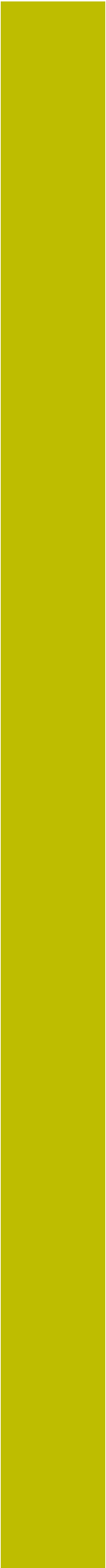




Metropolitan Clinical Services Planning & Implementation

December 2005

Timeline





METROPOLITAN CLINICAL SERVICES PLANNING & IMPLEMENTATION

Timeframe

The WA Health Clinical Services Framework 2005-2015 provided a broad perspective of future demand projections and suggested solutions to those demands. What is required now is a much more detailed look at those demands and ways to meet them. This entails predicting what the future will look like for each specialty/subspecialty and then configuring the health services and infrastructure accordingly.

The health services infrastructure planning commenced in November 2005, and will continue along with implementation for 5-10 years. The planning phase has three stages (listed below) and is due for completion in October 2006. The implementation and finessing of the plans will roll out continuously after that time.

Planning Phase	Description	Time Frame	
		Interim	Final
Stage A	Metropolitan Clinical Service Planning	Feb 2006	March 2006
Stage B	Area Clinical Service Planning	May 2006	August 2006
Stage C	Local (hospital) Service Planning	October 2006	Ongoing
Implementation Phase		2006-2011	

The Metropolitan Clinical Services Planning Steering Committee is overseeing Stage A and consists of the following members:

- | | |
|---------------------|------------------------------------|
| Linda Smith | SWAHS CE |
| John DeCampo | NMAHS CE |
| Glyn Palmer | WCHS CE |
| Ross Keesing | HRIT |
| Simon Towler | Executive Director Networks |

Each stage of the clinical service planning (A, B & C) will require steering committee and working group membership commensurate with the aims to be achieved. The following is a summary of the deliverables for Stage A in the planning phase:

Stage A - Metropolitan Clinical Services Planning

Aim: To determine how each specialty/sub specialty service will provide clinical care in the future.



Method: Speciality/ subspecialty working groups consisting of medical, nursing & allied health members to meet and develop models of care for the future.

Each specialist/ sub specialist working group develops its clinical plans at a similar pace and level of detail, so that information can be shared with other inter-related working groups thereby enabling:

- Synergies to be identified; and
- Related working groups to collaborate and resolve issues and therefore avoid work based on potentially incorrect assumptions about the interrelated specialties /sub specialties.

The target completion date for the Metropolitan Clinical Services Plan is end of March 2006. Following the completion of the Metropolitan Clinical Services Plan the various working groups will be reconfigured to continue to progress the work in Stage B: Area Clinical Service Planning.

The following is a summary of the key elements in Stage A.

Stage A	Metro Clinical Services Planning Overview of Working Group process and deliverables	Anticipated Completion Date
	<p>The role of the Working Groups</p> <ul style="list-style-type: none"> ▪ represent the interests of their clinical specialty in the development of a ‘whole of metropolitan area’ clinical services plan ▪ review the service demand data ▪ identify critical issues that will impact on the future of their specialty clinical service ▪ identify and discuss evidence-based models of care with emphasis on world’s best clinical practice ▪ develop a preferred clinical service plan for the clinical specialty <p>The working groups will review and discuss the following to achieve consensus:</p> <ul style="list-style-type: none"> ▪ overview of current service arrangements ▪ review of demand data for metro /areas ▪ identification of major issues facing sustainability of service (eg demand, workforce, ICT / technology etc) ▪ preliminary assessment of opportunities and issues associated with innovative service delivery models (eg ambulatory model of care) ▪ preliminary review of best practice models of care ▪ overview of strategic direction for clinical services over the next decade (based on best practice) 	<p>Late January 2006</p>



	<ul style="list-style-type: none"> ▪ guesstimate of clinical service targets and benchmarks (eg ALOS, % same day, quality etc) ▪ summary of major opportunities for reform (eg ambulatory care, technology etc) ▪ major issues associated with implementation (eg workforce, ICT, teaching and research linkages, community care resources etc) <p>Interim report:</p> <ul style="list-style-type: none"> ▪ Using findings from the review and discussion Preparation of a summary report within the following areas: <ul style="list-style-type: none"> ○ Demand projection ○ Inpatient care ○ Non inpatient care ○ Clinical linkages ○ Workforce planning ○ Technology/Innovation ○ Prevention ○ Teaching/Research ○ Other key planning issues <p>Note that the Metropolitan Clinical Services Planning Steering Committee will review the summary papers and provide feedback to the Working Groups.</p> <p>Consultation to resolve conflicting recommendations of the working groups is likely to be required</p> <p>Final report</p> <ul style="list-style-type: none"> ▪ Report completion after discussion and feedback 	<p>Mid February 2006</p> <p>Mid March 2006</p> <p>End March 2006</p>
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Stage B - Area Clinical Services Planning (Including the Development of Metropolitan Planning Principles)

Aim: To refine and develop the principles and opportunities identified in Stage A. To provide an overview of how clinical services will be delivered within the Area.

Stage B	Area Clinical Service Planning	Anticipated Completion Date
	ONGOING	August 2006



Stage C - Local (or hospital) Clinical Services Planning

Aim: Further refine and develop details for clinical service planning including documenting requirements for related infrastructure for each hospital.

Stage C	Local (hospital) Service Planning	Anticipated Completion Date
	ONGOING	October 2006