance Association.

Several members of the SPGPPS contribute to the development and collection of a minimum data set, from which de-identified data forms the basis for quarterly reports are prepared and distributed to participating hospitals and private health insurance funds.

The National Network of Private Psychiatric Sector Consumers and their Carers (National Network) is funded by several members of the SPGPPS to represent Australians who contribute to Health Funds and who receive treatment and care, within the Australian private sector, for their mental illness or disorder. The National Network provide a point of reference and a mechanism for consumer and carer participation and advice to key organisations, committees and working groups requiring private sector input.

While there are many differences between constituent groups, the SPGPPS model has enabled participants to find consensus and a way forward on many difficult and contentious issues. The SPGPPS, originally established in 1993, has recently negotiated funding arrangements with its members for the period 2007–2009. From 1 January 2007, the SPGPPS will be restructured into the 'Private Mental Health Alliance'.

Source: SPGPPS, sub 20; SPGPPS, transcript, 21 September 2005; transcript, 24 May 2006.

1.4 SPGPPS Newsletters and Website

Four Editions of the newsletter **SPGPPS News** were produced in 2006 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 25 and 26, May 2006

- Progress Report 2005
- Beyond 2006
- Substance Abuse and Dependency
- CDMS Management Committee
- AUSEINET: Online Recovery Toolkit

⁴ The Parliament of the Commonwealth of Australia, (2006), *The Blame Game, Report on the inquiry into health funding, House of Representatives Standing Committee on Health and Ageing*. Commonwealth of Australia, Canberra p. 198.

Issue 26 and 27 August 2006

- SPGPPS Restructure
- COAG National Action Plan on Mental Health 2006 - 2011
- Private Health Insurance Reform

The SPGPPS website www.spqpps.com.au was operational throughout 2006.



At the end of 2006, negotiations were underway for the website to be re-formatted in 2007 to reflect the re-structure of the SPGPPS into PMHA.

1.5 SPGPPS Income and Expenditure as at 31 December 2006

Table 4 below, sets out SPGPPS Income and Expenditure for 2006. The Table 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.

Table 4: SPGPPS Income and Expenditure from 1 January 2006 to 31 December 2006.

Income (Stakeholder Contributions)			
Australian Medical Association	\$53,385		
The Royal Australian and New Zealand College of Psychiatrists	\$53,385		
Australian Private Hospitals Association	\$53,385		
Australian Health Insurance Association	\$53,385		
Commonwealth Department of Health and Ageing	\$53,385		
Transfer SPGPPS Balance from Year 2005	\$9,006		
TOTAL	\$275,931		
Expenditure	Indicative Budget	Expenditure	Variance
Staffing	\$169,271	\$180,175	-\$10,904
Equipment and Other Infrastructure	\$1,000	\$7,644	-\$6,644
General Recurrent Expenses	\$16,854	\$13,120	\$3,734
Meetings of SPGPPS	\$23,614	\$13,573	\$10,041
Working Groups	\$10,676	\$24,815	-\$14,139
Annual Forum/Symposium	\$14,950	\$0	\$14,950
Other Meetings (AHMAC NMHWG)	\$6,293	\$12,338	-\$6,045
<i>Total before AMA Administration charge</i>	\$242,658	\$251,665	
AMA Administration Charge of 10%	\$24,266	\$24,266	
TOTAL	\$266,924	\$275,931	
Funds remaining as at 31 December 2005		\$0	

2. The SPGPPS's Centralised Data Management Service

Since June 2001, the operation of the SPGPPS's Centralised Data Management Service (CDMS) has been overseen by the Australian Medical Association (AMA) under an Agreement for the provision of services and operation of the CDMS with its funders – the Australian Private Hospitals Association (APHA), the Australian Health Insurance Association (AHIA) and the Australian Government Department of Health and Ageing (DHA). In this matter, the APHA acts on behalf of participating private Hospitals with psychiatric beds, regardless of whether or not they are members of the APHA. Similarly, the AHIA acts on behalf of all Private Health Insurance Funds that pay benefits for private hospital based psychiatric care, and DHA acts on behalf of other Australian Government Departments that pay such benefits.

Under the above Agreement, the CDMS is required to assist participating Hospitals with their implementation of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services* (hereafter National Model) and to provide Hospitals and Health Funds with a data management service that routinely prepares and distributes Standard Quarterly Reports based on data submitted to the CDMS by participating Hospitals.

2.1. Participating Hospitals

As at 31 December 2006, within Australia there were 26 stand-alone private psychiatric hospitals and 16 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 also submitted data to the CDMS. Of the 44 facilities identified above, only three did not participate in the National Model during 2006 (Mayo Private Hospital in NSW, Niola Private Hospital in WA and The Wesley Private Hospital in QLD).

Private Hospitals with Psychiatric Beds in operation during 2006 are listed below.

