

**Nepean Blue Mountains Primary Health Network
GP Advisory Committee**

TERMS OF REFERENCE

1. Accountability

- 1.1 The GP Advisory Committee is an advisory body to the Board of Wentworth Healthcare Limited ("Board") which operates the Nepean Blue Mountains Primary Health Network (NBMPHN).

2. Role

- 2.1 The GP Advisory Committee represents General Practitioners in the four Local Government Areas (LGAs) and advises the Board on recommended strategies to address region-wide issues facing GPs, while also considering the unique needs and concerns of each local community. The GP Advisory Committee will assist the organisation to engage with and effectively support General Practice to deliver high quality, accessible and integrated primary healthcare.

3. Objectives

The GP Advisory Committee will:

- 3.1 Represent GPs within each LGA, ensuring all GPs have an opportunity to share their concerns and ideas, regardless of their location in urban, outer urban, rural and remote communities
- 3.2 Be kept up to date on current issues, concerns and priorities of GPs from each LGA (See *Responsibilities 4.1*)
- 3.3 Consider issues raised by GPs that affect primary healthcare in relation to hospitals, aged care facilities, workforce, GP education and training and other health agencies
- 3.4 Elevate issues and broader GP needs upstream to the PHN Clinical Council and/or Board, when appropriate, to ensure region-wide and local issues are addressed at a strategic level
- 3.5 Communicate important information and decision outcomes from the Board downstream to local GPs (via NBMPHN support) to ensure GPs are kept up to date and have confirmation their input is valued and actioned
- 3.6 Advocate on behalf of GPs within the region on issues that affect their patients' ability to access high-quality primary healthcare, acute care and rehabilitation services

4. Responsibilities

The GP Advisory Committee will:

- 4.1 Ensure it is kept informed of the latest issues affecting GPs across the four LGAs by:
 - Liaising regularly with the local GP member organisations and networks where they exist – the Nepean GP Network, the Hawkesbury Doctors Network, the Blue Mountains GP Network and the informal Lithgow GP Network
 - Collaborating with the NBMPHN to receive ongoing feedback from individual GPs including recommendations for improving programs and services
 - Consulting with Practice GP Leaders and Clinical GP Advisors on programs (region wide or LGA based) and GP topic experts, when necessary
- 4.2 Have two-way communication between GPs on the committee and other GPs (prior to and post meetings) via NBMPHN support
- 4.3 Provide advice and guidance to the organisation on GP engagement and delivery of General Practice support to meet local needs
- 4.4 Review the work and outcomes of the Clinical Council (via cross-over of membership – see *point 5.6*) and the two-way sharing of agendas and minutes/outcomes reports) to ensure the strategies of the GP Advisory Committee and the Clinical Council are aligned and avoid a duplication of effort
- 4.5 Review the work and outcomes of the Community Advisory Committee (via the two-way sharing of agendas and minutes) to ensure the GP Advisory Committee's recommendations to the Board on decisions, investments and innovations are patient-centred, cost-effective, and locally relevant and are aligned to local care experiences and expectations
- 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 GP perspectives on health in the region
 - the annual Board Strategic Planning Day
 - forum/s allowing the Clinical Council, GP Advisory Committee and Community Advisory Committee to come together to discuss relevant issues (around specific topics or broader)

5. Membership/Composition

GP members:

- 5.1 All members of the GP Advisory Committee must be working as GPs within the NBMPHN boundaries.
- 5.2 Members of the GP Advisory Committee will be encouraged to be members of their local GP Member Organisation (where it exists).

