

Department RecFind No:	BR057437
Division/HHS:	Darling Downs HHS
File Ref No:	

Briefing Note for Noting
Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation Date requested: 24 May 2013 Action required by:

SUBJECT: Future investment necessary to increase the Rural Generalist Program

Proposal

That the Director-General:

Note the contents of this brief regarding expansion of the Queensland Rural Generalist Program (QRGP).

Note the program is to be funded by refocussing the Queensland Rural Medical Scholarship Scheme (subject to a separate brief) and will require additional investment of \$930,000 in 2013/2014 and \$866,500 in 2014/2015, to be provided by Health Service and Clinical Innovation Division (refer Attachment 9).

Urgency

1. **Urgent** - this brief was required to allow integration with the medical recruitment program.

Headline Issues

2. The top issues are:
 - The QRGP (a maturing, evaluated program) has potential to increase effective supply of rural generalists into the workforce.
 - An expansion of the QRGP ought necessarily; supply rural generalists into communities challenged by intractable workforce vacancies; build capacity of, and secure, recruitment into training (medical students) and build capacity of, and secure, training-supply of rural generalists.

Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?
 - This aligns with all four key principles of the Blueprint: focussed on patients and people, empowering the community and workforce, value and planning for the future.

Key issues

4. The effectiveness and cost benefit of the QRGP is now established by formal evaluation¹.
5. Since 2007, intake into the training-supply pillar of the QRGP (the Pathway) increased from 30 to 46 in 2014.
6. From the year of significant output of qualified rural generalist trainees into rural practice (2009), rural Queensland hospitals' critical vacancy rate declined².
7. However, vacancies still outstrip trainee placements (by approximately 57 to 26 for 2013).
8. The QRGP is evaluated to be maturing³, but elements warrant attention – trainee recruitment, advanced specialised training and supply of workforce into workforce challenged rural towns.
9. The QRGP's maturity and Health Workforce Australia's strategy to roll out a program similar to the Queensland Rural Generalist Program nationally provides opportunity to take rural medical generalism to the next level in Queensland and to maintain national leadership.
10. The QRGP's potential to expand supply must be subject to capacity to recruit, capacity to train and to risk of over supply, and must necessarily be staged.

¹ Evaluation and Investigative Study of the Queensland Rural Generalist Program, February 2013, Ernst & Young

² Ibid.

³ Ibid.

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11. Recommended foci of action are listed as follows. For each focus, an attachment briefly explains and provides indicative cost (where appropriate), subject to more detailed business case development.
- Undergraduate Support – develop intake and support of medical students to secure supply into Internship.
 - Rural community, Hospital and Health Services and rural industry partnership in support of undergraduate Pathway trainees in return for service period commitment to a designated community
 - Intake into Internship (with and without scholarship) - increase from approx. 45 per annum (pa) to 80 pa⁴ (Attachment 1)
 - Prevocational Training – secure hospital commitment of training posts by funding the travel and accommodation cost of trainee attendance to the prescribed annual Prevocational Training Workshops (Attachment 2)
 - Advanced skills training - develop and secure capacity and enhance retention of trainees during training. (Attachment 3)
 - Advanced skills training – completion of eight Medicare billing training modules in advanced specialist skills streams. (Attachment 4)
 - Rural medical service - re-design service/practice where failing or anticipating succession and actively prepare and guide trainees for/into these locations (Attachment 5)
 - Management of trainees – engage trainees in a single primary allocation centre for greater retention in training and output of the Pathway (Attachment 6)
 - A Queensland hosted, regular clinical forum of rural medical generalists – with potential national and international interest, as a business enterprise. (Attachment 7)
 - Offer of the Pathway's services interstate (for example: Northern Territory, Northern New South Wales) – as a business enterprise (Attachment 8).
12. The investments required to develop all necessary components to increase the rural generalist capacity in a sustainable way needs to be planned and scaled into production and will require recurrent funding of \$1,877,000 beyond 2015.
13. The total investment will deliver the program components outlined in the attachments to this brief and the benefits accruing to these investments will include:

	Year 1 2013/14	Year 2 2014/15	Recurrent
Increase rural generalist pathway trainees to 80 per annum	\$600,000	\$900,000	\$700,000
Deliver prevocational training workshops	\$120,000	\$240,000	\$240,000
Deliver Medicare billing advanced specialised training modules/tools	\$100,000	\$50,000	
Redesign of rural generalist service and workforce	\$600,000	\$750,000	\$750,000
Administration, overhead, Management	\$140,000	\$187,000	\$187,000
Total investment per annum	\$1,560,000	\$2,127,000.00	\$1,877,000

- Building the Pathway's prevocational training capacity to train 80 trainees per year in each of the prevocational training years at marginal cost;
- Developing the Pathways' advanced specialised training effectiveness and capacity to train 80 trainees per year across all eight approved disciplines and assuring maximum retention of trainees during this year of training;
- Assuring the competence of trainees in Medicare billing for both public and private billing practice;
- Doubling the recruitment intake (to 80 per year), supporting (professionally and administratively) these trainees through the Pathway and in due course doubling the output of the Pathway into rural generalist practice, all at marginal cost;

⁴ This increase will mean that in any given year there will be 400 trainees progressing at some point of the rural generalist program.

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- Ensuring capacity of the QRGP to impact all rural and remote communities of Queensland and in particular, those with apparently intractable recruitment and retention problems with the reasonable expectation that in rural and remote hospitals, effective elimination of Critical Level 1 vacancies will be maintained, Critical Level 2 vacancies will be eliminated upon increased Pathway output and total vacancies significantly reduced.
14. Expansion of the QRGP will be funded by refocussing the Queensland Rural Medical Scholarship Scheme over the period to 2017/18. Additional investment of \$930,000 is required in 2013/14 and \$866,500 in 2014/15, to be provided by Health Service and Clinical Innovation Division. A surplus for reinvestment is available from 2015/16. (Attachment 9)
 15. A separate briefing is to be provided in relation to the Queensland Rural Medical Scholarship Scheme.

Background

16. Evidence of sustained insufficient supply of Australian and international medical graduates into the rural workforce, prompted systematic planning for reform in 2001 to 2004.
17. The reform was underpinned by four interdependent pillars: State recognition of Rural Generalist Medicine (RGM), value of its practice (remuneration), an education supply line (Rural Generalist Pathway) and rural generalist service redesign.
18. Policy decision and industrial reform initiated the first three pillars in 2005.
19. From 2006, medical students and junior doctors responded enthusiastically to news of a new career opportunity in rural generalist practice in Queensland.
20. The Pathway's first intake of intern trainees in 2007 completed training in 2012.
21. The State formally recognised RGM as a medical discipline in its own right and its practice was accorded near specialist remuneration equivalence from 2008.
22. The report of a Health Workforce Australia (HWA) funded evaluation of the QRGP, concluded in February 2013 by Ernst & Young is at hand. The Minister will soon be offered opportunity for formal briefing on their evaluation report.

Consultation

23. Consultation has occurred with Darling Downs Hospital Health Service and Health Service and Clinical Innovation Division, including Office of Principal Medical Officer.

Attachments

24. Attachment 1: Intake into Rural Generalist Pathway
- Attachment 2: Prevocational Training – Workshop Accommodation and Travel Costs
- Attachment 3: Advanced Specialised Training – Workshops
- Attachment 4: Advanced Specialised Training – Medicare Billing Training Resources
- Attachment 5: Rural Medical Service – Redesign of Service & Workforce
- Attachment 6: Single Primary Allocation Centre for Rural Generalist Training
- Attachment 7: Clinical Forum for Rural Medical Generalists
- Attachment 8: Business Enterprise for the Queensland Rural Generalist Program
- Attachment 9: QRCP investment variance

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Recommendation

That the Director-General:

Note the contents of this brief regarding expansion of the Queensland Rural Generalist Program (QRGP).

Note the program is to be funded by refocussing the Queensland Rural Medical Scholarship Scheme (subject to a separate brief) and will require additional investment of \$930,000 in 2013/2014 and \$866,500 in 2014/2015, to be provided by Health Service and Clinical Innovation Division (refer Attachment 9).

APPROVED/NOT APPROVED

NOTED

Michael Cleary

DR MICHAEL CLEARY
A/Director-General

31 / 8 / 2013

To Minister's Office For Noting

Director-General's comments

THANK YOU FOR THE BRIEF
COULD WE PLEASE PROVIDE TO CATYIE
SCUNIERZUN TO DRAFT A MEDIA STATEMENT
FOR CONSIDERATION BY THE MINISTER'S
OFFICE.

Author
Dr Denis Lennox

Cleared by: (SD/Dir)
Dr Peter Bristow

Content verified by: (CEO/DDG/Div Head)
Ms Jan Phillips

Director, Rural & Remote
Medical Support

Chief Executive

A/Deputy Director-General

Darling Downs Hospital &
Health Service

Darling Downs Hospital & Health Service

Health Service and Clinical Innovation

s47(3)(b)

28 May 2013
4 June 2013

30 May 2013
4 June 2013

23 August 2013

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2009/013552A2



Department RecFind No:	BR057441
Division/HHS:	HSCID
File Ref No:	

56

RECEIVED
DATE 2 SEP 2013

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

URGENT

Requested by: A/Deputy Director-General,
Health Service and Clinical Innovation Division

Date requested: 20 August 2013

Action required by: 30 August 2013

SUBJECT: Minister's meeting with the Statewide Clinical Network Chairs

Recommendation

That the Minister:

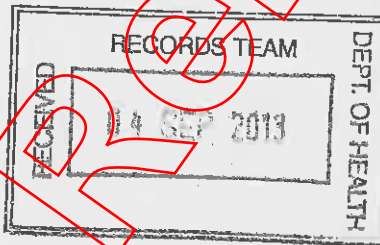
Note the agenda and invitees for the meeting of the Minister with the Statewide Clinical Network Chairs on Tuesday, 3 September 2013, at 3.00pm in the Videoconference room, Level 3, Queensland Health Building.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health



Chief of Staff

29 11

Minister's comments

Briefing note rating

1 2 3 4 5
 1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance.

Department RecFind No:	BR057441
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

Acting Director-General

Requested by: A/Deputy Director-General,
Health Service and Clinical Innovation Division

Date requested: 20 August 2013

Action required by: 30 August 2013

SUBJECT: Minister's meeting with the Statewide Clinical Network Chairs

Proposal

That the A/Director-General:

Note the agenda and invitees for the meeting of the Minister with the Statewide Clinical Network Chairs on Tuesday, 3 September 2013, at 3.00pm in the Videoconference room, Level 3, Queensland Health Building.

Provide this brief to the Minister for information.

Urgency

1. Routine

Headline Issues

2. The top issues are:

- A meeting has been scheduled for 3 September 2013, for the Minister to meet with the current Statewide Clinical Network Chairs for an informal exchange of information relevant to clinical network priorities and activity.
- This meeting will be scheduled to occur every six months.

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?

- A key government strategy is to improve the engagement and leadership of clinicians to encourage the spread of innovative models of care which will contribute to meeting the state's health targets.

