National Clinical Networks

Is there a plan to look at outpatient clinician full-time equivalent (FTE) in each district? Currently FTE is not aligned with population - some districts are meeting their waitlists, and others are not. (H&SS)

A key function of the National Clinical Networks is to reduce variation, so where workforce variation is identified within the system, the clinical network leadership and wider network will determine its relative priority within their national work programmes. It is expected the networks will work across the system, engaging with the Te Whatu Ora Workforce Team on issues related to their speciality or disease area.

Who decides on the membership of the networks and how big do you think they will be?

The National Clinical Network co-leads will work with the Clinical Networks Oversight Group to determine the membership of the network. Careful consideration will be given to ensure membership is fit for purpose and representative of the specific network. There is no pre-determined size.

To date the clinical networks have been primarily specialist medical staff - what is being done to ensure that clinical networks have representation across the health sector workforce and include Allied Health?

The role and function of clinical networks historically varied across the country. There are examples where membership on clinical networks spanned primary, community and secondary sectors and where workforce membership was broad, inclusive and included consumer and whānau voice. We are clear that the National Clinical Networks must all be interprofessional.

How will the networks work more broadly than just at a clinical level? Why are they "clinical" networks - and what will be the plan to include consumer and community provider voice?

The focus will be developing national standards and models of care, identifying ways to address variation in service quality and outcomes, addressing equity, and developing innovative, efficient, and evidence-based solutions that will inform investments and workforce planning and be applied nationally.

The networks will do this in collaboration with relevant national, regional, and local stakeholders and will identify what care and services are required at different levels, who should provide these services, and how the services or care should be delivered. Community, consumer and whānau voice will be very important. There are a range of options for ensuring these voices are included and the oversight group will work with each network to determine how best to achieve this.

Will the clinical networks drive change on health issues managed in primary care? Or just secondary care?

The networks will influence how we prioritise and drive system change across the whole health system, in primary, secondary and tertiary care, by developing national standards and models of care and will be a core part of the new health system we are building.

Why does the EOI for joint-Chairs of each network specify they must be clinical?

When Te Whatu Ora and Te Aka Whai Ora engaged with clinical and managerial kaimahi last year they were very clear about the value they saw in clinical networks and the opportunity created, for the first time, to develop a national clinical kaimahi voice through the networks. Our overall objective is a stronger, more representative and better joined-up clinical voice at the heart of the new system.

Have you built in an evaluation plan for the new clinical networks?

Network evaluations will be undertaken regularly and include the review of the Terms of Reference and membership of each network. A network's performance against its work programme will be reviewed annually.

The networks sit closely within body systems, how can we ensure that whole person care is prioritised - and problems co-ordinated across multimorbidity?

National Clinical Networks will be expected to support the health reforms and the five system shifts. A key system shift is that "everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live". The networks will collaborate with relevant national, regional and local stakeholders to advance a whole of system, whole person care approach to service planning and delivery.

When you talk about working with the National clinical leads, there is an Oral Health National clinical lead for Manatū Hauora but there is not one for Te Whatu Ora nor Te Aka Whai Ora. Would this be the lead of this work?

Careful consideration will be given to ensure membership of each network is fit for purpose and representative of the specific network's specialty area. The network co-leads will look across all parts of the system to find relevant subject matter expertise to be part of the network.

Are just two clinical leads per network adequate? What FTE is allocated to the regional representation?

The networks will be made up of co-leads and other representatives from across the motu.

We have said that each region will be represented on the networks. The role of regional networks which will work alongside the national networks, is still being worked through.

I note there is not a health of older people network, why is this?

Te Whatu Ora Commissioning is leading the development of a Strategic Design Network focused on Ageing Well, which will link with relevant National Clinical Networks such as stroke.

Appreciate you developing this space for clinicians to provide clinical guidance to service provision. Clinical governance hasn't featured much in the development of the new health system thus far which is very odd for a health service.

Sustaining an environment where clinical excellence will flourish is a top priority for Te Whatu Ora. Clinical governance structures remain in place in the districts and are increasingly in place at a national level. This includes the Clinical Quality Assurance Committee of the Te Whatu Ora Board, which is focused on the quality and safety of health services. A National Clinical Governance Committee has also recently been formed. It is an oversight group co-led by Te Whatu Ora and Te Aka Whai Ora and is still developing linking processes.

National Clinical Networks will be expected to incorporate the attributes and processes of sound clinical governance – addressing issues within the network wherever possible but with pathways to escalate issues as needed. We're still working through exactly what clinical governance will look like at a regional level, however it's clear that the clinical networks will play a role regionally as well.

How will community NGO providers be included in decision, as we are the ones that fill the gaps in the system not currently covered by clinicians?

There are a number of ways NGOs may be involved in the National Clinical Networks, which could include representation on a network, representation on an external advisory group or through a mechanism to engage with or represent consumer and whānau voices.

How will the valuable work of the Te Aho o Te Kahu & it's future be impacted by the Cancer Service Network?

Te Aho o Te Kahu provide national leadership and oversight of cancer control and will have a direct working relationship with the Co-leads, the clinical network and network members where cancer is central to discussions and where expert advice is required to support cancer related work.

How will the networks manage delivery of efficient hospital services, when people are not able to first access primary care due to barriers (incl cost, transport)?

Delivery of high quality accessible primary care is the cornerstone of a high functioning health system. National Clinical Networks in their focus on models of care will work with primary and community care and the Strategic Design Networks to ensure that they are fully aligned with the wider system and working in a way that enables all parts of the system to respond to patient and whānau needs.