- 5.3 The GP Advisory Committee will comprise up to 12 GP representatives: Up to three representatives from each LGA, including at least one representative per LGA who is a member of a GP network – where it exists.
- 5.4 Members will have the following knowledge and skills
- A commitment to quality improvement and high quality primary healthcare
 - A deep knowledge and experience of provision of primary healthcare services within the region
 - Ability to contribute an informed clinical perspective representing the interests of other GPs and General Practices
 - Ability to participate constructively within a committee environment
 - 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 willingness to consider consumer and community health experiences and expectations to inform decision making
 - A commitment to the vision and mission of Wentworth Healthcare
- 5.5 The Wentworth Healthcare CEO or delegate will be an ex officio member of the Committee
- 5.6 The GP Advisory Committee will nominate four of its members – one per LGA – to be representatives on the PHN Clinical Council, to provide local and regional GP perspectives on the provision of primary care and to help facilitate the two-way sharing of information between committees. Nominees must possess the skills required of Clinical Council members with final appointment by the Board.

Chair:

- 5.7 The Chair of the GP Advisory Committee will be a General Practitioner elected from among the committee members.
- 5.8 The Chair will be a corresponding member of the Community Advisory Committee, receiving copies of agendas and minutes but not attending meetings.

6. Term of Appointment

- 6.1 The GP Advisory Committee members will be selected via an expression of interest process with final appointment by the Board.
- 6.2 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 three years, with a maximum of nine years' service.
- 6.3 The Board reserves the right to review membership and make changes to ensure the Committee is representative of General Practice across the region
- 6.4 Each new member is required to abide by the Terms of Reference and Code of Conduct set out by the GP Advisory Committee. Membership may be terminated by the Board for breach of these or other agreed guidelines and requirements.

7. Committee Operations

- 7.1 A quorum for any meeting will be a 50 per cent majority of the GP Advisory Committee plus one member, at the date of the meeting, ensuring there is at least one representative from each LGA.
- 7.2 The GP Advisory Committee may invite other persons to its meetings as it deems necessary.
- 7.3 Meetings shall be at least six times per year.
- 7.4 Meetings shall be approximately 1.5 to 2 hours duration.
- 7.5 Special meetings may be convened as required.
- 7.6 Members are expected to attend and contribute to all meetings and to read and review meeting information.
- 7.7 Support for meetings is provided by Wentworth Healthcare and includes:
 - Liaising with the Chair of the GP Advisory Committee
 - Circulating meeting papers and background information prior to the meeting date
 - Circulating the draft meeting minutes/outcomes report within 10 working days of the meeting date
 - Arranging meeting venues and webinar/teleconference enablement
 - Facilitating communication with other GPs, clinicians, stakeholders and between the other PHN committees
 - Providing relevant reports and other resources that assist the GP Advisory Committee to fulfil its role
- 7.8 All members have equal rights to list items on the Agenda for any GP Advisory Committee meeting. Agenda items for each meeting will be requested by the Chairperson two weeks prior to the scheduled meeting.
- 7.9 GP Advisory Committee agendas will include the following items:
 - Reports from GP representation in four LGAs (includes feedback from GP Network members' networks)
 - Key issues to report to the Board
 - Matters to be referred to the Clinical Council, Community Advisory Committee and Allied Health Stakeholder Group
- 7.10 The proceedings of all GP Advisory Committee meetings are to be minuted and the minutes or outcomes report reviewed and finalised by the Committee Chair. All reports are to be circulated within a fortnight following the last meeting. Meeting agendas and associated reading material will be distributed at least three days prior to the meeting. Minutes/outcomes reports will be included in the papers of the next scheduled Board meeting.
- 7.11 Recommendations of the GP Advisory Committee are to be referred to the Board. The Board will respond to recommendations and issues raised by the GP Advisory Committee.

- 7.12 The PHN will facilitate liaison between the Clinical Council, Community Advisory Committee, GP Advisory Committee, other relevant committees of the PHN and the Board.

8. Privacy and Confidentiality

- 8.1 GP Advisory Committee 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.

9. Conflict of Interest

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

10. Endorsement and Review

- 10.1 The Terms of Reference will be reviewed annually.

11. Evaluation

- 11.1 The performance of the GP Advisory Committee will be evaluated by the Board against these Terms of Reference after 12 months.

12. Related Documents

- GP Advisory Committee Code of Conduct
- Wentworth Healthcare Confidentiality Agreement