TERMS OF REFERENCE

Urgent Care Service Level Alliance

BACKGROUND

The foundation of the SLA Charter is a commitment to act in good faith to reach consensus decisions on the basis of 'best for patient, best for system.' Each SLA member will sign the SLA Charter and agree to the principles contained within it.

The Canterbury Clinical Network (CCN) was established to provide clinical leadership and demonstrate alliance principles across a multi-disciplinary team. The CCN leads the development of services across the sector where innovation and transformational change is required. The CCN consists of:

1. Alliance Leadership Team (ALT);
2. Programme Office;
3. Workstreams or Focus Areas;
4. Service Level Alliances (SLAs).

GUIDING PRINCIPLES OF CANTERBURY CLINICAL NETWORK (CCN)

- Taking a 'whole of system' approach to make health and social services integrated and sustainable;
- Focussing on people, their families and communities, keeping them at the centre of everything we do;
- Enabling clinically-led service development; whilst
- Living within our means.

This SLA/WS will acknowledge and support the principles of the Treaty of Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

URGENT CARE SLA

1. PURPOSE

1.1. The Urgent Care SLA is associated with the Canterbury Clinical Network Acute Demand Management Programme. Its purpose is:

1.1.1. To work with the Canterbury Health System to develop processes and services in primary care that reduce both ED attendances and hospital admission rates and plan resources to ensure that people get the right service at the right time;

1.1.2. To provide transactional support for other service developments which align with section 1.1.1;

1.1.3. To be responsible for defining models to meet the needs of the Canterbury population and prioritising and reallocating resources as the needs/drivers for services change;

1.1.4. To provide leadership to ensure equity of access to urgent care services across the Canterbury Health System i.e. provision of afterhours care;

1.1.5. To support Urgent Care service providers to implement service models and service expectations.

2. URGENT CARE SLA OUTCOMES

2.1. Reducing the rate of growth of ED attendances;

2.2. Reducing the rate of increase of acute admissions;

2.3. Ensuring high levels of service utilisation for appropriate patients;

2.4. Referrers report great ease of using the ADMS Service.

3. SCOPE

3.1. To provide clinical leadership in the future development of the Canterbury Acute Demand Management Service and Urgent Care opportunities including:

- i Development of clear outcomes for the Urgent Care providers.
- ii Support and promote processes and systems that facilitate acute care avoidance.
- iii Monitoring and oversight of Key Performance areas identified for the Urgent Care SLA.
- iv Facilitating a linkage to development of efficient and aligned IT systems that will support the delivery of Urgent Care and appropriate sharing of clinical information.
- v Ensure efficient investment in the infrastructure that supports the delivery of Acute Demand Management Services.
- vi Identify and support the development of education programmes that improve the overall utilisation and effectiveness of appropriate Acute Services for our population.
- vii Provide clear service planning with regard to current and future service opportunities and reallocation of resources between services as patient and system demands change.
- viii Proactive communication with all stakeholders.
- ix Recognise the impact of changes within Canterbury primary and secondary care service delivery.

4. MEMBERSHIP

4.1. The membership of the Urgent Care SLA will include clinicians who participate (e.g. referrers or providers) in providing Urgent Care and Acute Demand Management Services across urban and rural settings and those who work in key related health services organisations.

4.2. Members are selected not as representatives of specific organisations or communities of interest, but because collectively they provide the range of competencies required for the SLA to achieve success;

4.3. The SLA will review membership annually to ensure it remains appropriate;

4.4. Membership will include a member of the ALT;

4.5. Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy. Attendance lists should be collected at each meeting and forwarded to the Programme Office for payment;

4.6. It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with chair;

4.7. When a member is absent for more than two consecutive group meetings without prior apology, or if the member is not able to contribute to the good of the group, the chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member;

4.8. Each SLA will be supplied with project management and analytical support through the Programme Office.

5. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

5.1. New or replacement members will be identified by the SLA for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the SLA;

5.2. The chair and deputy chair will, in most cases, be nominated by members of the SLA. Where there is more than one nominee for either one or both positions, the election will be put to a vote. In some cases, the role of chair will be appointed by ALT (i.e. an independent chair).

