Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

Nepean Blue Mountains Primary Health Network
Clinical Council

TERMS OF REFERENCE

1. Accountability

1.1 The Clinical Council is an advisory body to the Board of Wentworth Healthcare Limited ("Board") who operate the Nepean Blue Mountains Primary Health Network (NBMPHN).

2. Role

2.1 The role of the Clinical Council is to advise the Board on relevant clinical issues to assist in decision-making regarding local and regional priorities and opportunities for improvements in the operation of the healthcare system for patients, particularly those at risk of poor health outcomes. The Clinical Council will assist the organisation to realise its strategic plan and contribute to the health needs assessment.

3. Objectives

The objectives of the Clinical Council are to:

3.1 Act as an advisory body to the Board

3.2 Contribute to the development of local strategies to improve the operation of the healthcare system for patients in the NBMPHN region, facilitating high quality, accessible and integrated primary healthcare provision

3.3 Work in close partnership with the NBMLHD and public and private hospitals to reduce duplication of effort and resources and reduce avoidable hospital presentations and admissions. Through these collaborations, the Clinical Council will develop clinical care pathways to enable patients to receive the right care in the right place at the right time.

Clinical pathway prioritisation should align with national or PHN-specific priorities, including ensuring population cohorts most at risk of poor health outcomes and those experiencing chronic and complex conditions are better and more efficiently managed within the primary health care system.

3.4 Be GP-led and ensure a multidisciplinary focus representative of key healthcare service providers in the region to enable greater integration of care.

3.5 Be regularly informed by the Regional GP Advisory Committee and other relevant local primary healthcare advisory committees on strategic issues, to maintain local relevance.

3.6 Collaborate with the Community Advisory Committee to ensure that decisions, investments and innovations are patient centred, cost-effective, and locally relevant and are aligned to local care experiences and expectations.

4. Duties

The Clinical Council will:

4.1 Advise on locally-relevant clinical issues including patient care pathways and service/system improvements.

4.2 Contribute to needs assessment and population health planning to identify local priorities, identify gaps in services and advise on service delivery models for the region.

4.3 Consider and consult with other clinicians, clinical groups, entities (including public and private hospitals) and experts (via research and literature) to identify solutions based on best practice to address service gaps in the region.

4.4 Identify opportunities for coordination and integration of services and opportunities to improve medical and health care services through strategic, cost effective investment and innovation.

4.5 Establish flexible and responsive Working Groups when required by topic/issue or by region (LGA) to address priorities and engage Clinicians with special interest areas and expertise to develop clinical pathways. These Groups may be ongoing or short term.

4.6 Provide advice and perspectives to the Board via formal reports, submissions and the provision of meeting minutes/summary reports, corresponding with the Boards' meeting cycles.

4.7 Provide representation as required at:

- one Board meeting per year, to discuss perspectives on health in the region
- the annual Board Strategic Planning Day
- the needs assessment process
- forum/s allowing the Clinical Council, Regional GP Advisory Committee and Community Advisory Committee to come together to discuss relevant issues (around specific topics or broader)

5. Skills and Composition

5.1 Clinical Council members will have the following knowledge and skills:

- Ability to identify and address inter-sectoral care, service gaps and integrated care pathways.
- Ability to contribute an informed clinical or consumer perspective representing the interests of clinicians and/or consumers at a strategic level via engaging with wider clinical/consumer networks.
- Leadership and advocacy and an ability to participate effectively within a strategic committee environment.

- A deep knowledge and experience of provision of local health care services as a clinician or experience of the health system as a consumer.
- A demonstrated ability to work collaboratively with a whole of system view.
- An understanding of the social determinants of health and population groups most at risk of poor health outcomes.
- A commitment to the vision and mission of Wentworth Healthcare.

Collectively, members will represent health professionals across the Nepean Blue Mountains region.

5.2 The Clinical Council will comprise 15 multi-disciplinary members with the following skill positions (with an additional two positions held by NBMPHN and NBMLHD executive).

1. General Practitioner skill position (Chair)
2. General Practitioner skill position
3. General Practitioner skill position
4. General Practitioner skill position
5. Allied Health Professional skill position
6. Allied Health Professional skill position
7. Practice Nurse skill position
8. Community Pharmacist
9. Consumer skill position
10. Specialist clinician skill position (HDHS)
11. Specialist clinician skill position
12. Specialist clinician skill position
13. Specialist clinician skill position
14. Skills gap position (e.g. public/population health)
15. Skills gap position (e.g. Aboriginal health or University/research)

Ex officio members
NBMPHN CEO
NBMLHD executive position

5.3 The Clinical Council via the Chair, may invite other individuals to attend meetings as and when necessary for specific purposes, or to provide expert advice or information to the group.