Stand-alone Private Psychiatric Hospitals

New South Wales and the Australian Capital Territory

- The Northside Clinic, Greenwich
- Northside Cremorne Clinic, Cremorne
- Northside West Clinic, Wentworthville
- South Pacific Private, Curl Curl
- St John of God Hospital, Burwood
- St John of God Hospital, Richmond
- The Sydney Private Clinic, Bronte
- Wesley Private Hospital, Ashfield
- Wandene Private Hospital, Kogarah

Victoria

- The Albert Road Clinic, South Melbourne
- Delmont Private Hospital, Glen Iris
- The Geelong Clinic, Geelong
- The Melbourne Clinic, Richmond
- St John of God Pinelodge Clinic, Dandenong
- The Victoria Clinic, Prahan

Queensland

Belmont Private Hospital, Carina
 New Farm Clinic, New Farm
 The Palm Beach Currumbin Clinic, Currumbin
 Pine Rivers Private Hospital, Pine Rivers
 Toowong Private Hospital, Toowong

South Australia, Western Australia and Tasmania

The Adelaide Clinic, Gilberton SA
 Fullarton Private Hospital, Parkside SA
 The Hobart Clinic, Rokeby TAS
 Kahlyn Day Centre, Magill SA
 Niola Private Hospital, Leederville WA *
 Perth Clinic, West Perth WA

*Psychiatric Units located within Private General Hospitals***New South Wales and the Australian Capital Territory**

Albury Wodonga Private Hospital, West Albury
 Hyson Green at Calvary Private Hospital, Bruce ACT
 Lingard Private Hospital, Merewether
 Mayo Private Hospital, Taree *
 Sydney South West Private Hospital, Liverpool

Victoria

Beleura Private Hospital, Mornington
 Northpark Private Hospital, Bundoora
 Vacluse Hospital, Brunswick

Queensland

Brisbane Private Hospital, Brisbane
 St Andrews Private Hospital, Toowoomba
 Greenslopes Private Hospital, Greenslopes
 The Sunshine Coast Private Hospital, Buderim
 The Wesley Private Hospital, Townsville *

South Australia, Western Australia and Tasmania

The Hollywood Clinic at Hollywood Private Hospital, Nedlands WA
 Joondalup Health Campus, Joondalup WA
 St Helens Private Hospital, Hobart TAS

2.2. Provision of Standard Quarterly Reports by the CDMS*Overview*

Under the National Model, Hospitals collect two measures of patient's clinical status at key occasions during the provision of care: Admission and Discharge from episodes of Overnight inpatient care; Admission and Discharge from episodes of Ambulatory care (e.g., day programs); and where episodes of care are extended over longer periods, at Review every three months. The two measures of clinical status are: a 12-item clinician-completed rating scale, developed by the Royal College of Psychiatrists (UK) and known as the HoNOS, and; a 14 item patient-completed questionnaire, derived from the Medical Outcomes Study Questionnaire used in the Rand Health Insurance Experiment, and for convenience known as the MHQ-14. This clinical data is recorded and then linked with data collected under the Hospital Casemix Protocol (HCP) using the Hospitals Standardised Measures database (HSMdb) software provided to participating Hospitals by the CDMS. The two sets of linked data are then submitted, in a de-identified format, to the CDMS by the Hospital. That data

submitted by all participating Hospitals forms the basis for the information provided in the Standard Quarterly Reports for both Hospitals and Payers.

Content of the Standard Quarterly Reports for Hospitals

The reports provided to Hospitals in 2006 provided information for the Identified Hospital in the current Quarter and the current 12 Months and, as a reference point, also provided information regarding All Hospitals for the current 12 Months. The Reports were divided into four main sections. Section 1 of the report provided information about the data collected and submitted by Hospitals. It primarily documented the completion rates of both the required standardised measures at Admission and Discharge in Overnight Inpatient Care and at Admission, Review and Discharge in Ambulatory Care. Section 2 of the report provided information about Episodes of Overnight Inpatient Care. It included information regarding Diagnostic and demographic profiles; Clinical profiles based on admission HoNOS Item ratings, and; Service utilisation, clinical profiles and clinical outcome statistics, stratified by mental health diagnostic group. Section 3 of the reports provided information about Periods of Ambulatory Care, principally, service utilisation, clinical profiles and clinical outcome statistics, stratified by Ambulatory Service Group. Section 4 of the reports was developed during 2006. It provided information about Service Provision and Charges based only on HCP Episode data and analysed in strict accordance with the HCP's relatively narrow definition of an Episode of overnight inpatient care.

Content of the Standard Quarterly Reports for Payers

The Standard Quarterly Reports provided to Health Funds and Other Payers (most notably the Australian Government Department of Veterans Affairs) provided aggregate statistical information regarding separations from Overnight inpatient care for the Identified Payer's members or clients at each participating Hospital. The reports included aggregate statistical information first about the data collected and submitted by Hospitals, and secondly, basic demographic, service utilisation and clinical profiles for separations from Overnight inpatient care. Clinical profiles, based on the HoNOS and MHQ-14 data submitted by Hospitals, were provided for Admission, Discharge and the change from Admission to Discharge. This information was stratified by mental health diagnostic groups. The first major section of the reports for Payers was titled 'Aggregate statistics for all your Organisation's members or clients and All patients regardless of Payer' and was based on all data submitted by all Hospitals. It provided an overview of the care provided to the Payer's members or clients in comparison with that provided to All Patients by All Hospitals during the period covered by the report. Subsequent sections of the report all had the same structure as the first major section, but restrict the data reported to that for a specific identified Hospital. In each case the care provided to the Payer's members or clients by that Hospital was compared with the care provided to the Payer's members or clients by All participating Hospitals.

Provision of Standard Quarterly Report's during 2006

In 2006, the SPGPPS's CDMS continued to collect, process, analyse and report data submitted by Private Hospitals with Psychiatric Beds (Hospitals) in accordance with the National Model.

Responsibility for the operational aspects of the preparation and distribution of the Standard Quarterly Reports was handled by the SPGPPS's Administrative Officer, Ms Bronwen van der Wal. Under the AMA Agreement for Services, 2 days per week of the administrative officer's time was allocated to CDMS related tasks. Approximately 60% of that time was spent in the compilation of the data and the preparation and distribution of the Standard Quarterly Reports; 30% to 40% was spent assisting Hospitals in getting their data submissions

to the CDMS in on time; with the remainder being spent on basic administrative tasks associated with the operation of the CDMS.