Key issues

4. This bi-annual meeting will provide the opportunity for clinical leaders, the Director-General and Minister to exchange information and advice on strategic issues.
5. At the request of the Minister's Office, Clinical Access and Redesign Unit has liaised with the Network Chairs regarding availability and attendance as part of arranging this meeting.
6. At present, 12 of the 17 Chairs have confirmed attendance.

Background

7. There are currently 17 statewide clinical networks that provide strong links between clinicians across Hospital and Health service boundaries.

Consultation

8. Not applicable.

Attachments

9. Attachment 1: Agenda for the meeting of the Minister with the Statewide Clinical Network Chairs on Tuesday, 3 September 2013, at 3.00pm in the Videoconference room, level three, Queensland Health Building.

Department RecFind No:	BR057441
Division/HHS:	HSCID
File Ref No:	

Recommendation

That the A/Director-General:

Note the agenda and invitees for the meeting of the Minister with the Statewide Clinical Network Chairs on Tuesday, 3 September 2013, at 3.00pm in the Videoconference room, Level 3, Queensland Health Building.

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

Michael Cleary

DR MICHAEL CLEARY
A/Director-General

2 19 2013

To Minister's Office For Noting

A/Director-General's comments

Author	Cleared by: (SD/Dir)	Cleared by	Content verified by: (CEO/DDG/Div Head)
Cathy Urquhart	Jason Currie	Jan Phillips	Jan Phillips
Manager	Executive Director	Executive Director	Acting Deputy Director-General
Clinical Access and Redesign Unit	Clinical Access and Redesign Unit	Health Systems Innovation Branch	Health Service and Clinical Innovation Division

s47(3)(b)

20 August 2013 21 August 2013 22 August 2013 23 August 2013

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CAPW/000691 P45

Department RecFind No:	BR057446
Division/HHS:	SSS Division
File Ref No:	HPID02914

Briefing Note for Approval
 The Honourable Lawrence Springborg MP
 Minister for Health



RECEIVED
 30 AUG 2013

Requested by: Deputy Director-General,
 System Support Services

Date requested: 17 July 2013

Action required by: 7 August 2013

SUBJECT: Types of Leases for Regulation

Recommendation

That the Minister:

Approve the attached table (Attachment 1) describing types of lease dealings to be included in the Regulation that will not require Ministerial and Treasurer approval, as provided for in the *Hospital and Health Boards Act 2011*.

Sign the attached letter to the Honourable Tim Nicholls MP, Treasurer and Minister for Trade notify the Treasurer of the proposed regulation.

Note that under the *Hospital and Health Boards Act 2011*, a Hospital and Health Service (HHS) must not grant or take a lease of land or buildings without the prior written approval of the Minister for Health and the Treasurer, unless the lease is a type prescribed by regulation.

Note that the creation of a regulation, which enables the HHSs to fast track approval processes for low value expenditure leases will provide greater autonomy to HHSs and streamline processes.

APPROVED/NOT APPROVED

NOTED

NOTED

Lawrence Springborg
 LAWRENCE SPRINGBORG
 Minister for Health

Principal Policy Advisor
 -Chief of Staff

4 1 9 1 1 3

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Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance.

Handwritten signature and date 4/9/13

Department RecFind No:	BR057446
Division/HHS:	SSS Division
File Ref No:	HPID02914

Briefing Note for Approval

Director-General

27 AUG 2013

Requested by: Deputy Director-General,
System Support Services

Date requested: 6 August 2013

Action required by: 30 August 2013

SUBJECT: Types of Leases for Regulation

Proposal

That the Acting Director-General:

Note the attached table (Attachment 1) describing types of lease dealings to be included in the Regulation and will not require Ministerial and Treasurer approval, as provided for in the *Hospital and Health Boards Act 2011*.

Provide this brief and attached letter to the Honourable Tim Nicholls MP, Treasurer and Minister for Trade to the Minister for Health for approval.

Urgency

1. **Urgent** – the proposed regulation will need to be progressed as soon as possible to enable Hospital and Health Services (HHS) to approve low value expenditure leases in a timely manner.

Headline Issues

2. The top issues are:
 - Under the *Hospital and Health Boards Act 2011*, a HHS must not grant or take a lease of land or buildings without the prior written approval of the Minister for Health and the Treasurer, unless the lease is a type prescribed by regulation.
 - Creating a regulation which enables HHSs to fast track approval processes for low value expenditure leases will provide greater autonomy to HHSs and streamline processes.

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
 - Empowering the community and our health workforce.

Key issues

4. While under section 20A of the *Hospital and Health Boards Act 2011* the HHSs currently have the power to undertake property transactions (that is to buy, sell or lease), the same legislation requires that the HHS obtain prior written approval for these types of property transaction from the Minister for Health and the Treasurer. This is a time consuming process for low value, low risk transactions unless a regulation is made as envisaged by section 20A.
5. The attached table (Attachment 1) provides for a schedule of leases that could be approved by the HHS without the need to be approved by both the Minister for Health and the Treasurer.
6. The lease parameters are generally low value, which will provide for HHS to efficiently transact lower scale leases, such as residences for staff accommodation up to \$100,000 per annum.
7. Health Infrastructure Branch, System Support Services Division, Department of Health, will provide ongoing support to the HHSs by obtaining approval and execution of lease documentation in accordance with legislative requirements and Real Property delegations.

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File Ref No:	HPID02914

Background

8. When introducing the *Health and Hospitals Network and Other Legislation Amendment Act 2012* in May 2012, the Minister for Health announced that the land and buildings operated by HHSs would be transferred from the Department of Health to the relevant Services.
9. The Department of Health is undergoing a readiness assessment process with respect to the transfer of assets from the Department to the HHSs. It is anticipated that the process to transfer land and buildings will commence in late 2013 / early 2014.
10. While the transfer of land and building assets has not yet occurred, this does not prevent the HHSs from undertaking property transactions in their own name, provided that the dealings are approved in accordance with the provisions of the *Hospital and Health Boards Act 2011*.
11. Due to the high number of real estate transactions within the Department of Health, the delegation of authority to the HHSs for lower value lease transactions is proposed to streamline and fast track approval and signing of documentation.
12. If real estate transactions cannot be approved in an efficient manner, particularly in heated property market conditions, protracted approval time frames for leases will likely not be acceptable to a vendor and the Department of Health will not be competitive in the market.

Consultation

13. Legal Unit, System Support Services Division, Department of Health
14. Queensland Treasury has indicated that a letter (Attachment 2) should be forwarded to the Treasurer regarding the regulation change before the Department of Health obtains Governor in Council approval.

Financial implications

15. There are no financial implications.

Legal implications

16. The Legal Unit, System Support Services Division, Department of Health, have indicated that the schedule is acceptable (Attachment 3).

Attachments

17. Attachment 1: Types of Leases Recommended for Regulation.
- Attachment 2: Letter to the Honourable Tim Nicholls MP, Treasurer and Minister for Trade – MI192148.
- Attachment 3: Email from Legal Unit, System Support Services Division, Department of Health, confirming table is acceptable.

Department RecFind No:	BR057446
Division/HHS:	SSS Division
File Ref No:	HPID02914

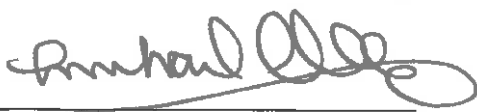
Recommendation

That the Acting Director-General:

Note the attached table (Attachment 1) describing types of lease dealings to be included in the Regulation and will not require Ministerial and Treasurer approval, as provided for in the *Hospital and Health Boards Act 2011*.

Provide this brief and attached letter to the Honourable Tim Nicholls MP, Treasurer and Minister for Trade to the Minister for Health for approval.

APPROVED/NOT APPROVED **NOTED**



DR MICHAEL CLEARY
Acting Director-General

28 / 8 / 2013

FOR RELEASE

A/Director-General's comments

To Minister's Office for Approval for Noting

Author Jason Gaudry	Cleared by: Sunil Madan Senior Director Asset and Property Services	Cleared by: Glenn Rashleigh Chief Health Infrastructure Officer Health Infrastructure Branch, System Support Services	Content verified by: James Sherry for Bob McDonald A/Deputy Director-General System Support Services
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s47(3)(b)

1 August 2013 13 August 2013 16 August 2013 26 August 2013

BR057460



Department RecFind No:	BR057460
Division/HHS:	Metro South HHS
File Ref No:	QCCAT_10

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

RECEIVED
10 SEP 2013
DATE BY

Requested by: Chief Executive,
Metro South Hospital & Health Service

Date requested: 20 August 2013

Action required by: 31 August 2013

SUBJECT: Release of *Cancer Surgery in Queensland: Infocus - access and flows 2013* Report

Recommendation

That the Minister:

Note the Cancer Surgery in Queensland: Infocus - access and flows 2013 report is now available at <https://qccat.health.qld.gov.au>.

Note that the report titled *Cancer Surgery in Queensland: Infocus - access and flows 2013* includes chapters on breast, colon and rectal, lung and upper gastrointestinal cancers.

Note that this report is focused on two dimensions of access to cancer care services - surgery rates and flows in Queensland public and private hospitals.

Note that this report provides, for the first time, a population profile for cancer surgery in Queensland and the Hospital and Health Services (HHS). It also describes the characteristics of cancer patients who receive surgery.

Note there are no funding issues.

Note that Queensland is now able to compare with other Australian states and territories, internationally and published literature.

Note that the information contained within *Cancer Surgery in Queensland: Infocus access and flows 2013* will be useful to clinicians, Hospital and Health Service boards, chief executives, policy makers, administrators and providers as they continue in their efforts to create a more equitable and responsive health care system in Queensland.

APPROVED NOT APPROVED

NOTED

NOTED

Lawrence Springborg
LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

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Minister's comments

Please make sure that this is loaded on its open data web site.

M.C.V.

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.

Department RecFind No:	BR057460
Division/HHS:	Metro South HHS
File Ref No:	QCCAT_10

Briefing Note for Noting

Director-General

Requested by: Chief Executive,
Metro South Hospital & Health Service

Date requested: 20 August 2013

Action required by:

SUBJECT: Release of *Cancer Surgery in Queensland: Infocus - access and flows 2013* Report

Proposal

That the Director-General:

Note the *Cancer Surgery in Queensland: Infocus - access and flows 2013* report is now available at <https://qccat.health.qld.gov.au>.

Provide this brief to the Minister for information.

Urgency

1. Routine

Headline Issues

2. The top issues are:

- The report titled *Cancer Surgery in Queensland: Infocus - access and flows 2013* includes chapters on breast, colon and rectal, lung and upper gastrointestinal cancers.
- The report is focused on surgery rates and patient flows in Queensland public and private hospitals.
- Queensland is leading other Australian States and Territories by publishing population-based cancer surgery rates for breast, colon, rectal and lung cancer using routinely collected administrative data, contributing directly to national and international benchmarking in the future.
- This report provides, for the first time, a population profile for cancer surgery in Queensland and the Hospital and Health Services (HHSs).

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?

