WA Clinical Services Program

Role Delineation Change Framework

1. Purpose of this Document

The Role Delineation Change Framework defines the principles, process and governance to enable consistent, transparent and justifiable assessment for any request to either temporarily or permanently change the role delineation of a clinical service.

2. Background and Context

As the system manager, the Department of Health (DoH) has the responsibility for ensuring the resources provided to the WA public health system are allocated in a manner which reflects the prioritised health needs of the WA population.

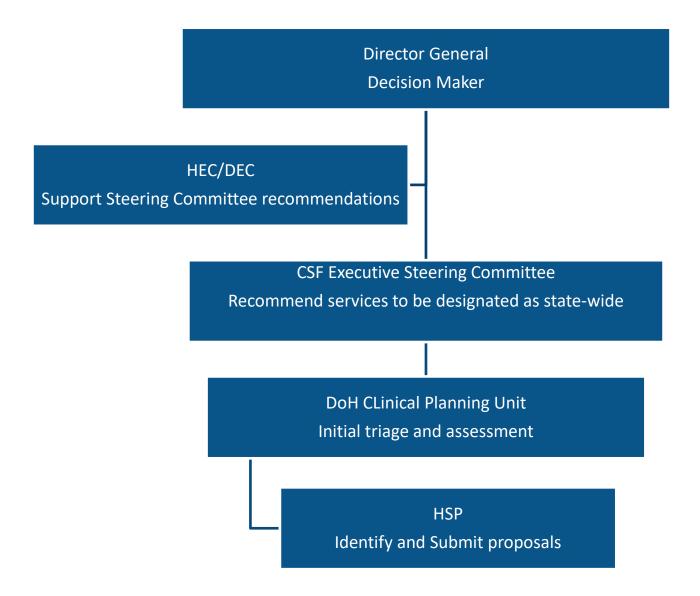
The CSF Addendum 2020 provided an interim review of the CSF and role delineation matrix, but also highlighted a need for a centralised, consistent process for proposing, monitoring and reviewing services on a regular basis. The Health Service Providers have raised concerns around the inequity of access, funding and governance and highlighted a clear need to develop and embed a standardised process to ensure services are reflective of role delineations, are of high quality, and meet patient needs into the future.

3. Scope of the Framework

The SSF will be used to support strategic decision making in the following areas:

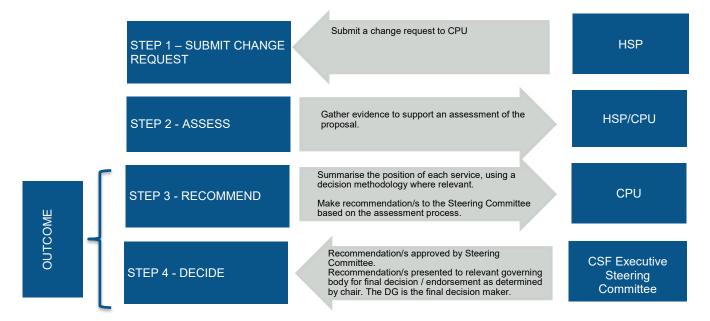
- **Temporary changes**: To enable short term (< 1year) changes in service levels (i.e. waitlist management, pilot new service, temporary changes to infrastructure or equipment etc.)
- **Long-term changes**: To enable permanent changes in service levels (manage long term demand and capacity, changes to service delivery models etc.)

4. Governance



5. Process and Outcome

CPU will use the following process to evaluate proposals.



Step 1: APPLICATION

A standardised template is available on the CPU webpage that will ensure the HSP has provided all the information required to make an assessment. Key considerations are as below:

- **Temporary Change:** HSP's are responsible for informing their local network of these changes and ensuring that appropriate clinical governance and management plans are in place.
 - Indication for change in service level
 - Is the proposal likely to positively or negatively impact on performance?
 - What is the cost implication for the service?
- Long-term change: Undertaking a higher-level service should only be considered where the facility is able to consistently undertake the higher-level clinical complexity and a comprehensive risk assessment has been undertaken. For services moving to a lower service level, the HSP/facility should review the scope of that service against the CSF.
 - Is there a clear health need and have consumers been put at the centre of the proposal?
 - Does the proposal address equity of access and what is the impact across HSPs and other clinical areas linked to the proposal?
 - Does the proposal have a clinical need, is it clinically safe and does it align with good quality and high patient outcomes?
 - Does the proposal align with budget parameters, infrastructure and workforce availability? Is the proposal likely to positively or negatively impact on current performance?
 - Does this proposal bring innovation to improve current performance, and how will changes to the system be able to be managed?
 - Does the proposal align with the strategic direction of the system and with State Government policy?