During 2006, both Hospitals and Payers were provided with hard copy reports and a CD containing electronic copies of the report for the current quarter together with the reports for the preceding 4 quarters in PDF format. For each quarter, the process began with a reminder to Hospitals that their data for a given was due for submission by the end of week 10 following the quarter being reported upon. The Administrative Officer followed up Hospitals until all data was submitted. Submitted data was loaded into the CDMS data warehouse, compiled and then aggregated into “statistical data cubes” that formed the source data for the Standard Quarterly Reports. Once that process was completed, the reports were printed in both hard copy and as files in PDF format. The bound hard copies together with their accompanying CDs were packaged and distributed by express post. A formal procedure involving cross-checking of identified materials against a printed distribution list at several stages during the printing and packaging process was followed so as to ensure that each Hospital and Health Fund received their correct materials.

Throughout 2006 the CDMS aimed to distribute Standard Quarterly Reports to both Hospitals and payers within 13 weeks of the end of the quarter to which the reports referred. 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 5.

Table 5: Distribution of Standard Quarterly Reports to Hospitals and Payers.

Reporting Period of the SQRs due for distribution during 2006	2 nd Quarter 2005-06	3 rd Quarter 2005-06	4 th Quarter 2005-06	1 st Quarter 2006-07
Quarter end date	31 Dec 05	31 Mar 06	30 Jun 06	30 Sep 06
Expected distribution date	31 Mar 06	30 Jun 06	29 sep 06	29 Dec 06
Date CDMS had completed distribution of reports to Hospitals	27 Mar 06	6 Jul 06	10 Oct 06	28 Feb 07
Date CDMS had completed distribution of reports to Payers	5 Apr 06	10 Jul 06	24 Oct 06	28 Mar 07

As can be seen in the preceding table, the distribution of CDMS Standard Quarterly Reports for the July–September 2006 period was delayed. This delay was caused by a combination of factors.

First, significant changes to the Hospital Casemix Protocol came into effect from 1 July 2006. The nature of the changes obliged all participating Hospitals to implement relatively complex upgrades to their patient administration systems. For a significant minority of Hospitals the upgrade process led to the submission of data to the CDMS being delayed to February in 2007.

Second, significant changes in the administrative and operational arrangements for the CDMS at the end of 2006 had some further impact on the preparation of the Standard Quarterly Reports. The Agreement under which SPGPPS’s CDMS operated ceased as at the 31st of December 2006. A new Agreement to establish the successor to the SPGPPS, the Private Mental Health Alliance (PMHA), and to enable the continuation of the work of the CDMS as the PMHA’s CDMS was signed in mid February 2007. As part of that new Agreement, the CDMS operations were relocated to Adelaide with full responsibility for all aspects of report preparation being taken on by the Director the PMHA’s CDMS, Mr Allen Morris-Yates.

2.3. Work undertaken by the SPGPPS's Principal Information Officer during 2006

During 2006 Mr Allen Morris-Yates was employed by the AMA on a 0.6 FTE basis as the SPGPPS's Principal Information Officer. Mr Morris-Yates worked from a dedicated, physically and electronically secure, office facility within his home in Adelaide.

2.3.1. Ongoing development and maintenance of software and documentation

A major component of the work undertaken by the Information Officer was focussed around the development and maintenance of software and documentation, including:

- CDMS Data Warehouse database application
- Hospitals Standardised Measures database application
- Training materials and User's Guides for Hospital staff

During 2006, revisions to the HCP data extract content and format that came into effect from the 1st of July 2006. Compliance with those revisions required significant changes to both the Hospitals Standardised Measures database application and the CDMS Data Warehouse. New and revised training materials were also developed for a major round of training sessions provided for participating Hospitals in the second half of 2006.

During 2006, work on the development and maintenance of software and documentation took up approximately 30% of the Information Officer's time.

2.3.2. Provision of support and training to participating Hospitals

During 2006 the provision of support and training to participating Hospitals occupied approximately 30% of the Information Officer's time.

Provision of support

Significant instances of support provision to Hospitals and Payers, including telephone calls of longer than ten minutes duration and site visits of any duration, were recorded by the Information Officer in his work log. During 2006 there were 46 instances of support provision by the Information Officer to hospitals were logged. The median duration of these contacts was 90 minutes. Requests for support came from all types of facility, not just from the less well-resourced or smaller stand-alone facilities and co-located psychiatric units. The subject of the support was related to the following principal issues:

- problems with the preparation of data for submission to the CDMS;
- installation or repair of an existing installation of the HSMdb software; and
- assistance with the local analysis of the data collected.

Training workshops

During 2006, the Information Officer ran workshops for participating Hospitals in Brisbane, Melbourne, Sydney and Perth. Two types of workshop were offered: HoNOS Revision Training and, Data Collection and Analysis. The duration of each workshop was 3 hours. Hospitals were asked to register participants by name, with each HoNOS Revision Training workshop being limited to 15 attendees and the Data Collection and Analysis Workshop is limited to 24 attendees.