- *Cancer Surgery in Queensland: Infocus - access and flows 2013* contains vital information for the planning and funding of cancer services, provides HHSs with meaningful information on their local populations and helps us to better understand variations in cancer surgery across Queensland.
- Surgery rates describe the percent of patients diagnosed with cancer that receive cancer-related surgery. These rates are indicative of patient access to cancer surgery at the HHS and Queensland levels.

Key issues

4. Each year, nearly 21,000 Queenslanders are diagnosed with cancer and over 7000 Queenslanders will die of the disease. Cancer is the leading cause of burden of disease and injury in Queensland.
5. Surgery is a critical component of the curative treatment of most cancers with many cancers diagnosed and treated surgically.
6. The report *Cancer Surgery in Queensland: Infocus - access and flows 2013* contain information on cancer surgery in Queensland from 2001-2010 and reflections on the trends in the data observed over the most recent three year time period 2008-2010 for breast, colon and rectal, lung and upper gastrointestinal cancers.
7. Chapter 1 – Surgery for Breast Cancer
 - The proportion of women that had breast conservation surgery (BCS) as their definitive procedure was just over half (56%) and three-quarters of these breast cancers were stage T1 (75%).

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- 53% of women who had a definitive procedure of BCS or mastectomy underwent a sentinel lymph node biopsy and 57% had an axillary dissection surgery.
8. **Chapters 2 and 3 – Surgery for Colon and Rectal Cancer**
 - The majority of men and women diagnosed with colon cancer (81%) had major resection surgery.
 - A colectomy procedure was carried out on 67% of patients diagnosed with colon cancer.
 - 57% rectal cancer patients had an anterior resection procedure carried out and 60% of those patients who underwent an anterior resection were in the less than 65 years age group.
 9. **Chapter 4 – Surgery for Non-Small Cell Lung Cancer**
 - 80% of Queenslanders diagnosed with lung cancer did not undergo surgery for their disease. Of the persons who did have surgery 23% were 65 years or younger.
 - Just over half of the lung cancer patients that underwent a resection for lung cancer 56% had a lobectomy, 37% had a partial resection and 7% had a pneumonectomy.
 10. **Chapter 5 – Surgery for Oesophago-gastric Cancer**
 - One third of all patients with oesophago-gastric cancer underwent surgery (31%).
 - 48% of males with a median age of 70 years received a gastrectomy surgery for oesophago-gastric cancer.
 - Oesophagectomy surgery was carried out for 27% of females and 59% of patients who underwent an oesophagectomy were aged less than 65 years.
 11. Most of the cancer related surgery reported occurred within the HHS of patient residence for patients that resided in a major city.
 12. In Queensland from 2001-2010 the surgery rate trends have remained stable for lung resection (20%) and colectomy for colon cancer (63%).
 13. Surgery rates increased from 2001-2010 for rectal cancer anterior resection surgery (6%) and mastectomy (3%). A slight decrease over the ten years was found for breast conservation surgery (4%), gastrectomy (1%) and oesophagectomy (2%).

Background

14. The Queensland Cancer Control Safety and Quality Partnership (The Partnership) was established in 2004. An important goal of The Partnership is to support clinician-led service improvement.
15. The Partnership is a gazetted quality assurance committee under *Part 6, Division 1 of the Hospital and Health Boards Act 2011*, whose aim is to provide the cancer community with the systems and tools to routinely review share and compare data on cancer treatment and outcomes.
16. The Partnership is supported by the Queensland Cancer Control Analysis Team (QCCAT).
17. QCCAT undertakes the analysis and interpretation of data and advises on the best use of cancer data for service improvement.

Consultation

18. The Qld Cancer Control Safety and Quality Partnership
19. The Qld Cancer Control Safety and Quality Partnership Breast Cancer Sub-Committee, Colorectal Cancer Sub-committee and Qld Oesophago-Gastric Cancer Collaborative.
20. Cancer clinicians in Queensland public and private hospitals

Attachments

21. Attachment 1: Cancer Surgery In Queensland – Infocus – access and flows 2013 Background
- Attachment 2: Chapter 1 Surgery for Breast Cancer
- Attachment 3: Chapter 2 Surgery for Colon Cancer
- Attachment 4: Chapter 3 Surgery for Rectal Cancer
- Attachment 5: Chapter 4 Surgery for Non-Small Cell Lung Cancer
- Attachment 6: Chapter 5 Surgery for Oesophago-gastric Cancer

Department RecFind No:	BR057460
Division/HHS:	Metro South HHS
File Ref No:	QCCAT_10

Recommendation


That the Director-General:

Note the *Cancer Surgery in Queensland: Infocus - access and flows 2013* report is now available at <https://qccat.health.qld.gov.au>.

Provide this brief to the Minister for information.

APPROVED / NOT APPROVED

NOTED



DR MICHAEL CLEARY
A/Director-General

9 / 9 / 2013

PLEASE

To Minister's Office For Noting

A/Director-General's comments

PLEASE PASS ON MY CONGRATULATIONS TO QCCAT FOR SUCH A HIGH QUALITY REPORT

Author	Cleared by: (SD/Dir)	Cleared by: (Ex Dir)	Content verified by: (CEO/DDG/Div Head)
Hazel Harden	Dr Euan Walpole	Dr Jennifer King	Dr Richard Ashby
Manager	Medical Director	Executive Director, PAH - QEII Health Network	Chief Executive
QCCAT	Cancer Services Southern Metro South Hospital and Health Service	Metro South Hospital and Health Service	Metro South Hospital and Health Service

20 August 2013 4 September 2013	21 August 2013 4 September 2013	23 August 2013 4 September 2013	27 August 2013 Robert Mackway-Jones Acting Chief Executive Metro South Hospital and Health Service 3156 4949 4 September 2013
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Minister's Office RecFind No:	BR057468
Division/District:	HQCC
HQCC Ref No:	D/13/8238



Q005/021434 P1

RECEIVED	
DATE	BY

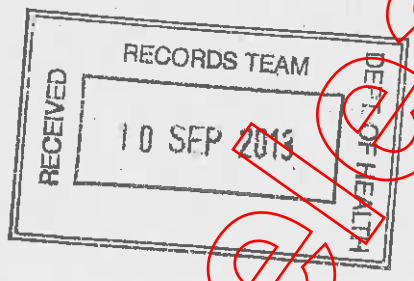
Briefing Note for Noting
 The Honourable Lawrence Springborg MP
 Minister for Health

Requested by: A/Chief Executive officer, Health Quality & Complaints Commission Date requested: N/A Action required by: 2 September 2013

SUBJECT: Release of the Health Quality and Complaints Commission (HQCC) spotlight report on clinical deterioration in Queensland hospitals

Recommendation
 That the Minister:

Note the HQCC's release on Monday 2 September 2013 of *Failing health: A spotlight report on complaints about clinical deterioration in Queensland hospitals*.



NOTED

NOTED
[Signature]

LAWRENCE SPRINGBORG
Minister for Health

[Signature]
Chief of Staff
9/9/13

Minister's comments

Please Ask HQCC to correctly title the report. That is the years 2009-2012

Briefing note rating

1 2 3 4 5
 1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance.

Minister's Office RecFind No:	BR057468
Division/District:	HQCC
HQCC Ref No:	D/13/8238

Briefing Note for Noting

Minister for Health

Requested by: A/Chief Executive officer,
Health Quality & Complaints Commission

Date requested: N/A

Action required by: 2 September 2013

SUBJECT: Release of the Health Quality and Complaints Commission (HQCC) spotlight report on clinical deterioration in Queensland hospitals

Proposal

That the Minister for Health:

Note the Health Quality and Complaints Commission's (HQCC) release on Monday, 2 September 2013 of *Falling health: A spotlight report on complaints about clinical deterioration in Queensland hospitals*.

Urgency

1. Routine

Headline issues

1. The top issues are:

- On Monday 2 September 2013, the HQCC will publicly release a report on its analysis of 172 complaints about clinical deterioration received between 1 July 2009 and 30 June 2012 and 205 root cause analysis (RCA) summary reports.
- The report acknowledges the critical role patients and their families/carers play in observing deterioration, communicating their concerns to clinical staff and having those concerns appropriately addressed.
- The report briefly mentions the development of Ryan's Rule and the Children's Early Warning Tool (CEWT).
- Early recognition of clinical deterioration followed by prompt and appropriate action will minimise adverse outcomes for patients.
- Adverse events which occur as a result of a patient's worsening physical condition are often avoidable as they are preceded by observable symptoms.

Blueprint

2. How does this align with the Blueprint for Better Healthcare in Queensland?

- Section 2: empowering the community and our health workforce
 - transparency promotes public confidence.
- Section 4: investing, innovation and planning for the future
 - a lasting commitment to collaborative effort and improvement will provide Queenslanders with a world class healthcare system

Key issues

3. One in five clinical deterioration complaints cited a failure to address concerns raised by patients or their families/carers about a patient's worsening condition.
4. Failure to recognise deterioration was the most common issue identified in clinical deterioration complaints.
5. Just over half (53%) of clinical deterioration complaints were about care during a hospital admission.

Background

6. The HQCC analysed complaints about clinical deterioration in Queensland hospitals and RCA summary reports produced by hospitals as a result of a serious or adverse event.
7. There is a national focus on recognising and responding to clinical deterioration, including a new assessable national safety and quality health service standard, Standard 9 — *Recognising and responding to clinical deterioration in acute health care*.

Consultation

8. The HQCC worked with the Department of Health's Patient Safety Unit regarding information about Ryan's Rule and CEWT.

Attachments

9. Attachment 1: *Failing health: A spotlight report on complaints about clinical deterioration in Queensland hospitals* (embargoed until Monday 2 September 2013).

Author:
Susan Woodford

Senior Design and Communications Adviser

Health Quality and Complaints Commission

Content verified and endorsed by:
Shaun Nesbitt

Acting CEO

Health Quality and Complaints Commission

s47(3)(b)

28 August 2013

28 August 2013

RTI R

BR057469


Department RecFind No:	BR057469
Division/HHS:	HSCID
File Ref No:	

RECEIVED
 DATE 4 SEP 2013

Briefing Note for Noting
 The Honourable Lawrence Springborg MP
 Minister for Health

Requested by: SDLO Date requested: 29 August 2013 Action required by: 29 August 2013

SUBJECT: The Health Quality Complaint Commission's (HQCC) report, *Failing health: a spotlight report on complaints about clinical deterioration in Queensland hospitals* to be released publically on Monday 2 August 2013

Recommendation
 That the Minister:

- Note** that the HQCC will publically release a report on complaints about clinical deterioration in Queensland hospitals on 2 September 2013 which will potentially attract media attention.
- Note** that the HQCC report includes details of patient complaints about clinical deterioration in Queensland hospitals and recommends areas for improvement.
- Note** Recognising and Responding to Clinical Deterioration is a mandatory National Safety and Quality Health Service Standard for accreditation of hospitals and Queensland Health is well advanced in addressing clinical deterioration through the use of human factors designed Early Warning and Response System (EWARS) Tools and patient escalation processes.
- Note** the HQCC report highlights the development of the Queensland Health statewide Patient, Family, and Carer escalation process titled Ryan's Rule, which will be available for health facilities to implement towards the end of 2013. This has been developed in conjunction with Ryan's family, following his death and coronial inquest.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
 Minister for Health

PPA
 Chief of Staff

Minister's comments

This report covers only 1/2 of complaints received

Briefing note rating

1 2 3 4 5
 1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance.

