



# australian nursing federation

22 February 2011

Ms Kerry Flanagan  
A/g Deputy Secretary  
Department of Health and Ageing  
MDP 84  
GPO Box 9848  
Canberra ACT 2601

Dear Ms Flanagan

## ***Lead Clinicians Groups: Enhancing clinical engagement in Australia's health system***

The Australian Nursing Federation (ANF) has reviewed the discussion paper *Lead Clinicians Groups: Enhancing clinical engagement in Australia's health system* issued late January 2011, which has derived from the Australian Government's work on a national health and hospitals network.

With a membership of over 200,000 the ANF is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. Members of the ANF are employed in a wide range of settings in urban, rural and remote locations in both the public and private sectors.

The ANF participates in the development of policy relating to nurses, midwives and assistants in nursing on issues such as: practice, professionalism, regulation, health and aged care, community services, veterans' affairs, education, training, workforce, socio-economic welfare, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

The core business of the ANF is industrial and professional representation of our members and of the professions of nursing and midwifery. These professions form the largest component of the health and aged care clinician population. Given the numbers of ANF nurse and midwife members across all areas of the health and aged care sectors, our organisation has an intense interest in the development of processes to enhance clinical engagement.

The ANF has concerns about the development of 'lead clinicians groups' at the national and local levels as described in the Lead Clinicians Groups (LCGs) discussion paper. As outlined below it is the view of the ANF that there needs to be a thorough review of the existing State and Territory based mechanisms for clinician engagement prior to decisions regarding the necessity for establishment of a nationally constituted group.

Central to concern for the well-being of the people for whom the nursing and midwifery professions provide care is delivery of safe, competent care and the availability of adequate human and material resources to undertake that care effectively. The ANF agrees with the LCG (LCGs) discussion paper that *a focus on providing the 'right care, at the right time, in the right location, by the right provider', is a key underpinning of health reform.* Fundamental to achieving health reform, in terms of improving health outcomes, is ensuring there are adequate numbers of nursing and/or midwifery staff employed to be able to provide individualised care. That means, high nursing/midwifery clinician to patient/resident ratios in areas where there is a need for complex care and lower numbers of staff and/or different skills mix configuration where lower care needs are required.

It seems incongruous to the ANF that significant funding can be relatively easily identified and allocated to the establishment of lead clinician groups at national and local levels (\$56 million) when funding is not similarly forthcoming for providing adequate numbers of clinician support for care delivery – be that nursing, midwifery, assistant in nursing; medical; or allied health. Further, that funding cannot be found to appropriately remunerate sectors of the health and aged care workforce, most particularly nurses and assistants in nursing employed in aged care.

In proposing the need for lead clinicians groups the LCGs discussion paper says that

*During the Australian Government's consultations leading up to the NHHN (National Health and Hospitals Network) reforms, many clinicians expressed that they did not feel there were opportunities for them to be involved in decisions about the delivery of health services in their communities.*

It was noted in the National Health and Hospitals Network (NHHN) report (to which the LCGs discussion paper refers) there was a need therefore for local clinical engagement and coordination, and, this was a particular issue in rural and regional communities. Given this identified need for local level engagement of clinicians (the ANF reads "clinicians" as nurses/midwives, medical and allied health) the ANF considers it would be more appropriate to commence with improving clinician involvement in health services leadership at the local level in the first instance, and then consider the necessity for a national clinicians group. The national health reforms should be seeking to bring the focus of care activity (and concomitant funding) closer to the point of delivery of health and aged care.

The LCGs discussion paper outlines at *Appendix A* the clinical engagement mechanisms already in place in the States and Territories, through networks which are variously titled clinical senates/ advisory councils. In some States the most timely and efficient method for improving local clinical engagement may be to invest effort and funds into building the capacity of these existing structures. However, there needs to be a review of their processes as some of the ANF Branches have expressed concerns about the level of consultation occurring within current jurisdictional clinician groups. The ANF supports the view that membership of these groups consist of "key local clinicians from a range of disciplines and consumers relevant to local health care services". We would expect these local groups would have equal representation of all health professional disciplines and a minimum of two consumer representatives.

To strengthen the national health reform agenda the ANF suggests that a set of nationally applicable principles be determined, by a clinician stakeholder group, to give a level of consistency in accountability (both to government and the public), composition, operational outcomes, and evaluation, of the local clinicians groups. The ANF is well placed to represent nursing and midwifery on this time-limited group which would be responsible to the Minister for Health and Ageing.

Under the NHHN the 'new-look' local clinical groups should have well-defined lines of communication and operation with local hospital/healthcare networks and primary health care organisations, to reduce duplication of effort and to enable clinician participation in service delivery decision making. In addition, nursing and midwifery leadership within jurisdictions' health departments, have established effective mechanisms for consultation on clinical standards and service delivery issues. The ANF contends that it is imperative that nursing and midwifery professions' consultation processes be retained in all States and Territories and effective links are established with the local multidisciplinary clinician groups.

The ANF takes a strong position that the 'patient journey' should be a key consideration in health reforms. The ANF maintains this is not just about 'referral pathways' as mentioned in the LCGs discussion paper. For health outcomes to improve, the work of local clinician groups should be focused on improving communication to achieve greater continuity of care and integrated care by all health professionals throughout the patient journey (for example, from community to health care facility and back to the community).

With regard to clinical involvement at the national level the ANF considers that excellent work has been undertaken by the National Health and Medical Research Council (for example, clinical practice guidelines; prevention and control of infection guidelines) and the Australian Commission on Safety and Quality in Health Care (for example, guidelines for clinical handover, hand hygiene, inpatient medication charting and medicines reconciliation). The ANF has been actively involved in the development of much of this work, which seeks to achieve national consistency in standards for clinical practice. It is the view of the ANF that the local clinicians groups within jurisdictions could "act as a conduit for both the systematic dissemination of best practice guidelines (such as those indicated above), and ... play a key role in identification and prioritisation of evidence gaps".

Finally, the ANF suggests that the term 'health clinicians groups' would be more acceptable to the broad clinician community than 'lead clinician groups'.

The ANF looks forward to learning the outcomes of the consultation and to participating further in discussions relating to achieving greater engagement of clinicians in service planning for the delivery of safe, quality health and aged care..

Should you require any additional information or wish to discuss this matter further please contact Elizabeth Foley, Federal Professional Officer, on (03) 9602 8500 or [elizabethf@anf.org.au](mailto:elizabethf@anf.org.au).



**Lee Thomas**  
Federal Secretary

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