

# **COUNTIES MANUKAU DHB CLINICAL ADVISORY GROUP**

## **TERMS OF REFERENCE**

### **PURPOSE**

The purpose of CAG is to provide over-arching clinical governance of the health sector in Counties Manukau but with particular emphasis on the interface issues and to assist CMDHB to achieve service integration.

This includes:

### **FUNCTIONS**

The Clinical Advisory Group will provide a forum for:

- 1 Clinical input into the planning process and advice on the clinical impact of planning and funding decisions from a whole of health system perspective, ensuring decisions reflect a wide clinical perspective.
- 2 Providing an overview of quality and risk management and escalation of clinical risks where there is no other appropriate forum for cross-sector issues.
- 3 Providing advice on resolving clinical and patient safety issues relating to:
  - clinical quality between primary, secondary and tertiary care interfaces;
  - suitability of criteria for access to services;
  - accountability for hand-over between primary and secondary care; and
  - the implementation, of appropriate systems to support clinical governance in provider services;where these issues are not more appropriately dealt with elsewhere.
- 4 On request by the Chief Executive or Director Service Integration of CMDHD to providing advice on:
  - the clinical aspects of new treatments or services to ensure an evidence based approach to healthcare purchasing, but not to give ethical approval;
  - processes to ensure that prioritisation decisions or business cases being considered have a robust evidence base balance to reflect the local context; and
  - mechanisms to achieve integration across the health system.
- 5 Informing the development of and monitoring the progress of, whole of sector performance indicators (e.g. ASH rates, Mortality Rates).
- 6 Providing provider feedback and monitoring satisfaction with the DHB's services.

- 7 Advising on the development and implementation of clinical guidelines and integrated care pathways.

## **GUIDING PRINCIPLES & APPROACH**

- Operating within the policies and strategies of the DHB to ensure a shared strategic direction and shared priorities across the primary health care sector and the DHB provider arm
- Commitment to the principles of the Treaty of Waitangi as they relate to healthcare provision
- Commitment to reduction of health inequalities by improving health outcomes for those with health disparities, i.e. Maori, Pacific and people with low income
- Commitment to a total system of healthcare incorporating both primary and secondary care, and recognising the impact that other sectors have on health outcomes
- A collaborative approach that uses consensus decision-making to promote group accountability and positive relationships
- Openly acknowledging areas in which the parties have different perspectives and imperatives should they not be able to reach a consensus
- Alignment of clinical and financial accountabilities
- Utilising national and international evidence on clinical effectiveness to assist with prioritisation especially relating to allocation of resources to preventative activities versus service-delivery.
- A transparent process open to scrutiny

## **MEMBERSHIP**

The members of CAG shall be:

- Director of Service Integration
- Chief Medical Officer (or delegate)
- Director of Nursing
- Director of Allied Health
- Director Primary Care
- Clinical Director Public Health
- Clinical Director Quality
- Clinical Director ARHOP
- PHC Nurse Leader
- GP Liaison Officer
- COO's representative (suggest GM ARHOP because of intermediary care issues and link to the Aged Residential Care sector).
- Professor of Medicine & Integrated Care
- A panel of four General Practitioners and two Nurses), nominated by the Counties Manukau Clinical Governance Forum
- A pharmacist nominated by the CMDHB Pharmacy Advisory Group
- Up to two consumer nominees from the CMDHB Community Panel

Support provided by the CMDHB Clinical Governance Officer

The Clinical Advisory Committee has the power to create a sub-group or co-opt members as needed for specific clinical expertise or to broaden the input of the committee particularly to reflect Maori and Pacific and broader multidisciplinary input **if not provided via the membership above.**

## **QUORUM**

The quorum shall be six members with at least three from the primary/community sector and three DHB staff.

## **MEETINGS**

The Clinical Advisory Group will meet regularly with time commitments adjusted according to the funding cycle. It is envisaged to meet **ten** times per year.

## **CHAIRPERSON**

The chairperson will be elected by the group from members who attend the Clinical Management Executive Committee or Business Group.

## **ACCOUNTABILITY**

The Clinical Advisory Group will report to the Chief Executive and the Clinical Executive Management Committee, through the Chairperson and CMDHB Clinical Executive members. Copies of minutes will be sent to the CMEC and the Business Group.

**Revised 17th February 2010**