

Communique – Meeting 3 2019

INTRODUCTION

On 7 November 2019 the Victorian Clinical Council (the council) met to address the topic of consistency of care. This topic was identified by council members during a prioritisation exercise in 2018.

The prioritisation of this topic was based on an acknowledgement of the differences in health outcomes across many rural and regional Victorian communities. This variation was considered largely avoidable.

Many council members have experience of the challenges that living and working outside of metropolitan Melbourne can hold either as a consumer or a clinician; acknowledging that these challenges can transcend geography, reflecting the social determinants of access and broader systemic barriers.

To ensure that rural and regional Victorians were proportionately well represented during council discussions, 12 additional rural and regional clinicians and consumers attended, complementing the council's existing rural and regional members.

TOPIC DEVELOPMENT

Discussion focused on access to care for rural and regional Victorians. Three themes emerged:

- **Referral pathways** – including unclear pathways of care, lack of awareness of health service capability across regions, referrals often made based mainly on clinician relationships, significant efforts to 'ring around' to organise a transfer and delayed transfer and repatriation.
- **Shared clinical governance** – including a lack of shared responsibility for patient care across and between health services, poor access to patient information and to the local clinicians who support care, delayed transfers and increased risk to patients, feelings of disrespect and mistrust of rural/regional capability and a duplication of processes and investigations.
- **Shared decision-making** – including issues relating to inadequate consideration of patient circumstance and preference in care planning, greater than necessary distances to travel, reduced travel options and greater out-of-pocket costs.

PRESENTATIONS TO COUNCIL

The meeting was opened by the Minister for Health, the Hon. Jenny Mikakos MP. The Minister spoke about current government initiatives to improve access in rural and regional areas. After the Minister's speech Deputy Chair Matthew Hadfield described the topic development process and Chair A/Prof Jill Sewell AM introduced the following six presentations:

- Council consumer member **Dorothy McLaren** presented 'The Man from Edenhope' which highlighted the plight of an elderly gentleman from rural Victoria who was diagnosed with cancer. This gentleman had accepted death as he couldn't fathom overcoming the access issues that confronted him to receive the life-saving treatment he needed. With local community support, access to care was carefully coordinated and together, the community saved this man. A key message from Dorothy was that 'rural consumers are the litmus test for a healthy, equitable system'.
- General practitioner **Dr Ann-Marie McKinnon** spoke about Murray Primary Health Network and HealthPathways. She gave an overview of HealthPathways and how access to care is the key to their effectiveness. HealthPathways provide general practitioners with immediate access to evidence-based clinical guidelines supported by a localised referral pathway for patients.
- Alfred Health neurologist, council member and clinical lead of the Stroke Clinical Network **A/Prof Peter Hand** presented on the Victorian Stroke Telemedicine Service. He outlined how a coordinated system can provide best care and outcomes for patients. However, without defined referral pathways, detailed transfer protocols and clear clinical governance arrangements, clinicians may be left unsupported and patient outcomes left to chance. A/Prof Hand's presentation centred on the case study of a 72 year-old patient following a haemorrhagic stroke (bleed in the brain) in regional Victoria and their delayed journey to treatment in a large metropolitan centre.
- Deputy Chair and Ballarat Health vascular surgeon **Mr Matthew Hadfield** presented a case where a lack of support for clinical decision-making at a small rural hospital led to the transfer of a dying man to a larger regional service. The man died four hours away from his family. In this case, part of the system worked very well, perhaps too well, as the man was transferred quickly. However, the more important part of the system failed, as there was a lack of support for the rural clinician to decide whether the transfer of care was most appropriate for this man and his family. This story was later discussed at a regional surgical governance meeting. These meetings support shared understanding and decision-making and can kick-start improvement initiatives at a regional level.
- Council member and Albury Wodonga Health Operational Director **Ms Rachael Andrew** provided an overview of the work of the North East Small Rural Health Services Partnership. This partnership is enabling effective collaboration across the participating regional and small rural health services through its joint clinical governance projects. Rachael shared the success of the recently formed regional morbidity and mortality meeting and the challenges of embedding this developing collaboration into business as usual and mirroring that collaboration at the bed-side.
- Project Manager, Centre for Community Child Health, Murdoch Children's Research Institute and Coordinator of the BY FIVE program in the Wimmera Southern Mallee **Ms Rachel Robinson** showed how health and educational outcomes for young rural children can be improved with cross-sector regional partnerships. The project aims to improve outcomes for children by the time they turn five years old. Regional partnerships work with their communities to identify priorities in/for those local areas. It is an example of a local solution to bridge an identified gap between health and education. Ms Robinson spoke about the necessity of clear and strong governance and a shared vision for the success of the project. BY FIVE recently won the Victorian Early Years Award.

Following the presentations all six speakers participated in a panel discussion. Council members and invitees then participated in two workshops to explore the issue of consistency of care and to discuss how we might address it.

COUNCIL DISCUSSION

Regionalisation of referral pathways

The objective was to explore a regionalised approach to referral pathways in Victoria.

Council comments covered the areas of usefulness, function and form, including that default regionalised referral pathways:

- could support a move away from current disease silo referral models to a broader approach to ambulatory care
- do not have to equate to patient transfer, they could support the provision of specialist advice and support across settings and closer to home
- could cover physical health, mental health and aged care services
- could establish enhanced links with primary care and private health services

Shared governance – partnering in care

The objective was to agree what is good practice when seeking advice from other health services and making referrals as well as how a shared governance across the system can be encouraged.

Council comments covered ideas including:

- the role of shared governance to enable effective default regionalised referral pathways
- the enabling force of shared outcomes to drive shared governance
- the opportunity to extend the current rural and regional partnerships approach of the department across rural and regional services to include metropolitan services
- the opportunity to use the knowledge and experience of telehealth models of governance and existing memorandums of understanding between health services to inform a broader approach to shared governance
- the required influence of regional and state-wide planning in shaping governance arrangements.

Shared decision-making tool

The objective was to explore whether a shared decision-making tool could improve early and effective access to care for rural and regionally based Victorians. Members and invitees discussed the role of council and the best approach for a shared decision-making tool. Much of the discussion centred around the importance of asking consumers what they valued most as part of any care planning process.

Council comments covered:

- the principles around advanced care planning and how they could be translated more broadly into the system of care
- a decision tool as an enabler to determining what consumers value the most as part of their care
- the opportunity to challenge a more traditional clinical culture around referrals and support a partnership approach between the clinician and patient in care
- the need for clinicians and consumers working together to identify or develop an appropriate tool.

CONCLUSION AND NEXT STEPS

Members felt there was a need for stronger system management and co-ordination alongside local, ground-up planning and implementation and that further investigation of the above themes may go toward remedying systemic factors that influence consistency of access to care, especially for rural and regional consumers.

Outputs from the meeting will be used to develop formal advice for the department and Safer Care Victoria.

Other news

- This was the council's final meeting of its inaugural term. A report on its first three years is being developed and will be shared in early 2020.
- The council undertook a recruitment campaign during 2019 to target vacancies and identified diversity gaps, including the creation of new positions for Aboriginal and Torres Strait Islander health and population health professionals. Eight new members have been welcomed and we are in the process of appointing Aboriginal health professionals.

I would like to thank our members for their commitment to the council during this establishment term. We look forward to 2020 and moving into our second term together.

Associate Professor Jill Sewell AM

Chair, Victorian Clinical Council



A handwritten signature in black ink that reads "Jill Sewell". The signature is written in a cursive, flowing style.