6. Appointment

6.1 Members will be nominated via respective relevant committees where they exist such as the PHN GP Advisory Committee, PHN Allied Health Stakeholder Group and PHN/LHD Community Advisory Committee. Alternatively, members will be sought by the Board via invitation or expressions of interest where appropriate based on the required skills and composition requirements of the Clinical Council.

6.2 Members of the Clinical Council will be appointed by the Board.

6.3 In the first instance, appointments will be staggered with members appointed for terms of one, two and three years. Subsequently, all appointments will be for up to three years, with a maximum of nine years' service.

6.4 In addition the Board will review membership annually and has the right to make changes to the membership to ensure the Clinical Council is representative of

health professionals and key healthcare providers of the region and is representative of the geographic spread.

6.5 Each new member is required to abide by the Terms of Reference and meeting code of conduct. Membership may be terminated by the Board for breach of these or other agreed guidelines and requirements.

6.6 The Chair of the Clinical Council will be a General Practitioner appointed by the Board.

7. The Clinical Council's relationship with the Board

7.1 The Clinical Council is an advisory body to the Board. The Board will:

- Consult with Clinical Council members on significant health issues that impact on clinical services and patient care.
- Report to Clinical Council members on strategic activities undertaken by the PHN
- Respond to recommendations and issues raised by the Clinical Council
- Undertake duties to enable effective and efficient management of Council meetings
- Facilitate liaison between Clinical Council, Community Advisory Committee, GP Advisory Committee, other relevant committees of the PHN and the Board

8. The Clinical Council's relationship with other committees

8.1 The Clinical Council Chair will be a corresponding member of the NBMPHN/LHD Community Advisory Committee, GP Advisory Committee and Allied Health Stakeholder Advisory Group, receiving copies of agendas and minutes but not attending meetings.

8.2 The Clinical Council may form links with other relevant local committees for the purpose of cross communication and consultation.

8.3 The NBMPHN will organise forum/s allowing the Clinical Council, GP Advisory Committee and Community Advisory Committee to meet together to discuss relevant issues (around specific topics or broader)

9. Clinical Council operations

9.1 A quorum for any meeting will be a 50 per cent majority of the Clinical Council plus two members, at the date of the meeting.

9.2 The Clinical Council may invite other persons to its meetings as it deems necessary.

9.3 Meetings shall be at least quarterly on pre-arranged dates.

9.4 Meetings shall be approximately two hours duration.

9.5 Members are expected to attend and contribute to all meetings and to read and review meeting information.

9.6 Meetings will be face to face where possible however teleconference or webinar facilities may be provided to enable members who are unable to attend in person due to geography to participate where necessary.

9.7 Special meetings may be convened as required.

9.8 All members have equal rights to list items on the Agenda for any Clinical Council meeting. Agenda items for each meeting will be requested by the Chairperson two weeks prior to the scheduled meeting.

9.9 Clinical Council agendas will include the following three items to meet PHN requirements:

- Issues referred to the Clinical Council by the Board
- Key issues to report to the Board
- Issues referred to and from other committees

9.10 The proceedings of all Clinical Council meetings are to be minuted and these minutes, or a summary report, will be included in the papers for the next Board meeting. All minutes are to be circulated within a fortnight following the last meeting.

9.11 Recommendations of the Clinical Council are to be referred to the Board.

9.12 Support for meetings is provided by Wentworth Healthcare and includes:

- Liaising with the Chair of the Clinical Council.
- Circulating meeting papers and background information one week before meeting date.
- Circulating the draft meeting minutes within ten working days of the meeting date.
- Arranging meeting venues and webinar/teleconference enablement.
- Facilitating communication between the other PHN committees.
- Providing relevant reports and other resources that assist the Clinical Council to fulfil its role.

10. Privacy and Confidentiality

10.1 Clinical Council members are expected to maintain confidentiality and operate in accordance with the Wentworth Healthcare Confidentiality Agreement. It is the responsibility of the Chair and the member raising the issue to identify matters of a confidential nature. Members will be asked to sign the Wentworth Healthcare Confidentiality Agreement.

11. Conflict of Interest

11.1 Members have obligations for declaring any actual or potential Conflicts of Interest, including financial, professional and personal.

12. Endorsement and Review

12.1 The Terms of Reference will be reviewed annually.

13. Evaluation

13.1 The performance of the Clinical Council will be evaluated by the Board against these Terms of Reference after 12 months.

14. Related Documents

- Clinical Council Code of Conduct
- Wentworth Healthcare Confidentiality Agreement.