The HoNOS Revision Training Workshops were intended for clinical staff responsible for the completion of the HoNOS. Within the constraint that places were limited and would be

allocated on a 'first-come first-served' basis, Hospitals were invited to send as many staff as they wished. The material covered in the workshops included:

- Review and discussion of the General rating guidelines and Item-specific rating issues
- Practice rating the HoNOS
- Discussion of difficult issues
- Review and discussion of the data collection protocol
- Review of the administration of the patient self-assessment measure (MHQ-14)

The Data Collection and Analysis Workshop were intended for staff with responsibility for either (or both) the implementation of the data collection process or the local utilisation of the data for service monitoring, evaluation and quality improvement. In particular, the use of some of the more complex case selection and analysis functions added in version 1.6 of HSMdb were demonstrated and discussed. Each Hospital was invited to send up to three staff members to this workshop. The material covered in the workshops included:

- Issues in the implementation of the data collection protocols for the HoNOS and MHQ-14
- Use of the reporting functions within HSMdb to:
 - assist in the management of the data collection process;
 - assist in the management of patients, and;
 - the local utilisation of the data collected.

Table 6: Numbers of Workshops and Attendees

	HoNOS Revision Training		Data Collection and Analysis	
	Workshops	Attendees	Workshops	Attendees
Brisbane	2	22	-	-
Melbourne	6	55	1	13
Sydney	5	29	1	13
Perth	1	7	1	4
Total	13	108	3	30

All workshop attendees were asked to anonymously complete evaluation questionnaires. With respect to the HoNOS Revision Training Workshops, 88% agreed that they needed to attend the workshop, 98% were satisfied in an overall sense with the workshop, 87% thought it was relevant or useful to their role within the hospital, and 98% agreed that the workshop had helped them gain a better understanding of the HoNOS. With respect to the Data Collection and Analysis Workshops, 93% agreed that they needed to attend the workshop and 100% were satisfied in an overall sense with the workshop.

2.3.3. Involvement in the activities of the SPGPPS and its Working Groups

During 2006 the Information Officer participated in meetings and contributed to the work of the SPGPPS and its Information Strategy Working Group, Innovative Models Working Group and Substance Abuse and Dependency Working Group. Involvement in these activities took up approximately 20% of the Information Officer's time.

2.3.4. Consumer Perceptions of Care (CPoC) Pilot Study

At the National Mental Health Information Priorities Workshop, held in February 2004, there was strong agreement among all participants that the development and implementation of a nationally agreed measure of Consumer Perceptions of Care (CPoC) was a priority. Whilst the development of an agreed measure for use throughout Australia in both the public and private sectors in all jurisdictions is a worthwhile objective, agreement upon a measure will be of little benefit if services are unable to effectively collect, analyse, report and make use of the information.

In the second half of 2005, funding was sought for a study to investigate the feasibility and utility of the routine implementation of the ascertainment, reporting and utilisation by service providers of information regarding consumer perceptions of care. In December 2005, an *AMA Agreement for Services*, between the AMA, DoHA and Queensland Health, was signed to enable a pilot study of *NRI/MHSIP Inpatient Consumer Survey* to be undertaken in both the private and public sectors in 2006. The Hospitals that agreed to take part were Delmont Private Hospital (VIC), Hobart Clinic (TAS), Lingard Private Hospital (NSW), Perth Clinic (WA), South Pacific Private (NSW), Toowong Private Hospital (QLD), Wandene Private Hospital (NSW) and Wesley Private Hospital (NSW). A full-time research officer, Ms Erin Pearce, was employed in February 2006 for a period of 12 months to undertake the operational aspects of the study.

The study has not required or involved the development of a new CPoC measure. Rather, Consumer Survey measures already developed in the United States 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 (NASMHPD) have been used. The MHSIP Consumer Surveys include versions suitable for use in the Overnight Inpatient care setting with adults, the Ambulatory care setting with adults, and the Ambulatory care setting with adolescents. The survey development processes included substantial involvement of consumers. The measures have been widely implemented in the USA by both public and private sector psychiatric inpatient services.

At the end of 2006, the private and public hospital collection phase had been completed. Seven hundred and thirty completed surveys were returned by private Hospital consumers and 1,270 completed surveys were returned by Queensland public sector consumers. Three final reports of the pilot and evaluation will be completed during 2007: one confidential report for the private sector participants, one confidential report for the public sector participants and a third, public report for the Australian Government. The focus of these reports will be on the feasibility and utility of the CPoC measurement and reporting processes. The final reports will not contain sectoral or identified provider level comparisons of the perceptions of care reported by consumers.

The Information Officer was responsible for the development of the project brief for the study and is its' principal investigator. During 2006, work on the CPoC Pilot Study took up approximately 20% of the Information Officer's time.

2.4. CDMS Income and Expenditure as at 31 December 2006

The statement of Income and Expenditure for the period 1 January 2006 to 31 December 2006 for the CDMS is set out in Table 7. 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 2006, there was a surplus of \$45 remaining in the CDMS Budget for 2006. This surplus will be carried forward into the 2007 CDMS income stream.

Table 7: CDMS Income and Expenditure for the period 1 January 2005 to 31 December 2005.

