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. Alliance Support Team;
3. Programme Office;
4. Workstreams or Focus Areas;
5. 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 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 Acute Demand Management Service (ADMS) and urgent care services across the system. Its purpose is:

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

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. Ensuring care is initiated as early as possible to ensure the right care is provided at the right time

2.2. Reducing the rate of growth of ED attendances;

2.3. Reducing the rate of increase of acute admissions;

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

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

3. SCOPE

3.1. To provide clinical leadership to the ongoing development of the Canterbury Acute Demand Management Service and urgent care services across the system including to:

- i Develop clear outcomes for the Urgent Care providers.
- ii Support and promote processes and systems that facilitate acute care avoidance.
- iii Monitor and oversee Key Performance areas identified for the Urgent Care SLA, and contribute to system outcomes.
- iv Facilitate the 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 Proactively communicate with relevant stakeholders to improve patient access to urgent care services.
- 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, Mana whenua and consumers

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	Richard Hamilton (Interim)
CCCT	Claire McQuilken
Secondary Care – Hospital wide	Nikki Topp
Secondary Care - ED	Dr Martin Than Dr Lyn Pugh (Alternate)
Primary Care - Rural	Gayle O'Duffy
Primary Care – Urban	Neil Beumelburg (Deputy Chair)
St John	Curt Ward
Urgent Care Clinic	Jason Pryke
Primary Care Nursing	Rachel Brennan
Planning and Funding	Kathy O'Neill
Pharmacist	Tim Kennedy
Service Provider - Nurse Maude	Lisa Cowap
Service Provider – Pegasus/24hr Surgery	Jasmine McKay
Older Persons Health/ARC	Caroline McCullugh
Consumer	Liz Miller
SLA Facilitator	Rebecca Muir
Medical Director ADMS	Andrew Meads
ALT Sponsor	Emma Jeffery
Home Care Medical	Matthew Devonald
ACC	Paul Abernethy
Maori, Mental Health & NGO	Kathy Simmons
St John youth	Nick Grant

Analytical expertise is accessed when required.

7. SERVICE VISION

7.1. The Urgent Care SLA will, monitor current and projected demand for urgent care services and system capacity including ED attendances, Hospital Admission rates and Timely discharges.

This information will be used to refine and enhance the provision of urgent care services (and wider service delivery) that enable people getting equitable and timely access to urgent care services the right care and from the right place.

Consideration will also be given to redesign of other services.

The SLA will assist in managing the demand for urgent care across the system including;

- ED attendance
- Hospital admission rates
- Timely discharges
- Urgent Care attendance

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 of reduced 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 Management Service.

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 on a 2 monthly basis for an extended 2 hour meeting.

12.2. Additional meetings may occur when required

12.3. 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 an 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 ,the ALT and/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 the chair 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 PERSPECTIVE

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 our commitments and the key principles and "rules of engagement" we will follow as members of the Canterbury Clinical Network Alliance Leadership Team, and/or Service Alliance Leadership Teams, for the Canterbury Clinical Network District Alliance. Alliance Leadership Team (ALT) – the CCN alliance leadership team responsible for the leadership of clinically-led service development. Members bring a range of competencies and perspectives, and commit to acting in good faith to reach consensus on a 'best for person, best for system' basis.
- Canterbury Clinical Network (CCN) – New Zealand's largest district alliance with twelve partner organisations from across Canterbury's Health System. The purpose of the alliance is to lead the integration and transformation of the Canterbury health system, through clinically-led service development and improvement.
- Service level SLA – a group of clinical and non-clinical professionals drawn together to focus on redesigning services and systems including prioritising resources (people, equipment and money) and monitoring and reporting on the performance and impact of the redesign. The scope of these groups is clearly defined and will include people involved in delivering services
- Workstream – a group of clinical and non-clinical professionals drawn together to focus on meeting the health needs and improving outcomes of specific populations or groups, such as rural or mental health. The purpose varies based on their population and may oversee project work carried out by other alliance groups (service level alliances, service development groups or working groups).
- Alliance Support team (AST) – the small operational arm of the ALT who provide advice and guidance on the prioritisation, redesign and allocation of funding for health services and delivery models recommended by

CCN groups. Membership of this group includes signatories of the District Alliance Agreement who have accountability for funding health and wellbeing services for the Canterbury population (i.e. CDHB Planning and Funding, Pegasus Health, Waitaha Primary Health, Christchurch PHO), secondary services and members of the CCN Programme Office

- Programme Office – The CCN Programme Team coordinates the activity of the Canterbury Clinical Network, providing day-to-day operational support to alliance groups and supporting alliance partnerships. Led by the Executive Director, the small team of employees includes programme coordination, project facilitation/management, resource management, administration, reporting and communications.
- 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: August 11th 2020

Date of endorsement from ALT:

Date for Review: March 2022