URGENT

Department RecFind No:	BR057469
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: SDLO

Date requested: 29 August 2013

Action required by: 29 August 2013

SUBJECT: The Health Quality Complaint Commission's (HQCC) report, *Failing health: a spotlight report on complaints about clinical deterioration in Queensland hospitals* to be released publically on Monday 2 August 2013

Proposal

That the A/Director-General:

Note that the Health Quality and Complaint Commission (HQCC) will be releasing a public report about clinical deterioration in Queensland hospitals and there will be potential media interest (Attachment 1).

Provide this brief to the Minister for information.

Urgency

- Urgent** - The HQCC's report, *Failing health: a spotlight report on complaints about clinical deterioration in Queensland hospitals* is due for public release on 2 September 2013, and will potentially attract media attention for Queensland's public and private hospitals.

Headline Issues

- The top issues are:
 - The HQCC report includes details of patient complaints about clinical deterioration in Queensland hospitals and recommends areas for improvement.
 - Recognising and responding to clinical deterioration is a National Safety and Quality Health Service Standard against which hospitals are accredited.
 - Queensland Health is well advanced in addressing clinical deterioration through the use of human factors designed Early Warning and Response System (EWARS) Tools and patient escalation processes.

Blueprint

- How does this align with the *Blueprint for Better Healthcare in Queensland*?
 - Better service for patients by continual improvements in patient safety.

Key issues

- A draft media statement is being prepared by the Media Unit.
- The Department of Health, Patient Safety Unit (PSU) has been developing EWARS since late 2009.
- Currently there are 15 human factors designed EWARS tools that have been developed and in statewide use, with a further 20 undergoing trial across the state (Attachment 2).
- The HQCC identified that the majority of deterioration complaints relate to the failure of healthcare providers to recognise clinical deterioration, failure to respond and communicate.
- The report highlights the development of the Queensland Health statewide patient, family and carer escalation process titled Ryan's Rule, which will be available for health facilities to implement in October 2013.

Background

- To prepare the report HQCC analysed 172 complaints and 205 Root Cause Analysis (RCA) summary reports about clinical deterioration, between 1 July 2009 and 30 June 2012.

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10. The HQCC report highlights that these complaints accounted for 1% of all of the complaints received. The most common issues identified were the failure to recognise clinical deterioration 81% (n=140), followed by failure to respond (46%, n=78) and failure to communicate about deterioration (38%, n=65) (HQCC report page 7).
11. The report does not delineate between public and private hospitals.
12. An EWARS tool is an observation chart that visually highlights patient deterioration and provides decision support for escalation of care.
13. The PSU Health Service Directive mandates the use of a paediatric EWARS tool, the Children's Early Warning Tool (CEWT), for all patients 14 years and under in Queensland public medical, surgical and mental health units.
14. CEWT is the only clinically validated paediatric EWARS tool in Australasia. The tool was validated with a clinical trial across 12 facilities including rural, secondary and tertiary facilities involving over 1,880 children.
15. The PSU suite of EWARS tools meets the requirements of the National Safety and Quality Health Service (NSQHS) Standards, Standard 9, criterion 9.3.1 which came into effect in January 2013. To date three Hospital and Health Services have been accredited against this standard and have met all of the core requirements.
16. There is work underway to ensure that the PSU human factors designed EWARS tools will be incorporated into the Integrated Electronic Medical Record (iEMR).
17. PSU has developed a patient, family carer escalation process, Ryan's Rule. This arose as a result of coronial inquest into the death of Ryan Saunders. PSU has liaised with Ryan's parents who have consented to include a photo of Ryan on the consumer brochure (Attachment 3).

Consultation

18. PSU has notified Private Health Regulation and the Media Unit of the impending release of the report.

Attachments

19. Attachment 1: HQCC Report
- Attachment 2: Summary list of human factors designed EWARS tools
- Attachment 3: Ryan's Rule brochure (yet to be implemented)

RTI REVIEWED

Department RecFind No:	BR057469
Division/HHS:	HSCID
File Ref No:	

Recommendation

That the A/Director-General:

Note that the Health Quality and Complaint Commission (HQCC) will be releasing a public report about clinical deterioration in Queensland hospitals and there will be potential media interest (Attachment 1).

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

Michael Cleary

DR MICHAEL CLEARY
A/Director-General

3 / 9 / 2013

To Minister's Office For Noting

A/Director-General's comments

<i>PREVIOUS E-OP PROVIDED</i>

Author Shaune Gifford Lynette Adams Kate Smith Principal Project Officer Principal Project Officer Manager Patient Safety Unit	Cleared by: Elizabeth Robertson A/Nursing Director Patient Safety Unit	Cleared by: Kirstine Sketcher Baker Senior Director Patient Safety Unit	Content verified by: Jan Philips Executive Director Health Systems Innovation Branch	Content verified by: Dr Jeannette Young Chief Health Officer A/Deputy Director General Health Service and Clinical Innovation Division
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29 August 2013	29 August 2013	29 August 2013	29 August 2013	30 August 2013
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Department RecFind No:	BR057499
Division/HHS:	HSCID
File Ref No:	

RECEIVED

6 SEP 2013

URGENT



Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: A/Deputy Director-General,
Health Service and Clinical Innovation

Date requested: 29 August 2013

Action required by: 9 September 2013

SUBJECT: Hospitals Principal Committee request to brief Health Ministers on the Health Policy and Advisory Committee on Technology Transcatheter Aortic Valve Implantation Workshop Report.

Recommendation

That the Minister:

Note the Health Policy Advisory Committee on Technologys (HealthPACT) Transcatheter Aortic Valve Implantation (TAVI) Workshop Report (Attachment 1).

Note that an action from the Hospitals Principal Committee minutes (Attachment 2) requests jurisdictional members to brief their Health Ministers about the TAVI Workshop Report.

Note that TAVI is a cardiac technology with significant potential to influence the management of patients with both inoperable and operable aortic valve disease and to impact significantly on health budgets.

Note that TAVI, although not registered on the Australian Register of Therapeutic Goods, has diffused rapidly through the healthcare sector and is a high-cost (\$25-30,000 for the device) intervention compared with cardiac surgery, which remains the gold standard of care for patients with aortic stenosis.

Note that the optimal target population for this technology has not been established and that HealthPACT recommends that patient referral and selection criteria be developed, and that patients deemed suitable for TAVI be cared for by a multidisciplinary heart team.

Note that in Queensland, TAVI is funded through a site specific grant at The Prince Charles Hospital.

APPROVED/NOT APPROVED

NOTED

NOTED

Lawrence Springborg
LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

9 19 113

1 1

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.

Department RecFind No:	BR057499
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting
Director-General

URGENT

Requested by: A/Deputy Director-General,
Health Service and Clinical Innovation
Division

Date requested: 29 August 2013

Action required by: 9 September 2013

SUBJECT: Hospitals Principal Committee request to brief Health Ministers on the Health Policy and Advisory Committee on Technology Transcatheter Aortic Valve Implantation Workshop Report

Proposal

That the Acting Director-General:

Note the Health Policy Advisory Committee on Technology (HealthPACT) Transcatheter Aortic Valve Implantation (TAVI) Workshop Report (Attachment 1).

Note that an action from the Hospitals Principal Committee (HPC) minutes (Attachment 2 - extract) requests jurisdictional members to brief their Health Ministers about the TAVI Workshop Report.

Provide this brief to the Minister for information.

Urgency

- Urgent** - The provision of this brief to the Minister is required before 9 September 2013, when the TAVI Workshop Report is to be released publicly. Given all jurisdiction's Health Ministers are likely to be briefed about the report, it would be appropriate for the Minister to be aware of this information.

Headline Issues

- The top issues are:

- TAVI is a cardiac technology with significant potential to influence the management of patients with both inoperable and operable aortic valve disease and to impact significantly on health budgets.
- despite the absence of Therapeutic Goods Administration approval, TAVI devices have rapidly diffused throughout the healthcare sector, becoming established clinical practice at some sites. Most patients with aortic stenosis are suitable candidates for cardiac surgery, which remains the gold standard of care and most cost effective option for these patients.
- the optimal target population for this technology has not been established. HealthPACT recommends that, in conjunction with the Cardiac Society of Australia and New Zealand and the Thoracic Society of Australia and New Zealand, patient referral and selection criteria be developed, and that patients deemed suitable for TAVI be cared for by a multidisciplinary heart team.
- international literature suggests that TAVI is potentially a cost-effective treatment for patients with severe aortic stenosis who are inoperable. Current available evidence suggests that TAVI may not be cost-effective for patients with severe aortic stenosis who are high surgical risk although it appears to be safe and effective in this cohort.

Blueprint

- How does this align with the *Blueprint for Better Healthcare in Queensland*?
 - This aligns with providing Queenslanders with value in health services.
 - This aligns with investing, innovating and planning for the future.

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Key issues

4. Widespread, uncontrolled use of this high-cost (\$25-30,000 for the device alone) and novel technology raises significant concerns for jurisdictions in respect to the safety and effectiveness of the device, in addition to the budgetary impact of an inappropriate diagnosis-related group.
5. In Australia a registry is maintained by the manufacturers with limited visibility to any Department of Health.
6. TAVI is not registered on the Australian Register of Therapeutic Goods (ARTG). TAVI is currently supplied in the Australian market via three mechanisms:
 - the Commonwealth's Special Access Scheme
 - via importation for personal use
 - under the auspices of a clinical trial.
7. HealthPACT does not support the use of these devices in the Australian or the New Zealand setting outside properly conducted clinical trials, until such devices are included on the ARTG.
8. HealthPACT recommends that an Australian/New Zealand TAVI Registry be developed as a means of tracking procedure numbers and, more importantly, short and long-term outcomes.
9. The Queensland Policy and Advisory Committee for New Technology (QPACT) are providing oversight so the TAVI program has been allowed to continue at a single site in Queensland (The Prince Charles Hospital) on the condition that data is provided to the Clinical Access and Redesign Unit and QPACT on patient characteristics, devices used, access and outcomes.
10. Queensland has adopted a 'coverage with evidence' approach to TAVI as currently this technology has been identified by the Healthcare Purchasing, Funding and Performance Branch as meeting the criteria to secure a site specific grant due to the current gap in Activity Based Funding.

Background

11. HealthPACT is a national committee for the horizon scanning of new and emerging technologies. HealthPACT, through its membership, provides jurisdictions with evidence-based advice on emerging technologies, which is used to inform jurisdictional financing decisions and to assist in the managed introduction of new medical devices. The HealthPACT Secretariat is managed by the Clinical Access and Redesign Unit, Queensland Department of Health.
12. HealthPACT convened a national TAVI Workshop in February 2013, where key clinical, Government, industry and academic stakeholders from Australia and New Zealand attended to discuss the national and international experience and outcomes of TAVI.
13. HealthPACT sought approval from the HPC to disseminate the TAVI Workshop Report to participants of the workshop, Australian and New Zealand Departments of Health, clinically-relevant networks and societies.