Income (Stakeholder Contributions)				
Australian Private Hospitals Association		\$65,219		
Australian Health Insurance Association		\$65,219		
Commonwealth Department of Health and Ageing		\$65,219		
Remaining funds carried forward from 2004		\$5,842		
Total		\$201,500		
Expenditure		Indicative Budget	Expenditure	Variance
Staffing		\$116,231	\$119,805	-\$3,574
Equipment and Other Infrastructure		\$1,000	\$7,103	-\$6,103
General Recurrent Expenses		\$17,931	\$16,352	\$1,579
Preparation of Reports and Related Materials		\$7,355	\$3,863	\$3,492
Stakeholder Support and Consultation		\$14,919	\$25,411	-\$10,492
Workshops with Hospitals and Payers		\$20,435	\$11,134	\$9,301
<i>Total before AMA Administration charge</i>		\$177,871	\$183,667	
AMA Administration Charge of 10%		\$17,787	\$17,787	
Total		\$195,658	\$201,454	
TOTAL Funds Remaining at 31 December 2005			\$45	

3 The National Network (N_N)

In 2006 the AMA, RANZCP, APHA, AHIA and beyondblue continued their support for 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 provide representation for Australians who contribute to Health Funds and who receive treatment and care within the Australian private health sector for their mental illnesses or disorders. At the end of 2006, the National Network had successfully strengthened consumer and carer representation and participation in private hospital-based settings and improved the functioning of the National Network's State and Territory-based committees. The important role of carers had been strengthened and the National Network's relationships with key stakeholders were firmly established. The National Network remains dedicated to effective consumer and carer participation as the driving force in all elements of change in private sector mental health services.

At the end of 2006 the National Network representative structure was 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 Marjorie Smith South Australia (resigned August 2006)
8. Ms Anita Fratel Western Australia
9. Ms Ingrid Ozols Beyondblue Ltd /Blue Voices (resigned October 2006)
10. Ms Bronwen van der Wal Secretary
11. Mr Phillip Taylor SPGPPS Executive Officer

3.1 Meetings of the National Network and its State-based Committees in 2006

The National Network held two face-to-face meetings in 2006 as set out in Table 8.

Table 8: Meetings of the National Network held in 2006.

Meeting	Date	Venue	Location
12 th Meeting	27 – 28 February 2006	RANZCP Headquarters	Melbourne
CPoC Consultation	31 March 2005	Teleconference	
13 th Meeting	21 – 22 August 2006	RANZCP Headquarters	Melbourne

3.2 Invited Guests and Speakers

Ms Heather MacDonald, Executive Manager, Australian Council on Healthcare Standards attended and addressed the 12th National Network Meeting held on 27-28 February 2006 concerning the accreditation processes of the private mental health sector and the appropriateness of the *current* NSMHS developed in 1996.

Ms Maria Bubnic, Manager, Service Quality, Mental Health Branch, Department of Human Services, Victorian Government addressed the 12th National Network Meeting on developments with a carer perceptions of care measure within the Victorian mental health sector.

Mr Tim Coombs, Coordinator, Training and Service Development Australian Mental Health Outcomes and Classification Network informed the 13th national Network meeting about the use of outcome measurement in treatment plans.

Mr Mike Jarvis, Sydney Operations Manager, McKesson Asia-Pacific presented to the 13th Meeting the model of case management developed by McKesson Asia-Pacific.

3.3 Attendance at Meetings

The record of attendance for National Network Members and Observers at meetings of the Network in 2006 is set below in Table 9.

Table 9: Record of Attendance at National Network Meeting for 2006.

STATE/TERRITORY	REPRESENTATIVE	12th Meeting 27/28 February	Teleconference 15 May	13th Meeting 21/22 August
Independent Chair	Ms Janne McMahon	√	√	Apology 22.08.06
Beyondblue/Blue Voices	Ms Ingrid Ozols	Apology	√	Apology
New South Wales	Ms Alvina Hill	√	√	√
Queensland	Ms Julie Hutson	√	√	√
South Australia	Ms Marjorie Smith	√	√	√
South Australia	Mr John Kincaid			√
SPGPPS Carer	Mrs Ruth Carson	√	√	√
Tasmania	Mr Trevor Bester	√	√	√
Victoria	Mr Wayne Chamley	√	√	√
Western Australia	Ms Anita Fratel	√	√	Apology 22.08.06

3.4 National Network Meeting Agenda Items

An indication of the range of issues the National Network dealt with in 2006 is provided below in Table 10.

Table 10: National Network Meeting Agenda Items for 2006.

AGENDA ITEMS	12th Meeting	13th 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	✓	
Carer Perceptions of Care	✓	✓
Development and Expansion of State Committees		✓
ACT Committee	✓	
Outcome Measurement	✓	✓
National Network Budget	✓	
"Next Steps" Package	✓	
ACHS	✓	
Training Needs Analysis	✓	✓
IMWG Discussion Paper	✓	
National Network Media Protocol	✓	
National Network Progress Report 2005	✓	
Perth Clinic Recipe Book	✓	
Case Management in the Private Sector	✓	✓
Eli Lilly Funding for <i>To Dance Across the Heavens</i>		✓
Private Mental Health Alliance Work Plan		✓
Nomination Process for State Committees		✓
Renaming the National Network		✓
Database of National Network Member Expertise		✓
Future of the National Network		✓
Funding Implications for the National Network		✓
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	✓	✓
Victorian Consumer/Carer Perceptions of Care Working Group		✓

Table 11 below sets out the State-based Committee Meetings that took place in 2006.

Table 11: State-based Committee Meetings 2006.

Meeting	Date	Venue
Western Australia	28 September 2006	Perth Clinic
New South Wales	3 March 2006 22 September 2006	Wesley Private Hospital Wesley Private Hospital
Queensland	22 March 2006	New Farm Clinic
South Australia	13 April 2006 9 November 2006	Adelaide Clinic Adelaide Clinic
Victoria	20 March 2006 28 August 2006	Delmont Private Hospital Delmont Private Hospital

3.5 National Network Representation on Other Organisations

Table 12 below identifies National Network representation at the meetings of other groups.

Table 12: National Network Representation at Other Meetings.