Step 2: Assessment

Assessment of Proposals:

CPU will apply the Foundation Principles Framework to the evaluation of proposals as below:

The Foundation Principles

Principle	Description	Alignment to Service Assessment Checklist
Person Centred Care	Person-centred care is a key focus of the WACSP. Consumers will be involved in decisions that impact their access to and experience of health care – their needs, concerns and preferences will be considered during the planning and commissioning process.	Is there a clear health need and have consumers been put at the centre of the proposal?
Equity of Access	The WACSP aims to increase equity of access to health services for all Western Australians by ensuring health services are available, accessible, affordable and appropriate. It seeks to address existing health inequities and inequalities across and within WA communities and improve the health outcomes of target populations.	Does the proposal address equity of access and what is the impact across HSPs and other clinical areas linked to the proposal?
Safety and Quality of Care	The WACSP aims to ensure the provision of consistently safe and appropriately supported health services across WA. Clinical services will be in environments which support evidence based, high-quality and high-value care to deliver the best possible outcomes to consumers.	Does the proposal have a clinical need, is it clinically safe and does it align with good quality and high patient outcomes?
Strate inability	The WACSP aims to ensure health services respond to the health needs of the Western Australian community, whilst considering enablers which influence the sustainability of health services such as workforce, infrastructure and budget.	Does the proposal align with budget parameters, infrastructure and workforce availability? Is the proposal likely to positively or negatively impact on current performance? Will there be continuity in provision?
Health Innovation	The WACSP aims to improve the health of Western Australians by responding to unmet needs through new ways of working and incorporating novel technologies, policies, services, research and innovation into the planning and commissioning process. The Sustainable Health Review (SHR) through Recommendation 28 seeks to establish a systemwide network of innovation units in partnership with clinicians, consumers and a wide range of partners to quickly develop, test and spread initiatives delivering better patient care and value.	Does this proposal bring innovation to improve current performance, and how will changes to the system be able to be managed?
Strategic Alignment	The WACSP will make recommendations and decisions which are aligned to the strategic direction/s of the Western Australian health system. The Sustainable Health Review (SHR) seeks to drive a cultural shift from a predominantly reactive, acute, hospital-based system – to one with a strong focus on prevention, equity, early child health, end of life care, and seamless timely access to services at home and in the community through use of technology and innovation.	Does the proposal align with the strategic direction of the system and with State Government policy?
Value	The WACSP aims to deliver high value healthcare that is safe and high-quality, delivers effective care based on clinical evidence, whilst also addressing system waste by directing resources to where they are most needed	Is the proposal cost-effective? Will provision of the service add value to society?

Consideration of Proposals:

CPU recognises that some proposals will be for small scale services where there is a very clear case for designation; others may involve either considerable cost and / or very significant service change across a number of HSP's (for example to rationalise and reduce costs).

The length of time required for consideration of proposals will depend on the scale and impact of the proposal. Some may require the establishment of an ad-hoc working group and may take 9 months to a year for consideration. Others might be able to be considered in a shorter timeframe. CPU will advise the relevant applicant on the likely timescale for considered advice to be available.

CPU will aim to broadly follow an annual cycle but there will be flexibility to consider proposals/applications/reviews/de-designations on an ad-hoc basis depending up the complexity, cost, and extent of service change involved.

Step 3: Recommend

The CPU will provide the Steering Committee with recommendations based on the outcomes of the assessment process.

Step 4: Decide

Using the outputs of the above assessment tool to validate the information presented, the Steering Committee will then approve the recommendations.

Recommendations will be presented to the relevant governing body for final decision-making/endorsement as determined by the chair. The Director General is the final decision maker.

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