6. MEMBERS

The composition of the Urgent Care SLA is:

Perspective/Expertise	Name(s)
Chair	Carolyn Gullery
CCCT	Claire Mcquilken
Secondary Care – Hospital wide	Nikki Topp Heather Gray (Alternate)
Secondary Care - ED	Dr Martin Than Dr Lyn Pugh (Alternate)
Primary Care - Rural	Gayle O'Duffy
Primary Care – Urban	Neil Beumelburg
St John	Dion Rosario
Urgent Care Clinic Representative	Mark Darvill
Primary Care Nursing	Berny Hayes
Planning and Funding	Greg Hamilton
~~Primary Care Liaison / Older Persons Health / Pharmacist~~	~~Ginny Brailsford~~
Service Provider - Nurse Maude	Sam Powell
Service Provider – Pegasus/24hr Surgery	Simon Brokenshire
Specialist Gerontology	Richard Scrase
Consumer	Liz Miller
SLA Facilitator	Rebecca Muir
Medical Director ADMS	Andrew Meads
ALT Representative	Carolyn Gullery

Support - Project Manager Planning and Funding Advisors will be included as and when required.

7. SERVICE VISION

7.1. This Urgent Care SLA will continue to develop and refine service models to provide primary care based services that assist in reducing both the demand on ED attendance and hospital admission rates and also support timely post discharges in Canterbury. These models will ensure that people get the right service at the right time. These models will provide efficient and aligned systems that enable appropriate sharing of clinical information.

8. SERVICE TARGETS/KEY RESULT

8.1. Ensure integrated services result in people getting the right service at the right time;

8.2. Continue to develop clinically-led Acute Demand Management services;

8.3. Define integrated services with clear expectations that reduce waste and duplication between providers.

9. SERVICE BUDGET

9.1. This SLA has the discretion over the current budget allocated to Urgent Care and the Acute Demand Programme.

10. ACCOUNTABILITY

10.1. The SLA is accountable to ALT who will establish direction, provide guidance, and receive and approve recommendations.

11. WORKPLANS

11.1. The SLA will agree on their annual work plan and submit it to ALT for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan, Ministry of Health Targets, the Annual Plan, and legislative and other requirements;

11.2. The SLA will actively link with other CCN work programmes where there is common activity.

12. FREQUENCY OF MEETINGS

12.1. The Urgent Care SLA has agreed to meet every 6 weeks prior to the winter period and then on a 3 monthly basis for an extended 3 hour meeting.

12.2. Meeting dates will be arranged annually, taking into consideration ALT meetings to ensure reporting is current and up to date.

13. REPORTING

13.1. The SLA will report to the ALT on an agreed schedule via the CCN Programme Office;

13.2. This group will have linkage with Canterbury Community Care Trust (CCCT);

13.3. Reports will be provided by the SLA in a template provided by the CCN Programme Office;

13.4. Where there is a risk, exception or variance to the work plan, or an issue that requires escalation, a paper should be prepared in a template provided by the CCN Programme Office;

13.5. Where there is a new innovation or service recommendation, a paper should be prepared in a template provided by the CCN Programme Office;

13.6. Where applicable, reporting will include progress against or contribution to Ministry of Health Performance and Health Targets.

14. MINUTES AND AGENDAS

14.1. Agendas and minutes will be coordinated between the SLA chair and facilitator;

14.2. Agendas will be circulated no less than 7 days prior to the meeting, as will any material relevant to the agenda;

14.3. Minutes will be circulated to all group members within 7 days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

14.4. Copies of the approved minutes will be provided to the CCN Programme Office for inclusion on the CCN website. Any confidential or sensitive material should be excluded.

15. QUORUM

15.1. The quorum for meetings is half plus one member from the total number of members of the SLA.

16. CONFLICTS OF INTEREST

16.1. Prior to the start of any new programme of work, conflict of interests will be stated and recorded on an Interests Register.

16.2. Where a conflict of interest exists, the member will advise the chair and the chair will decide how the conflict of interest will be managed;

16.3. The Interests Register will be a standing item on SLA agenda and be made available to the Programme Office on request.