Meeting	Date	Representative(s)
APHA Psychiatric Sub-committee	16 March 2006 14 June 2006 22 November 2006	Ms Janne McMahon
National Mental Health Consumer and Carer Forum	6 February 2006 27/28 April 2006 15 May 2006 29 May 2006 29 June 2006 11 August 2006 8 September 2006 21/22 September 2006 29 November 2006	Ms Ruth Carson
Mental Health Council of Australia	10/11 April 2006 20/21 November 2006	Mr Wayne Chamley
APHA Queensland	10 May 2006 26 July 2006 2 November 2006	Ms Julie Hutson

3.5.1 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 three of the Sub-committee meetings in 2006.

3.5.2 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.

3.5.3 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 2006 and two teleconferences.

3.6 National Network Newsletters 2006

The National Network distributed two newsletters in 2006, which contained the following articles.

Volume 5, March 2006

1. Consumer perceptions of care measure
2. Substance abuse & dependency
3. Training needs analysis
4. SPGPPS Innovative Models Working Group discussion paper

Volume 6, October 2006

1. Private health insurance reforms
2. Expansion of State Committees
3. Data-base of members' areas of expertise

3.7 Activities 2006

3.7.1 Carer Perceptions of Care Measure

Victoria has also expressed interest in a demonstration project for carer perceptions of care.

The National Network has sought to foster the inclusion of the carer in mental health services. To achieve this goal, Ms Maria Bubnic, Manager, Mental Health Branch, Department of Human Services, Victoria was invited to address the 12th Meeting of the Network to share developments in this area. Ms Ruth Carson was invited to represent the private sector on the Victorian Consumer/Carer Perceptions of Care Working Group. At its 13th Meeting, the Network discussed the development of a project brief to ascertain the carer, which would be crucial to other developments. A draft brief was prepared in consultation with the SPGPPS Information Officer and Ms Judy Hardy. The ISC at its last meeting noted the

work of the National Network in this area and indicated that ascertaining the carer would form a part of a larger project, the *Burden of Care* and the project brief to ascertain the carer, developed by the Network would be appended as an adjunct to the larger project.

3.7.2 Next Steps

With the goal of strengthening consumer and carer representation and participation in private hospital-based settings, the National Network has developed a package of information around roles and responsibilities, recruitment processes, support including payment and training and skills development. This package is titled *The Next Step* and can be used in conjunction with the *Getting Started Kit* to support the establishment of consumer/carers committees in the private sector.

3.7.3 Nomination Process for State Committees

The consensus from both meetings of the Network in 2006 was that more needs to be done to actively involve consumers in tackling current issues in mental health of relevance to private sector consumers, including broader consultation and better feedback of outcomes. To make certain state committees in the smaller states more representative, expansion to include a broader membership than the current consumer and carer advisory group might be required. It was also decided that specific actions are required in certain states to make this representation more robust. To achieve that goal, the Network developed a draft State Committee Nomination Form to guide the Network in expansion of their State Committees.

3.7.4 Training Needs Analysis

Throughout 2006, a training needs analysis was undertaken through the State Committees to ascertain what training needs and skills development are generally required to support consumers and carers in their representative roles. The most commonly identified training needs were resolving problems and training in hospital accreditation processes. The collated results both National and by State were forwarded to the APHA Psychiatry Sub-Committee as well as advising each respective private hospital of their consumers and/or carers perceived needs regarding training and skills development.

3.7.5 National Network Media Protocol

The National Network agreed to develop a media protocol, taking into account how issues are identified and raised, how positions on issues are determined and who speaks for, and on behalf of the National Network.

3.7.6 Special Funding

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 funding to Eli Lilly to publish the manuscript written by National Network member, Ms Alvina Hill titled, *To Dance Across the Heavens*. This application was successful. A publisher has agreed to publish the manuscript and the book launch should take place in 2007. Ms Hill has also very generously offered to donate proceeds from the sale of her book to the National Network. The first priority of allocating proceeds will be to meet the publishing costs.

The CEO of Perth Clinic, Ms. Moira Munro, proposed with the approval of Mark Longton, Executive Chef of Perth Clinic, that his recipes be collated into a book. 3000 copies of the

cookbook of the *Healthy Food, Healthy Minds* have been published. The proceeds of the publication will be donated to the Network.

3.7.7 SPGPPS Working Group Representation

Innovative Models Working Group

Work continued in 2006 on the development of the Interim Draft Discussion Paper titled; *SPGPPS Innovative Models Working Group, Discussion Paper: The Assessment of Models of Funding Service Delivery for Private Psychiatric Services*. The Network further refined the fundamental expectations of consumers and carers as follows:

- Key Area 1 Carer Issues
- Key Area 2 Access to alternatives to private hospital-based care
- Key Area 3 Discharge services
- Key Area 4 Post discharge and rehabilitation services
- Key Area 5 Services of Psychologists

The Discussion Paper was released in July 2006.

Substance Abuse and Dependency Working Group

Mr John Kincaid, consumer member of the South Australian State Committee of the National Network was appointed in January 2006 to represent consumers on the SPGPPS Substance Abuse and Dependency Working Group. SDWG is in the process of developing an *SDWG Position Statement on the Diagnosis and Treatment of Substance Abuse and Dependency in Private Mental Health Services* and an addendum to the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care* specifically dealing with alcohol and drug abuse treatments.

SPGPPS Mothers and Babies Working Group

The National Network was represented on the MBWG, which met to consider an amendment to the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-Based Mental Health Care*, recommending that Mothers suffering from a post natal psychiatric illness should usually be treated together with their baby and that private health insurance benefits should include the accommodation of the baby during his or her mother's stay.