Consultation

14. HealthPACT members attended the workshop and developed the executive summary, which states the HealthPACT recommendations.
15. The Hospital Principal Committee requested jurisdictional members brief their Minister for Health on the status of TAVI and HealthPACT recommendations.
16. QPACT.

Attachments

17. Attachment 1: Transcatheter Aortic Valve Implantation Workshop Report
- Attachment 2: Extract from draft Hospitals Principal Committee meeting minutes - 1 August 2013

Department RecFind No:	BR057499
Division/HHS:	HSCID
File Ref No:	

Recommendation

That the Acting Director-General:

Note the Health Policy Advisory Committee on Technology (HealthPACT) Transcatheter Aortic Valve Implantation (TAVI) Workshop Report (Attachment 1).

Note that an action from the Hospitals Principal Committee (HPC) minutes (Attachment 2 - extract) requests jurisdictional members to brief their Health Ministers about the TAVI Workshop Report.

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

DR MICHAEL CLEARY
Acting Director-General

6 / 9 / 2013

To Minister's Office for Noting

Acting Director-General's comments

Author Kaye Hewson	Cleared by: Jason Currie	Cleared by: Michael Zanco	Cleared by: Jan Phillips	Content verified by: Dr Jeannette Young
Manager	Executive Director	Executive Director	Executive Director	Chief Health Officer A/Deputy Director-General
Clinical Access and Redesign Unit	Service Improvement and Clinical Redesign	Clinical Access and Redesign Unit	Health Systems Innovation Branch	Health Service and Clinical Innovation Division
29 August 2013	29 August 2013	29 August 2013	30 August 2013	30 August 2013

BR057508


Department RecFind No:	BR057508
Division/HHS:	Wide Bay HHS
File Ref No:	

Briefing Note for Noting
 The Honourable Lawrence Springborg MP
 Minister for Health

RECEIVED
 DATE 10 SEP 2013

Requested by: Chief Executive, Wide Bay Hospital & Health Service Date requested: Action required by:

SUBJECT: The process surrounding the implementation of the Multi-attribute Arthritis Prioritisation Tool (MAPT) at the Wide Bay Hospital and Health Service (WBHHS)

Recommendation
 That the Minister:

Note the process surrounding the implementation of the Multi-attribute Arthritis Prioritisation Tool (MAPT) at the Wide Bay Hospital and Health Service (WBHHS).

APPROVED/NOT APPROVED NOTED

NOTED

[Handwritten signature]
 Chief of Staff
 15/10/13

LAWRENCE SPRINGBORG
 Minister for Health

/ /

Minister's comments

When did consultation on point 9 occur? - 28 May.

Briefing note rating

1 2 3 4 (5)
 1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance.

RECEIVED
 RECORDS TEAM
 18 OCT 2013
 HEALTH

RECEIVED
 RECORDS TEAM
 18 OCT 2013
 OLD HEALTH

URGENT

Department RecFind No:	BR057508
Division/HHS:	Wide Bay HHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: Chief Executive,
Wide Bay Hospital & Health Service

Date requested:

Action required by:

SUBJECT: The process surrounding the implementation of the Multi-attribute Arthritis Prioritisation Tool (MAPT) at the Wide Bay Hospital and Health Service (WBHHS)

Proposal

That the A/Director-General:

Note the additional information regarding the process surrounding the implementation of the Multi-attribute Arthritis Prioritisation Tool (MAPT) at the Wide Bay Hospital and Health Service (WBHHS).

Provide this brief to the Minister for information.

Urgency

1. Urgent

Headline Issues

2. The top issues are:

- Some patients and their general practitioners (GP) in the WBHHS are complaining about the removal of patients from the Specialist Outpatient department (SOPD) orthopaedic waiting list for (hip and knee) conditions and referral back to the GP for management and monitoring.

Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?

- The MAPT is evidenced to improve access and reduce waiting times by ensuring that an evidence based prioritisation tool is used to decide which patients with osteoarthritis are in the most urgent need of knee or hip joint replacement surgery (JRS) and which patients need to continue to be monitored and managed by their GP.

Key issues

4. The MAPT is a proved more sensitive measure of a patient's need for Total Hip Replacement (THR) and Total Knee Replacement (TKR) surgery than previous categorisation systems.
5. The MAPT ensures that patients with osteoarthritis of the hip or knee who have not yet deteriorated to an extent that requires joint replacement surgery can be identified and returned to their GP to be case managed in the community with the Royal Australian College of GPs *Diagnosis and management of hip and knee osteoarthritis* clinical algorithm.
6. The MAPT can be used by the GP to monitor the patient's deterioration over time and for the patient to be referred to the surgical waiting list when the score indicates that surgery is required.
7. The MAPT will be used as a screening tool for all new GP referrals for the management of knee and hip osteoarthritis. The tool is not used for other conditions.

Background

8. Areas within the WBHHS where MAPT has been implemented:
 - The MAPT is used by Bundaberg Hospital and Hervey Bay Hospital SOPD orthopaedic waiting list for THR and TKR.
 - The MAPT process is not used for any other condition.
 - The use of the MAPT process is a new initiative for WBHHS commencing in Bundaberg September 2012, to improve service access and reduce outpatient waiting times.

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Division/HHS:	Wide Bay HHS
File Ref No:	

- On 1 July 2012, there were 471 patients on the Bundaberg SOPD joint clinics wait list, which 310 patients were long wait, outweighing the supply of nine new appointments per fortnight. This would result in a two year wait for a clinic appointment.
- Benchmarking and research was undertaken, locating the MAPT process in Tasmania and Victoria, which became the accepted model for implementation at Bundaberg and Hervey Bay Hospitals.
 - The MAPT questions assess:
 - Pain – including impact on sleep and while resting
 - Limitations to activities – including walking and self care
 - Psychological health – including psychological well being and carer roles
 - Economic impact – including the ability to perform paid work
 - Recent deterioration.
 - This is researched and evidence based tool using the expertise and knowledge of 96 orthopaedic surgeons in Victoria and validated in clinical trials across more than 1,000 patients.
 - It has internally consistent reliability and is more sensitive than other tools. It correlates with:
 - Oxford Hip
 - Oxford Knee
 - WOMAC – all components
 - AQoL (Quality of life measure)
 - SF36 (function measure)
 - EQ-5D
 - Hospital Anxiety and Depression scale.
 - MAPT contains the information a clinician needs for making sound clinical (holistic) judgments:
 - Key information free from bias – hip/knee, age, education and gender
 - Transparent
 - Supports equitable clinical care
 - Developed and validated using state-of-the-art techniques to prioritise care
 - Core element of bringing order into a chaotic system
 - It can be reapplied regularly to monitor deterioration.
- In January 2012, patients currently referred into the Orthopaedic Osteoarthritis clinic were sent the MAPT. 83 patients did not respond and were sent a follow up letter giving a return date of 7 February, due to the flooding. Non-responders were then removed from the list and appropriate letters sent to patients and GPs.
- Bundaberg Orthopaedic consultants raised their concerns about using 75 as the threshold score of returning patients to their GPs and adopted the following plan (Bundaberg final place and Model of Care):
 - MAPT score 0-49.99 - referral not accepted and return to GP for ongoing care and follow up.
 - MAPT score 50-74.99 – referral not accepted and sent to physiotherapist screening clinic for six minute walk test, visual acuity scale (VAS) and timed up and go (TUG) assessment. Higher functionally affected patients identified in above to be individually assessed by senior musculoskeletal physiotherapist and case conference. Others returned to GP for management.
 - MAPT score 75-99.99 – SOPD clinic appointment made.
 - It should be noted that Fraser Coast implemented the Tasmania model and all patients under a MAPT score of 75 are automatically returned to the GP for monitoring and management.

Consultation

9. Contact with local members of parliament in key areas – Bundaberg, Hervey Bay and Maryborough
 - Brief including supporting documents tabled at the WBHH Board meeting 27 August 2013
 - Brief including supporting documents sent to local members of parliament 28 August 2013

Department RecFind No:	BR057508
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File Ref No:	

- Executive Leadership team, orthopaedic consultants, nursing and allied health teams were consulted and involved in developing this innovative model of care since late 2012.

10. Involvement of Medical Local

- Dr Shaun Rudd, GP Liaison Officer, has been representing and liaising with Medicare Local since planning commenced in September 2012. Medicare Local staff have also been partners throughout the design and implementation process.
- Medicare Local staff have been involved in reviewing evidence, developing process, reviewing audit data, finalising local care pathways and developing patient and GP letters.
- Medicare Local took the lead role in organising sponsored information evenings at Hervey Bay and Bundaberg Hospitals where local orthopaedic surgeons and a senior physiotherapist (Bundaberg only) presented the MAPT and its scientific evidence to GPs.
- Medicare Local staff have delivered written and electronic information (on usb) to GP practices. Information included information on the MAPT and its scientific evidence, MAPT scoring sheets, MAPT calculator and contacts details for any queries.
- Bundaberg GP information session was held on 27 August 2013. GPs supported the implementation of the MAPT screening process with one GP expressing discontent with the lack of communication. Dr Shaun Rudd offered an apology for the shortcomings in the communication strategy.

11. Risk Assessment:

Brief summary of risk	Risk rating	Risk control actions
If MAPT not introduced, waiting lists will continue to grow with those in most need of JRS not necessarily identified for priority for surgery.	Very high	Introduce MAPT to improve prioritisation of patients requiring JRS so budget and resources are provided to those with highest need. (Completed).
If MAPT not introduced, patients who need conservative management do not receive appropriate community intervention to maximise their current function.	Very high	Refer back for GP management those patients that are not yet ready for JRS. (Completed for current referrals and will be ongoing).
GPs knowledge of the MAPT and its scientific evidence may not be high.	High	Provide education session to GPs. (Completed).
GPs knowledge and expertise in conservative management of Osteoarthritis may be limited.	Very high	Provide Royal Australian College of GPs guidelines and MAPT information to referring GPs whose patients are not yet ready for JRS. (Completed and ongoing).
Patients just want a surgical fix for their Osteoarthritis.	Very high	Information on the risks of surgery and benefits of conservative therapy and lifestyle change on Osteoarthritis to be provided to patient by GP. (Patients and GPs given information on local providers of conservative management).

Attachments

12. Attachment 1: GP powerpoint presentation

Department RecFind No:	BR057508
Division/HHS:	Wide Bay HHS
File Ref No:	

Recommendation

That the A/Director-General:

Note the additional information regarding the process surrounding the implementation of the Multi-attribute Arthritis Prioritisation Tool (MAPT) at the Wide Bay Hospital and Health Service (WBHHS).

Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED



DR MICHAEL CLEARY
A/Director-General

6, 19, 2013

To Minister's Office For Noting

A/Director-General's comments

NOTE: MR ANDREW BIRD IS THE MANAGER OF THE HAS BEEN FOLLOWING THIS MATTER

Author
Tina Wallace

Cleared by: (SD/Dir)
Debbie Carroll

Content verified by: (CEO/DDG/Div Head)
Adrian Pennington

Director Allied Health (North)

Chief Operations Officer
Executive Director Nursing and
Midwifery Services

Chief Executive

Wide Bay Hospital and Health Service

Wide Bay Hospital and Health Service

Wide Bay Hospital and Health Service

s47(3)(b)

30 August 2013

2 September 2013

2 September 2013

AM
URGENT

8/9/13

4 SEP 2013

Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	RECORDS TEAM
RECEIVED	10 SEP 2013
OLD HEALTH	

2005/010334
PI

5

Briefing Note for Approval
A/Director-General

Requested by: Chief Information Officer Date requested: 24 August 2013 Action required by: 13 September 2013

SUBJECT: ieMR Digital Hospital Blueprint for Queensland

Proposal

That the A/Director-General:

Note the Department's readiness to leverage strategic opportunities negotiated under integrated electronic Medical Record (ieMR) Agreement ICT22319b with Cerner Corporation.

Approve the Department and Cerner to commence strategic co-investment to:

- Establish exemplar sites at Princess Alexandra Hospital (Tertiary teaching) and Cairns Hospital (which will include a Primary, Community and Allied Health focus);
- Commence the establishment of the Higher Education Plan to enable medical, nursing, and other clinical students gain experience on Cerner software and its capabilities prior to graduation; and
- Negotiate the provisions for the extension of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with health investment in the private sector (Attachment 1).

Provide this brief to the Minister for his information.

Urgency

1. **Urgent** - Proximity to recent meeting with Mr Neil Patterson, Chief Executive Officer, Cerner, on Tuesday, 20 August 2013.

Headline Issues

2. Commencement of Cerner co-investment under eMR Agreement (ICT2239b) Attachment C: Strategic Arrangements to:
 - Two Healthcare information and Management Systems Society (HIMSS) Level 6 (Attachment 2) exemplar hospitals being the Princess Alexandra Hospital and Cairns Hospital.
 - Implementation of a Higher Education Plan which will enable future generations of health workers in Queensland with access to state of the art tools that will be in use across Queensland.
 - Expansion of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with investment in the private sector (Attachment 1);
 - Announce the establishment of three digital hospital hubs in Queensland being Far North Queensland, Wide Bay and South East Queensland (Attachment 1) for the ongoing rollout of eHealth initiatives.
 - Align with Cerner's discussions with the Springfield Land Corporation (SLC) to share Cerner's vision for population health and to explore potential future partnerships.
 - Align with Cerner's partnering with UnitingCare Health in 2013 to implement Australia's first digital hospital in Hervey Bay.

Blueprint

3. How does this align with the *Blueprint for better healthcare in Queensland*?
 - The eHealth strategy is well aligned to the Queensland Government's *Blueprint for better healthcare in Queensland* as it provides for health services focussed on patients and people where "patients are at the centre of all we do".

Key issues

4. Cerner has been in Australia since 1993, and is in over 170 hospitals across Australia.
5. Strategic contracts with Queensland Health were signed in 2011 for the implementation of an ieMR system in nine of the largest public hospitals in Queensland; implementation commencing in Cairns in late 2013.

DOH-DL-13/14-009
Document No. 32

Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	

6. Leveraging recent investments by the Department of Health in the ieMR program, Hospital Modernisation (redevelopment) programs in conjunction with UnitingCare Health, Queensland has the opportunity to be at the forefront of providing modern day patient care and efficient service delivery leveraging technology and services provided by Cerner.
7. The Queensland Health ieMR Program is changing the existing patient's paper medical record into an electronic format using the Cerner Millennium application.

Background

8. On 23 September 2011, Queensland Health entered into agreements with Cerner Corporation to establish the ieMR solution, including an external hosting and managed service.
9. The eHealth strategy is delivering an ieMR for Queensland, which as an enabler will improve the efficiency and effectiveness of healthcare systems by providing clinicians with electronic access to patient information that is accurate and timely.
10. The ieMR is the largest initiative of Queensland Health's eHealth strategy and will roll-out capability to nine Queensland Health Hospitals, being:
 - Princess Alexandra Hospital
 - Royal Brisbane and Women's Hospital
 - Royal Children's Hospital
 - Gold Coast Health Service District (comprising Southport Hospital, Robina Hospital, and Carrara Hospital)
 - Townsville Base Hospital
 - Cairns Hospital
 - Mackay Hospital
11. Functionality is to be delivered in parallel over four releases between 2012 and the end of 2015 comprising of:
 - Data centres in two Queensland locations – capability established end March 2013.
 - Release One: core state-wide build, document scanning and growth charts – currently in testing stage.
 - Release Two: electronic order entry and results reporting of pathology, radiology, clinical measurements, alerts and adverse reactions – Order executed in May 2013.
 - Release Three: structured clinical notes.
 - Release Four: medications management, referrals, waitlists and scheduling.
12. As part of the ieMR Program, Cerner has established a state of the art, 24x7, high availability, disaster proof data centre(s) for the provision of ieMR hosting services in Queensland and for the Asia Pacific Region. The data centre(s) will host the ieMR solution, UnitingCare Health ieMR, and presently hosts the Alfred Hospital in Victoria.
13. Cerner provides strategic hosting services in technologies beyond healthcare and which use cloud computing platforms.
14. SLC approached Cerner in May culminating in a meeting in mid-July with the SLC management team, the President of the Queensland AMA, the former Director-General of Education for Queensland and the CEO of Mater to share Cerner's vision for population health and to explore potential future partnership through the localisation of Cerner's Pure Wellness and Health Intent Platforms into Australia.
15. A workshop is tentatively planned to be held in September 2013 with Cerner, SLC, Mater Hospital and other community stakeholders to discuss a way forward within Springfield.

Legal implications

16. There are no legal implications.

Consultation

17. Chief Executive Officer, Cairns & Hinterland Hospital Health Service
18. Chief Executive Officer, Metro South Hospital Health Service
19. Chief Information Officer, HSIA
20. Senior Director, Program Delivery, HSIA
21. Delivery Director, ieMR Program

Attachments

22. Attachment 1: ieMR Digital Hospital Blueprint
- Attachment 2: HIMSS eMR Adoption Model

Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	

Recommendation

That the A/Director-General:

Note the Department's readiness to leverage strategic opportunities negotiated under integrated electronic Medical Record (ieMR) Agreement ICT22319b with Cerner Corporation.

Approve the Department and Cerner to commence strategic co-investment to:

- Establish exemplar sites at Princess Alexandra Hospital (Tertiary teaching) and Cairns Hospital (which will include a Primary, Community and Allied Health focus);
- Commence the establishment of the Higher Education Plan to enable medical, nursing, and other clinical students gain experience on Cerner software and its capabilities prior to graduation; and
- Negotiate the provisions for the extension of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with health investment in the private sector (Attachment 1).

Provide this brief to the Minister for his information.

APPROVED NOT APPROVED

NOTED

[Handwritten Signature]

Dr Michael Cleary
A/Director-General

8 / 19 / 2013

To Minister's Office For Noting

A/Director-General's comments

Author Dean Dimkin	Cleared by: (SD/Dir) Paul Carroll	Content verified by: (CEO/DDG/Div Head) Ray Brown
Program Director – Integrated Electronic Medical Record Program	Senior Director, Program Delivery	Chief Information Officer
ieMR Program	Health Services Information Agency	Health Services Information Agency

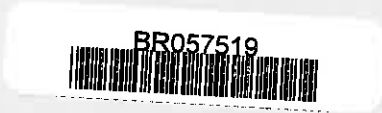
s47(3)(b)

24 August 2013 30 August 2013 3 September 2013

8/9/13

QCOS/010334 PI.

AY



Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	

Briefing Note for Noting
 The Honourable Lawrence Springborg MP
 Minister for Health

RECEIVED
 DATE 10 SEP 2013 BY

Requested by: Chief Information Officer Date requested: 24 August 2013

Action required by: 13 September 2013 *why?*

SUBJECT: ieMR Digital Hospital Blueprint for Queensland

Recommendation
 That the Minister:

- How does this relate to HBCIS? - How much is this costing? - What has been done to address the one report? Please prepare a briefing.

Note the Department's readiness to leverage strategic opportunities negotiated under integrated electronic Medical Record (ieMR) Agreement ICT22319b with Cerner Corporation.

Note the Department and Cerner are ready to commence strategic co-investment to:

- Establish exemplar sites at Princess Alexandra Hospital (Tertiary teaching) and Cairns Hospital (which will include a Primary, Community and Allied Health focus).
- Commence the establishment of the Higher Education Plan to enable medical, nursing, and other clinical students gain experience on Cerner software and its capabilities prior to graduation.
- Negotiate the provisions for the extension of the current ieMR program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with health investment in the private sector (Attachments 1 and 2).

Note the expansion of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital will align with investment in the private sector (Attachments 1 and 2).

Note the potential to establish three digital hospital hubs in Queensland being Far North Queensland, Wide Bay and South East Queensland (Attachment 1) for the ongoing rollout of eHealth initiatives; aligning with investment in healthcare by the private sector.

Note that Cerner has established a state of the art, 24x7, high availability, disaster proof data centre(s) for the provision of the integrated electronic Medical Record hosting services in Queensland and for the Asia Pacific Region. The data centre(s) will also host the UnitingCare Health eMR, and presently hosts The Alfred Hospital, Victoria.

Please provide a briefing on NSW and VIC experience with Cerner. How does this work with the write of gov. ICT. How BETA been consulted?

this is for Canada and US.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
 Minister for Health

please prepare a briefing on this.

Chief of Staff



Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance

DOH-DL-13/14-009

Document No. 35

BR057670.

URGENT

Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	

Briefing Note for Approval

A/Director-General

Requested by: Chief Information Officer Date requested: 24 August 2013 Action required by: 13 September 2013

SUBJECT: ieMR Digital Hospital Blueprint for Queensland

Proposal

That the A/Director-General:

Note the Department's readiness to leverage strategic opportunities negotiated under integrated electronic Medical Record (ieMR) Agreement ICT22319b with Cerner Corporation.

Approve the Department and Cerner to commence strategic co-investment to:

- Establish exemplar sites at Princess Alexandra Hospital (Tertiary teaching) and Cairns Hospital (which will include a Primary, Community and Allied Health focus);
- Commence the establishment of the Higher Education Plan to enable medical, nursing, and other clinical students gain experience on Cerner software and its capabilities prior to graduation; and
- Negotiate the provisions for the extension of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with health investment in the private sector (Attachment 1).

Provide this brief to the Minister for his information.

Urgency

1. **Urgent** - Proximity to recent meeting with Mr Neil Patterson, Chief Executive Officer, Cerner, on Tuesday, 20 August 2013.

