

Terms of Reference (TOR)

Council localities include: Far West NSW, Western NSW

1. Background

PHNs have been established by the Commonwealth Department of Health and Aged Care to:

- Increase the availability, efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes; and
- Improve coordination of care to ensure patients receive the right care in the right place at the right time.

2. Purpose of Group

The purpose of the Clinical Advisory Council is to support and advise the Western Health Alliance (WHAL) Board (Trading as the Western NSW Primary Health Network – WNSW PHN) on strategic directions and opportunities to further develop clinical services that meet the needs of Western NSW communities.

3. Role and Function

The Clinical Advisory Council provides an opportunity to develop and review current areas of focus, and to share information about key primary and secondary care matters within the Local Health Districts and the WNSW PHN boundaries.

Key Responsibilities:

1. To review and assist the realisation of the WNSW PHN Strategic Plan and the Health Needs Assessment.
2. To identify opportunities for coordination and integration of services.
3. To advise on service delivery issues and service delivery planning.
4. To identify possible barriers to the implementation of activities as listed in the Strategic Plan and assist in the development of solutions.
5. To review current District, State and National directions and inform adaptable approaches to future WNSW PHN business.



6. To explore opportunities to link with the Local Health District's (LHD's) Clinical Networks and the Four Pillars of NSW Health including; the Clinical Excellence Commission (CEC); the Agency for Clinical Innovation (ACI); the Bureau of Health Information (BHI) and the Health Education and Training Institute (HETI).
7. To enable collaboration with LHDs, Private Hospitals, Residential Aged Care Facilities, Non-Government Organisations, Specialists and private practitioners.
8. Advise on potential new service delivery models, models of care and health pathways.
9. To review the Clinical Governance Framework as required for WNSW PHN Commissioned Clinical Services. In the spirit of consensus, the Clinical Advisory Councils will reach agreement to any amendments of the Clinical Governance Framework document. Recommendations for amendment or revision are to be presented to the WHAL Board for consideration.
10. The WNSW PHN Clinical Advisory Councils are responsible for the oversight of clinical governance systems across the organisation. Decisions related to changes in clinical practice which impact on organisational governance is the province of the Clinical Advisory Councils.
11. With a commitment to quality improvement, the Clinical Advisory Councils will invite open disclosure in a spirit of co-operation to achieve best possible health outcomes.
12. Develop partnerships which support primary care research.
13. Advise on evaluation strategies, including data collection.

The Role of the Board Liaison Director

The Clinical Advisory Council Board Liaison Director role is to support the flow of information and decisions between the WHAL Board and the Clinical Advisory Councils, including maintaining regular contact with the Clinical Advisory Council Chairs and attendance at Council meetings.

4. Authority

The Clinical Advisory Councils are advisory and report directly to the WHAL Board and their Board Liaison Directors and are authorised to seek any information they require through the designated WNSW PHN Council Coordinator.

5. Relationships with other forums / entities

The Clinical Advisory Councils will identify other significant organisations and committees within their respective locality for the purpose of cross communication and consultation including:

- WNSW PHN Aboriginal Health Council
- WNSW PHN Community Advisory Councils
- LHD Health Advisory Committees

- Other Health Provider Groups
- Private Health Sector
- Aged Care Sector
- Local Clinicians

6. Membership

There shall be a maximum of 10 to 12 members on each council. There will also be ex-officio LHD representatives nominated by the LHD CEOs. The ex-officio representatives will not have Council meeting voting rights. There will be at least two Aboriginal or Torres Strait Islander members on each council. The Chair of the Clinical Advisory Council must be a General Practitioner.

Membership may include:

- Persons operating at a higher level within the health system including positions of authority and influence.
- GP's operating within supervisory roles or on the Medical Board, Directors and Managers of clinical services
- NACCHO representatives
- Representatives from General Practices
- Nurse Practitioner, Nurses, Practice Nurses and Community Nurses
- Aboriginal Health Practitioners
- Allied Health Providers
- Pharmacists
- Mental Health, Alcohol and Other Drug Clinicians

The Clinical Advisory Councils also seek to maintain a membership that is representative of WNSW PHN planning sub-regions and members must work in the region they represent.