3.8 Income and Expenditure for the National Network as at 31 December 2006

The statement of Income and Expenditure for 2006 for the National Network is set out in Table 13 below. It 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 \$537 remaining in the National Network Budget for 2005. This surplus will be carried forward into the 2007 Private Mental Health Consumer Carer Network income stream.

Table 13: National Network Income and Expenditure from 1 January 2006 to 31 December 2006.

Income (Stakeholder Contributions)			
Australian Medical Association	\$8,405		
The Royal Australian and New Zealand College of Psychiatrists	\$8,405		
Australian Private Hospitals Association	\$8,405		
Australian Health Insurance Association	\$8,405		
Beyondblue	\$8,405		
Transfer of Funds Remaining from 2005	\$1,650		
Total income	\$43,675		
Expenditure	Indicative Budget	Expenditure	Variance
Staffing	\$5,000	\$8,288	-\$3,288
General Recurrent Expenses (courtesy SPGPPS)	\$0	\$282	-\$282
Meetings and Other Activity	\$30,900	\$34,568	-\$3,668
Total expenditure		\$43,138	
Funds Remaining as at 31 December 2006		\$537	

HISTORY OF THE STRATEGIC PLANNING GROUP FOR PRIVATE PSYCHIATRIC SERVICES (SPGPPS) 1996 TO 2003

Prior to August 1996, the Australian Medical Association (AMA) had convened meetings of private sector representatives for the purpose of facilitating increased collaboration on alternative funding models for psychiatric care in the private sector. These meetings were chaired by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and attended by representatives of private health insurance funds, private hospitals, the medical profession, consumers, the Commonwealth Government and the Private Sector Casemix Unit.

At the August 1996 meeting of this group, a formal title was agreed namely, *Strategic Planning Group for Private Psychiatric Services, (SPGPPS)*, and a Steering Committee was established. The role of the Steering Committee was to examine and identify those areas where potential existed for consensus between stakeholders on what should be included in the development of funding arrangements for private psychiatric services.

At that stage, it was anticipated that the first meeting of the Steering Committee would take place in early January 1997. In November 1996, however, the then Commonwealth Minister for Health and Family Services, convened *Round Table* discussions to consider the recommendations from the Senate Community Affairs Legislation Committee report, *Report from the Health Legislation (Private Health Insurance Reform) Amendment Act 1995*. The initial Round Table identified several issues that needed to be dealt with including hospital/insurer contracts, gap insurance, informed financial consent, aggregate billing, data requirements under the legislation, and *mental health*.

1. Ministerial Task Force on Private Health Insurance

A Ministerial Task Force on Private Health Insurance was subsequently established to develop recommendations on these matters. It was the original intention of the Round Table to convene a separate group to consider issues regarding psychiatric benefits and in particular, *...to develop a minimum funding package for private psychiatric care*. The AMA proposed, however, that the SPGPPS might support such a task. The Commonwealth subsequently requested the SPGPPS to draft a report for the Task Force for consideration at the second meeting of the Round Table.

2 Inaugural Meeting of the SPGPPS Steering Committee

The Inaugural Meeting of the SPGPPS Steering Committee was convened in December 1996. The Meeting considered and accepted the mandate of the Round Table, but strongly rejected the proposition of a minimum funding package for private psychiatric care. The Steering Committee chose, instead, to develop a report outlining the key issues in the area of private health insurance as applied to the care of people with mental health problems.

3. SPGPPS Report on Psychiatric Care to the Ministerial Task Force on Private Health Insurance

The Steering Committee met again in January and February 1997 to further develop the *SPGPPS Report on Psychiatric Care to the Ministerial Task Force on Private Health Insurance*.

The then Chairman of the Steering Committee, Dr Jonathan Phillips subsequently appeared before the second meeting of the Round Table in February 1997.

Dr Phillips presented the SPGPPS Report and spoke about the problems of delivery of mental health care, across both the public and private sectors.

The Round Table agreed:

- *that the adequate provision of mental health services is an issue of national importance;*
- *that it is essential to develop appropriate care packages that are cost effective, rather than simply provide minimum funding packages (but noted that default arrangements may be required pending development of improved packages);*
- *to wider dissemination of the paper prepared by the Strategic Planning Group for Private Psychiatric Services for consideration by the Round Table; and*
- *further consultation is required between professionals, providers, insurers and consumers to advocate the issues outlined in the paper.*

4 SPGPPS Steering Committee Terms of Reference

In accordance with the Ministerial mandate, the Steering Committee adopted the following Terms of Reference.

1. *To examine national outcome studies underway, together with other data, such as quality criteria, and identify those areas where there is potential for consensus between providers, funders and consumers on what should be included in the development of funding arrangements for private psychiatric services.*
2. *To consider and, where appropriate, advise the Commonwealth Minister for Health and Family Services on mental health matters relevant to providers, funders and consumers in the private sector.*
3. *To consider and identify those areas of consensus between providers, funders and consumers on future collaborative research priorities for the provision of mental health services in the private sector.*
4. *To prepare discussion papers on current mental health issues relevant to the funding of mental health services in the private sector.*

5 The 1997 Recommendations of the SPGPPS

In late 1997, the SPGPPS undertook to identify and prioritise those areas where a consensus existed between providers, funders and consumers on what the future priorities would be for the private sector in relation to mental health. The broad conceptual themes that emerged included:

- 1. Outcome Measures;*
- 2. Admission Criteria and Discharge Planning; and*
- 3. Evidence-Based Health Care and Guidelines.*

The further development of these themes formed the basis of discussions at the Steering Committee's *Workshop on Themes Relevant to the Private Sector* held in October 1997.