Headline Issues

2. Commencement of Cerner co-investment under eMR Agreement (ICT2239b) Attachment C: Strategic Arrangements to:
 - Two Healthcare information and Management Systems Society (HIMSS) Level 6 (Attachment 2) exemplar hospitals being the Princess Alexandra Hospital and Cairns Hospital.
 - Implementation of a Higher Education Plan which will enable future generations of health workers in Queensland with access to state of the art tools that will be in use across Queensland.
 - Expansion of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with investment in the private sector (Attachment 1);
 - Announce the establishment of three digital hospital hubs in Queensland being Far North Queensland, Wide Bay and South East Queensland (Attachment 1) for the ongoing rollout of eHealth initiatives.
 - Align with Cerner's discussions with the Springfield Land Corporation (SLC) to share Cerner's vision for population health and to explore potential future partnerships.
 - Align with Cerner's partnering with UnitingCare Health in 2013 to implement Australia's first digital hospital in Hervey Bay.

Blueprint

3. How does this align with the *Blueprint for better healthcare in Queensland*?
 - The eHealth strategy is well aligned to the Queensland Government's *Blueprint for better healthcare in Queensland* as it provides for health services focussed on patients and people where "patients are at the centre of all we do".

Key issues

4. Cerner has been in Australia since 1993, and is in over 170 hospitals across Australia.
5. Strategic contracts with Queensland Health were signed in 2011 for the implementation of an ieMR system in nine of the largest public hospitals in Queensland; implementation commencing in Cairns in late 2013.

Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	

6. Leveraging recent investments by the Department of Health in the ieMR program, Hospital Modernisation (redevelopment) programs in conjunction with UnitingCare Health, Queensland has the opportunity to be at the forefront of providing modern day patient care and efficient service delivery leveraging technology and services provided by Cerner.
7. The Queensland Health ieMR Program is changing the existing patient's paper medical record into an electronic format using the Cerner Millennium application.

Background

8. On 23 September 2011, Queensland Health entered into agreements with Cerner Corporation to establish the ieMR solution, including an external hosting and managed service.
9. The eHealth strategy is delivering an ieMR for Queensland, which as an enabler will improve the efficiency and effectiveness of healthcare systems by providing clinicians with electronic access to patient information that is accurate and timely.
10. The ieMR is the largest initiative of Queensland Health's eHealth strategy and will roll-out capability to nine Queensland Health Hospitals, being:
 - Princess Alexandra Hospital
 - Royal Brisbane and Women's Hospital
 - Royal Children's Hospital
 - Gold Coast Health Service District (comprising Southport Hospital, Robina Hospital, and Carrara Hospital)
 - Townsville Base Hospital
 - Cairns Hospital
 - Mackay Hospital
11. Functionality is to be delivered in parallel over four releases between 2012 and the end of 2015 comprising of:
 - Data centres in two Queensland locations – capability established end March 2013.
 - Release One: core state-wide build, document scanning and growth charts – currently in testing stage.
 - Release Two: electronic order entry and results reporting of pathology, radiology, clinical measurements, alerts and adverse reactions – Order executed in May 2013.
 - Release Three: structured clinical notes.
 - Release Four: medications management, referrals, waitlists and scheduling.
12. As part of the ieMR Program, Cerner has established a state of the art, 24x7, high availability, disaster proof data centre(s) for the provision of ieMR hosting services in Queensland and for the Asia Pacific Region. The data centre(s) will host the ieMR solution, UnitingCare Health ieMR, and presently hosts the Alfred Hospital in Victoria.
13. Cerner provides strategic hosting services in technologies beyond healthcare and which use cloud computing platforms.
14. SLC approached Cerner in May culminating in a meeting in mid-July with the SLC management team, the President of the Queensland AMA, the former Director-General of Education for Queensland and the CEO of Mater to share Cerner's vision for population health and to explore potential future partnership through the localisation of Cerner's Pure Wellness and Health Intent Platforms into Australia.
15. A workshop is tentatively planned to be held in September 2013 with Cerner, SLC, Mater Hospital and other community stakeholders to discuss a way forward within Springfield.

Legal implications

16. There are no legal implications.

Consultation

17. Chief Executive Officer, Cairns & Hinterland Hospital Health Service
18. Chief Executive Officer, Metro South Hospital Health Service
19. Chief Information Officer, HSIA
20. Senior Director, Program Delivery, HSIA
21. Delivery Director, ieMR Program

want the briefing written by HSIA.

Attachments

22. Attachment 1: ieMR Digital Hospital Blueprint
- Attachment 2: HIMSS eMR Adoption Model

Department RecFind No:	BR057519
Division/HHS:	HSIA
File Ref No:	

Recommendation

That the A/Director-General:

Note the Department's readiness to leverage strategic opportunities negotiated under integrated electronic Medical Record (ieMR) Agreement ICT22319b with Cerner Corporation.

Approve the Department and Cerner to commence strategic co-investment to:

- Establish exemplar sites at Princess Alexandra Hospital (Tertiary teaching) and Cairns Hospital (which will include a Primary, Community and Allied Health focus);
- Commence the establishment of the Higher Education Plan to enable medical, nursing, and other clinical students gain experience on Cerner software and its capabilities prior to graduation; and
- Negotiate the provisions for the extension of the current ieMR Program to three additional hospitals to include Ipswich Hospital, Hervey Bay Hospital and Maryborough Hospital to align with health investment in the private sector (Attachment 1).

Provide this brief to the Minister for his information.

APPROVED / NOT APPROVED

NOTED

Michael Cleary

Dr Michael Cleary
A/Director-General

019/2013

To Minister's Office For Noting

A/Director-General's comments

Author Dean Dimkin	Cleared by: (SD/Dir) Paul Carroli	Content verified by: (CEO/DDG/Div Head) Ray Brown
Program Director – Integrated Electronic Medical Record Program	Senior Director, Program Delivery	Chief Information Officer
ieMR Program	Health Services Information Agency	Health Services Information Agency

s47(3)(b)

24 August 2013

30 August 2013

3 September 2013

10/22

Qcos/014102

9 SEP 2013

URGENT

Department RecFind No:	BR057546
Division/HHS:	HSCID
File Ref No:	D0032

RECEIVED
 RECORDS TEAM
 17 SEP 2013
 DEPT. OF HEALTH

Briefing Note for Approval
 A/ Director-General

Requested by: A/Deputy Director-General, Health Service & Clinical Innovation Division Date requested: 12 August 2013 Action required by: 9 September 2013

SUBJECT: Engagement of an external consultancy firm (Deloitte Consulting) to analyse Department of Health (DoH) allocated funding to universities for the purpose of clinical education and training

Proposal

That the A/Director-General:

Approve the proposed procurement process by exercising type 4 procurement delegation for the value of \$70,365.48 (including GST) to engage an external consultant (Deloitte Consulting) from the Business Consultancy Services Panel Arrangement No. 160 via direct negotiation, due to a genuine urgency and prior involvement of the firm.

Sign three hard copies of the Consultancy Agreement (Attachment 1) between the State of Queensland acting through Queensland Health and the Consultant according to the DoH's Contract Signing Delegations.

Urgency

1. **Urgent** – Deloitte Consulting is expected to complete the consultancy by 30 September 2013.

Headline Issues

2. The top issues are:

- The former Auditor-General, Mr Glenn Poole, undertook an audit for the Queensland Health Renewal Taskforce in which he identified significant DoH allocated funding to Queensland universities for education and training, in particular within dentistry.
- The Deputy Director-General, Health Service and Clinical Innovation Division, has requested to undertake an external review of DoH allocated funding to universities for clinical education and training.
- The consultancy firm will undertake a review of the DoH funding model including an analysis of the data of past (2011/2012) and present (2012/2013) funding investment models in the Queensland tertiary education sector, and a national comparison of health's clinical education and training funding flows between health departments and universities.

Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?

- An external review will provide Queenslanders with value in health services through ensuring money provided for healthcare is spent wisely, and by empowering the community and our health workforce through improved collaboration with non-government providers to maximise the value of health investment.

Key issues

4. The Director-General approved to engage an external consultancy firm to analyse DoH allocated funding to universities for the purpose of clinical education and training for a value of up to \$120,000 GST exclusive (Attachment 2 - BR056972).
5. One quote was obtained via direct negotiation from Deloitte Consulting (Attachment 3) and deemed as appropriate by the Clinician Planning and Leadership Unit (CPaL) for achieving the project's deliverables and scope within the approved budget and timeframe.

DOH-DL-13/14-009

Department RecFind No:	BR057546
Division/HHS:	HSCID
File Ref No:	D0032

6. Approval for non-recurrent expenditure for the value of the consultancy was obtained from the Acting Deputy Director-General, Health Service and Clinical Innovation Division (HSCID) (Attachment 4 – HC001757).
7. It is expected that the consultancy will be concluded by the 30 September 2013.

Background

8. It has been identified that a significant amount of funding has been sent from the DoH to Queensland Education Providers for the purpose of clinical education and training, especially in the dentistry and oral health discipline.
9. In May 2013, the Deputy Director-General, HSCID has requested that CPaL engages an external consultancy firm to analyse all clinical education and training funding allocated from the DoH to universities during 2011/2012 and 2012/2013.

Consultation

CPaL has and will continue to work collaboratively with a number of internal stakeholders during the review to ensure a holistic analysis is undertaken. This includes the Community Health Services Reform Project Team, Strategic Procurement Unit regarding the Business Services Panel Arrangement No. 160 and the Funding and Contract Management Unit for current funding agreements.

Financial implications

11. The consultancy fees of \$70,365.48 (including GST) are available from the cost centre 340012 within the Deputy Director-General, HSCID's office.

Legal implications

12. There are no legal implications. The Consultancy Agreement is a standard agreement previously negotiated between Deloitte and Queensland Health as part of the Panel 160 arrangement and did not require approval from the Legal Branch.

Attachments

13. Attachment 1: Three hardcopies of the signed Consultancy Agreement with Deloitte Touche Tohmatsu.
- Attachment 2: BR056972 - Director-General approval to engage an external consultant.
- Attachment 3: Deloitte Consulting Quote.
- Attachment 4: DDG HSCID Brief - HC001757 A/DDG HSCID non-recurrent expenditure approval.

Department RecFind No:	BR057546
Division/HHS:	HSCID
File Ref No:	D0032

Recommendation

That the A/Director-General:

Approve the proposed procurement process by exercising type 4 procurement delegation for the value of \$70,365.48 (including GST) to engage an external consultant (Deloitte Consulting) from the Business Consultancy Services Panel Arrangement No. 160 via direct negotiation, due to a genuine urgency and prior involvement of the firm.

Sign three hard copies of the Consultancy Agreement (Attachment 1) between the State of Queensland acting through Queensland Health and the Consultant according to the DoH's Contract Signing Delegations.