17. REVIEW

17.1. These terms of reference will be reviewed annually and may be altered intermittently to meet the needs of its members and the health system.

18. EVALUATION

18.1. Prior to the commencement of any new programme of work, the SLA will design evaluation criteria to evaluate and monitor on-going effectiveness of activities. Any evaluation will comply with the evaluations framework outlined by CCN and/or ALT or CDHB as the funder.

RESPONSIBLITIES

19. RESPONSIBILITY OF THE SLA

19.1. Apply the delegated funding available to lead the required service/service change;

19.2. Establish new work groups to guide service design;

19.3. Design evaluation criteria to evaluate and monitor on-going effectiveness of service delivery. Any evaluation will comply with the evaluations framework outlined by CCN and/or the ALT or funder.

ROLES

20. CHAIR

20.1. Lead the team to identify opportunities for service improvement and redesign;

20.2. Lead the development of the service vision and annual work plan;

20.3. Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;

20.4. Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;

20.5. Provide leadership when implementing the group's outputs;

20.6. Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;

20.7. Be well prepared for meetings and ready to guide discussion towards action and/or decision;

20.8. Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

21. CLINICAL LEADERS

21.1. Provide strong clinical leadership across all SLA work activity;

21.2. Serve as mentor and provide clinical guidance to workstream/SLA members (where relevant).

22. ALT MEMBERS

22.1. Act as a communication interface between ALT and the SLA;

22.2. Participate in the development and writing of papers that are submitted to ALT;

22.3. Act as Sponsor of papers to ALT so papers are best represented at the ALT table.

23. SLA MEMBERS

23.1. Bring perspective and/or expertise to the SLA table;

23.2. Understand and utilise best practice and alliance principles;

23.3. Analyse services and participate in service design;

23.4. Analyse proposals using current evidence bases;

23.5. Work as part of the team and share decision making;

23.6. Actively participate in service design and the annual planning process;

23.7. Be well prepared for each meeting.

24. PROJECT MANAGER/FACILITATOR

24.1. Support chairs and/or clinical leaders to develop work programmes that will transform services;

24.2. Provide or arrange administrative support;

24.3. Document and maintain work plans and reports to support the group's accountability to the ALT;

24.4. Develop project plans and implement within scope following direction from the group, CCN programme office and/or ALT as appropriate;

24.5. Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;

24.6. Keep key stakeholders well informed;

24.7. Proactively meet reporting and planning dates;

24.8. Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;

24.9. Identify report and manage risks associated with the SLA work activity.

25. PLANNING & FUNDING REPRESENTATIVE

25.1. Provide knowledge of the Canterbury Health System;

25.2. Support the group to navigate the legislative and funding pathways relevant to the SLA;

25.3. Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- SLA Charter – outlines the purpose, principles, commitments and mandate of SLA leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- Alliance Leadership Team (ALT) – the CCN alliance leadership team responsible for the governance of clinically-led service development.
- Canterbury Clinical Network (CCN) – an alliance of health care leaders, including rural and urban general practitioners and practice nurses, community nurses, pharmacists, physiotherapists, hospital specialists, Manawhenua ki Waitaha, CDHB planning and funding management, and PHO and IPA representatives.
- Service level SLA – a group of clinical and non-clinical professionals drawn together to lead the transformational redesign, delivery of services or group of services in a specific area of the Canterbury health system.
- Workstream – a group of clinical and non-clinical professionals drawn together to lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- Alliance Support team (AST) – an operational group of alliance partners who supports the workstreams and service SLA groups with prioritisation of design and delivery of health services. They support the ALT and assist with delivery of its goals.
- Programme Office – includes ALT, the Programme Director, Programme Manager, the CCN Communication Coordinator and the CCN Administrator/Project Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream and SLA groups.
- Canterbury Community Care Trust (CCCT) - Pegasus, Nurse Maude and Southlink organisations working as one group to provide Acute Demand Services

ENDORSEMENT

Date of agreement and finalisation by SLA members: 27th October 2017

Date of endorsement from ALT: 20th November 2017

Date for Review: October 2018