The Recommendations that arose from that Workshop were later amended and adopted by the SPGPPS as follows:

1. Outcome Measures

- 1.1. That outcome measures need to be used in a wide range of different settings and services. Such measures should be specific and applied nationally using clinician (HoNOS) and consumer (MHI) rated measures. These measures must be linked, in time, to a comprehensive classification system that is clinically relevant to providers, funders and consumers of services across different settings and for different diagnostic groups.
- 1.2. That particular attention be given to training on these measures, service assessment and financial outcome and, that the Commonwealth Department of Health and Family Services (now Health and Aged Care) be asked to assemble and make available, at no cost, training materials for hospitals on implementing HoNOS and MHI.
- 1.3. That aggregated de-identified data needs to be collected for private psychiatric services in a uniform and nationally consistent manner. This will facilitate comparison of different settings and services.
- 1.4. That the national minimum data set and data dictionary be further developed as a basis for the evaluation of the quality, efficiency and effectiveness of care.

2. Admission Criteria and Discharge Planning

- 2.1. That the development of clinical care pathways across the continuum of care be coordinated by the Royal Australian and New Zealand College of Psychiatrists and involve all key stakeholders.
- 2.2. That different funding models be explored to support the development of continua of care so that private psychiatric services can adopt clinical care pathways as best practice in service delivery.
- 2.3. That peer review mechanisms across the continuum of care should acknowledge and support the development and maintenance of clinical care pathways.
- 2.4. That there be urgent changes to legislation and licensing to facilitate changes in funding arrangements to support the most effective and efficient delivery of care.

3. Evidence-Based Health Care and Guidelines

- 3.1. That the development of clinical practice guidelines, which incorporate modules of clinical care based on best practice, be coordinated by the Royal Australian and New Zealand College of Psychiatrists and involve all key stakeholders.
- 3.2. That a subcommittee be formed of key stakeholders to further develop and coordinate industry wide service standards for the private psychiatric sector.

6 Initiatives 1998 - 2000

Based on these recommendations, the SPGPPS undertook and encouraged the following initiatives.

1. Development of a national model for the collection and analysis of an aggregated de-identified minimum data set, including outcome measures under the auspice of the *SPGPPS Data Collection and Analysis Project*.
2. The implementation of clinician rated and consumer rated outcome measures nationally as standard measures of mental health care.
3. Development of Clinical Practice Guidelines under the aegis of the RANZCP.
4. The scoping of Clinical Care Pathways under the aegis of the RANZCP.
5. Development of a glossary of terms to eventually form the basis of a useable dictionary of common terminology for mental health services across both the public and the private sectors.
6. Review of legislative and licensing impediments to facilitate changes in funding arrangements to support the most effective and efficient delivery of care.
7. The development of stronger links with the AHMAC National Mental Health Working Group, the Network of Australian Community Advisory Groups and the Mental Health Council of Australia.
8. The publication and circulation of a quarterly newsletter (*SPGGPS News*).
9. Establishment of an annual *National SPGPPS Forum* to bring together all stakeholders to work on issues critical to reform in the private sector.
10. The development of a strategic plan to guide future reform of mental health services in the private sector.

7 The SPGPPS Strategic Plan 2000 - 2003

The SPGPPS always believed that the future of health care in the private sector would be contingent on the strength of strategic partnerships between providers, funders, and consumers and carers. In 1999, the SPGPPS articulated this vision by developing a Strategic Plan for mental health services in the private sector. The *SPGPPS Strategic Plan 2000-2003* (hereafter Strategic Plan), was a joint statement intended to extend the work already undertaken by the SPGPPS and provide a national approach for the delivery of mental health services in the private sector.

In developing the Strategic Plan, the SPGPPS acknowledged the vision articulated by the *National Mental Health Policy 1992* and the *Second National Mental Health Plan 1998*. Essentially, the Strategic Plan sought to encourage changes that would improve the quality, range and accessibility of mental health services provided by the private

sector and enable best practice models of service delivery to be embraced and implemented.

To further develop the Strategic Plan, the views and recommendations of those with mental health problems and mental disorders, their carers, mental health service providers and professional bodies were sought through the 1999 SPGPPS National Forum, *Strengthening the Focus on Private Sector Psychiatric Services*. The agreed national policy framework that emerged was outlined in the Strategic Plan. The Australian Health Ministers' Advisory Council's, National Mental Health Working Group indicated that implementation of the Plan would contribute significantly to improved treatment, care and quality of life for Australians with mental health problems or mental disorders.

By the end of the life of the Plan, many of the initiatives were well underway and at critical points in their development or implementation as part of the work of the SPGPPS. At that time the SPGPPS acknowledged that the private sector in each Australian State and Territory was at different stages in the reform process and the ability of the sector to incorporate new directions into current practices varied considerably.

At the end of 2003, a new overarching *AMA Agreement for Services 2004-2006* came into effect that supported the work program of the SPGPPS from 1 January 2004 until 31 December 2006. That work program is summarised in the Final Report of the SPGPPS 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 12 of the SPGPPS Annual Progress Report for the year 1 January 2006 to 31 December 2006. 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 12 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

Place: Canberra, ACT

Date: 18 May 2007

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 20 of the SPGPPS Annual Progress Report for the year 1 January 2006 to 31 December 2006. 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 CDMS and applicable Australian Accounting Standards.



KPMG

Place: Canberra, ACT

Date: 18 May 2007

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 (NN) 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 NN and applicable Australian Accounting Standards.



KPMG



Place: Canberra, ACT

Date: 18 May 2007