The Clinical Advisory Councils, 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 groups.

7. Appointment

Following a process of selection and assessment through the WNSW PHN Governance Committee, the WHAL Board will appoint all members. Selection will be based on the ability to contribute an informed clinical perspective and represent the interests of clinicians at a strategic level.

The Chair will be appointed by the Board.

8. Duration of Membership

The Board appoints Clinical Advisory Council members for a term of two (2) to three (3) years. Membership may be terminated by the Board for breach of the Terms of Reference and other guidelines and requirements, including the Employee Code of Conduct.

9. Roles and responsibilities

WNSW PHN will:

- Report to members on strategic activity undertaken by the WNSW PHN.
- Consult with Clinical Advisory Council members on significant health issues that impact on clinical services and patient care.
- Undertake all duties to enable effective and efficient management of Council meetings.
- Facilitate liaison between Clinical Advisory Councils, Aboriginal Health Council, Community Advisory Councils and the WHAL Board.

Clinical Advisory Council members will:

- Attend regularly and contribute to Clinical Advisory Council meetings.
- Read and review information circulated.
- Seek to engage with wider clinical networks to bring diverse ideas and information to the group.
- Advise on clinical issues to influence decisions on the unique needs of their communities, including in rural and remote areas.
- Assist and develop local strategies to improve the operation of the health care system for patients in the WNSW PHN region.
- Work in partnership with the LHD to facilitate effective primary health care provision to reduce avoidable hospital presentations and admissions.
- Report to the WHAL Board on opportunities to improve medical and health care services through strategic, cost effective investment and innovation.
- Act as regional champions of locally relevant clinical care pathways designed to streamline patient care, improve the quality of care and utilise existing health resources efficiently to improve health outcomes.
- Provide feedback on improvements of integrating care in the local community.
- Provide feedback on the development and strengthening of partnerships within the community and on solutions to issues as they arise.
- Connect to the broader National and Statewide clinical network environment.
- Where relevant, seek feedback or input from their clinical networks.

- From time to time, contribute to out-of-session consultation.

10. Privacy and Confidentiality

Clinical Advisory Council members are expected to maintain confidentiality and operate in accordance with the WNSW PHN 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 WNSW PHN Confidentiality Agreement.

11. Probity and Conflict of Interest

Members have obligations for declaring any actual or potential Conflicts of Interest, including financial, professional and personal. The COI is reviewed at the beginning of each meeting.

12. Meeting Frequency and Schedule

The Clinical Advisory Councils will meet a minimum of five times per year, with two face-to-face meetings. Members are expected to attend all meetings, with three being the minimum. In the event of unforeseen circumstances an apology at the earliest convenience is required.

13. Quorum

A quorum is considered 50% of members plus one member in attendance.

14. Meeting Support

Support for meetings is provided by the WNSW PHN Advisory Councils Coordinator and secretariat. Meeting support includes:

- Liaise with the Chair of the Clinical Council.
- Circulate meeting papers and background information one week before meeting date.
- Circulate the draft meeting minutes following approval by the Council Chair.
- Arrange meeting venues and/or video/teleconference enablement.
- Facilitate communication between the Aboriginal Health Council, the Community Advisory Councils and the Clinical Advisory Councils.
- Provide relevant reports and other resources that assist the Clinical Advisory Council to fulfil its role.

15. Meeting Procedure

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

16. Endorsement and Review

The Terms of Reference will be reviewed at the completion of the first year of the Council's two or three year term.

17. Evaluation

The performance of the Clinical Advisory Council will be evaluated by the WHAL Board against these Terms of Reference after twelve months.

18. Sitting Fees

When attending meetings or workshops Clinical Advisory Council members will be eligible for reimbursement of appropriate travel expenses involved in attending meetings. Sitting fees will be paid to members, except in the case where their attendance is part of their current responsibilities for another organisation, in line with the Councils and Other Meetings Remuneration Procedure.

19. Related Documents

- Employee Code of Conduct
- Councils and Other Meetings Remuneration Procedure
- Conflict of Interest Procedure
- WNSW PHN Confidentiality Agreement