APPROVED/NOT APPROVED

NOTED

Michael Cleary

DR MICHAEL CLEARY
A/Director-General

13 / 9 / 2013

To Minister's Office for Approval for Noting

A/Director-General's comments

Author	Cleared by: (SD/Dir)	Cleared by: (ED)	Cleared by:	Cleared by: (ED)	Cleared by: A/DDG
Karina Millwater	Paul Stafford	Bronwyn Nardi	Renee Drinnen for Louise Wolff	Michael Zanco	Dr Jeannette Young
Senior Project Officer	Director	Executive Director	Business Manager	Acting Executive Director	Chief Health Officer and A/Deputy Director-General
Education Networks	Clinician Leadership and Education Networks	Clinician Planning and Leadership Unit	Clinician Planning and Leadership Unit	Health Systems and Innovation Branch	Health Service and Clinical Innovation Division
23 August 2013	23 August 2013	23 August 2013	2 September 2013	03 September 2013	6 September 2013

COPY

Department RecFind No:	BR056972
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General, Date requested: 04 June 2013
Health Service and Clinical Innovation
Division

Action required by: 21 June 2013

SUBJECT: Approval to engage an external consultancy firm to analyse Department of Health (DoH) allocated funding to universities for the purpose of clinical education and training

Proposal

That the Director-General:

Approve the engagement of an external consultancy firm from the Business Consultancy Services Panel Arrangement No. 160 (Panel No. 160) list of panel consultants to analyse Department of Health (DoH) allocated funding to universities for the purpose of clinical education and training up to the value of \$120,000.

Note the procurement process undertaken to engage the external consultancy firm.

Urgency

1. Routine

Headline Issues

2. The top issues are:

- The former Auditor-General, Mr Glenn Poole undertook an audit for the Queensland Health Renewal Taskforce in which he identified significant DoH allocated funding to Queensland universities for education and training, in particular within dentistry.
- The Deputy Director-General, Health Service and Clinical Innovation Division (DDG HSCID), has requested to undertake an external review of DoH allocated funding to universities for clinical education and training.
- The consultancy firm will undertake a review of the DoH funding model including an analysis of the data of past (2011/12) and present (2012/13) funding investment models in the Queensland tertiary education sector, and a national comparison of health's clinical education and training funding flows between health departments and universities.

Blueprint

3. How does this align with the *Blueprint for better healthcare in Queensland*?

- An external review will provide Queenslanders with value in health services through ensuring money provided for healthcare is spent wisely, and by empowering the community and our health workforce through improved collaboration with non-government providers to maximise the value of health investment.

Key issues

4. The Clinician Planning and Leadership Unit (CPL) will obtain three quotes from consultancy firms listed on the Panel No.160 to ensure value for money and adequate project scope. A Type 1 procurement delegation will be required for the consultancy value of up to \$120,000.
5. CPL will provide project support and work in partnership with the consultancy firm in undertaking the review.

Department RecFind No:	HC001757
Division/HHS	HSIB
File Ref No:	

Briefing Note for Approval

A/Deputy Director-General, Health Service and Clinical Innovation Division

Requested by: Executive Director, Health
Systems Innovation Branch

Date requested: 09/08/2013

Action required by: 16/08/2013

SUBJECT: Approval of non-recurrent expenditure for the engagement of an external consultancy firm (Deloitte Consulting) to analyse funding from the Department of Health

Proposal

That the A/Deputy Director-General, Health Service and Clinical Innovation Division:

Approve the non-recurrent expenditure of \$70,365.48 (GST inclusive) for the engagement of Deloitte Consulting to analyse funding from the Department of Health (DoH) to universities for the purpose of clinical education and training.

Urgency

1. Urgent – Deloitte Consulting is expected to complete this consultancy by August/September 2013. Approval for non-recurrent expenditure must be given prior to seeking procurement approval from the A/Deputy Director-General (DDG), Health Service and Clinical Innovation Division (HSCID), and entering into the Standard Consultancy Agreement with Deloitte Consulting.

Key issues

3. The DoH has historically provided significant funding investments to education providers to support clinical education and training for health profession students across all health disciplines.
4. This funding has been utilised in a broad way, e.g. for educational purposes to ensure that Australia's future health workforce needs are being met, and students are able to fulfil the full clinical requirements of their university courses.

Background

5. In May 2013, the DDG HSCID requested that the Clinician Planning and Leadership Unit (CPaL) engage an external consultancy firm to analyse all clinical education and training funding allocated from the DoH to universities during 2011/12 and 2012/13.
6. Approval to engage an external consultancy firm was granted by the Director-General on 21/06/2013 for a value of up to \$120,000 GST exclusive (Attachment 1 - BR056972).
7. The initial procurement process proposed that three quotes from consultancy firms would be obtained. However, it was determined that one quote only will be obtained from Deloitte Consulting as part of the Business Consultancy Services Panel Arrangement No. 160 as the consultancy firm is currently engaged in the Community Health Services Reform Project which provides significant synergies to this project.
8. Deloitte Consulting met with the project team from CPaL on Tuesday, 16 July 2013 and discussed the scope and deliverables of the project prior to them submitting the quote. The quote with a quoted consultancy fee of \$70,365.48 (GST inclusive) from Deloitte Consulting was deemed as appropriate by the project team (Attachment 2).

URGENT

Department RecFind No:	BR057559
Division/HHS:	HSCI
File Ref No:	NM001837

Briefing Note for Noting

A/Director-General

Requested by: A/Deputy Director-General
Health Service & Clinical Innovation Division

Date requested: 2 September 2013

Action required by: 13 September 2013

**SUBJECT: Strengthening health services through optimising nursing in Queensland:
Strategy and Action Plan****Proposal**

That the A/Director-General:

Note the attached strategy 'Strengthening health services through optimising nursing' in Queensland which is aligned with the '*Blueprint for Better Healthcare in Queensland*'.

Provide the attached brief to the Minister for approval.

Urgency

1. **Urgent** - The Minister and Director-General have requested the Chief Nursing and Midwifery Officer to develop a strategy that optimises the role of registered nurses in Queensland.

Headline Issues

2. The top issues are:
 - There are a variety of historical, regulatory and policy barriers that limit nurses' ability to generate service transformation.
 - The attached strategy and action plan have been developed to optimise nursing services, which will achieve the goal of a sustainable healthcare system for generations to come, delivering sustainable quality, cost effective nursing services focussed on patients (Attachment 1a & 1b).
 - There are opportunities for the Minister to launch this strategy, associated with planned statewide nursing forums commencing on 12 September 2013.

Blueprint

3. How does this align with the *Blueprint for better healthcare in Queensland*?
 - Health services focused on patients and people
 - Empowering the community and our health workforce
 - Providing Queenslanders with value in health services
 - Investing, innovating and planning for the future.

Key issues

4. The Queensland Government policy outlines the need for clinicians to work to their full scope of practice.
5. The registered nurse is pivotal in the provision of quality and safe patient care.
6. This strategy outlines healthcare innovation and new ways of working. It will increase productivity and strengthen the nursing profession's contribution to the healthcare system in Queensland.
7. A separate strategy for midwifery could be developed in the future to optimise maternity services.
8. The Minister is requested to endorse the 'Minister's Forward' and provide a photograph for inclusion in the Strengthening health services through optimising nursing' Strategy and action plan (2013-2016). (Attachment 7).

Department RecFind No:	BR057559
Division/HHS:	HSCI
File Ref No:	NM001837

Background

9. This strategy and action plan builds on an initial body of work to optimise the potential of the nurse practitioner role in Queensland which identified issues for nurse practitioners and also registered nurses (Attachment 2). Additional information was provided to the Director-General on 18 June 2013. (Attachment 3).
10. Registered nurses are the largest clinical workforce group in Queensland.
11. The Department of Health, Nursing and Midwifery Office, Queensland (NMOQ) in collaboration with Hospital and Health Services are working to achieve statewide nursing and midwifery productivity and efficiency enhancements to fund increases in wages and allowances outlined in the *Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012*.
12. Achievements to date under the *Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012* include improved resource management and productivity savings of \$76.8 million for the 2012-2013 period.
13. The Registered Nurse Practice Blueprint will be developed as part of this strategy. This will promote a common understanding of the profession of nursing and the scope of practice of the registered nurse to challenge the myths of what is possible.
14. This strategy is complementary to the Future Workforce Strategy for better healthcare in Queensland 2013-2018 which is oversighted by the Clinical Workforce Board.

Consultation

15. Consultation has occurred with a broad range of key stakeholders during the development of these strategies. A program board has also been established to support this initiative. This group has met three times to assist with the development of this strategy (Attachment 4). A new program board has been established to provide strategic input and program governance (Attachment 5).

Financial implications

16. The estimated budget for NMOQ to implement the Optimising Nursing strategy in 2013-2014 is \$751,000 (GST exclusive) (Attachment 6).
17. Planned expenditure of \$655,000 for contractors was discussed and approved on 8 August 2013 by the Deputy Director-General, Health Service and Clinical Innovation, at an expenditure plan meeting with NMOQ. The additional AO7 support had previously been approved last financial year for a period of 11 months from the 1 July 2013.
18. Existing NMOQ staff have been reprioritised to resource the project (two Assistant Directors of Nursing at a cost of \$254,714 per annum). This cost has been absorbed by NMOQ.
19. There is a separate budget allocation for the Nurse Endoscopy project (\$3,157,500).

Legal implications

20. There are no legal implications.

Attachments

21. Attachment 1a: Strengthening health services through optimising nursing: Strategy and Action Plan (Summary Document – External Document)
- Attachment 1b: Strengthening health services through optimising nursing: Strategy and Action Plan (Full Strategy Document – Internal Document. Includes detailed action plan)
- Attachment 2: BR056150 Optimising the potential of the nurse practitioner role in Queensland.
- Attachment 3 & 3(1): BR056937 Strengthening health services through optimising nursing and midwifery
- Attachment 4: List of key stakeholders
- Attachment 5: Project board terms of reference
- Attachment 6: Project budget
- Attachment 7: Ministers foreword

Department RecFind No:	BR057559
Division/HHS:	HSCI
File Ref No:	NM001837

Recommendation

That the A/Director-General:

Note the attached strategy 'Strengthening health services through optimising nursing' in Queensland which is aligned with the 'Blueprint for Better Healthcare in Queensland'.

Provide the attached brief to the Minister for approval.

APPROVED/NOT APPROVED

NOTED

[Handwritten signature]

DR MICHAEL CLEARY
A/Director-General

Ian Maynard
Director - General

25/10/13

To Minister's Office For Noting

A/Director-General's comments

Author:
Amanda Davies

Cleared by: (SD/Dir)
Dr Frances Hughes

Content verified by: (CEO/DDG/Div Head)
Dr Jeanette Young

Assistant Director of Nursing

Chief Nursing and Midwifery
Officer

Chief Health Officer and
A/Deputy Director-General

Nursing and Midwifery Office,
Queensland

Nursing and Midwifery Office,
Queensland

Health Service and Clinical Innovation Division

2 September 2013

2 September 2013

10 September 2013

Department RecFind No:	BR056150
Division/District:	HSCI
File Ref No:	NM001110

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation

Date requested:

Action required by:

SUBJECT: Optimising the potential of the nurse practitioner role in Queensland

Proposal

That the Director-General:

Note the commencement of a scoping project to identify the barriers impacting on nurse practitioner practice. The outcome of this project will inform a broader review of clinical governance arrangements in Queensland.

Urgency

1. Routine

Headline Issues

2. The top issues are:
 - over 195 nurse practitioners are located in Queensland, working across both public and private health care settings;
 - this project will identify service, system, legislative and other barriers impacting on the full utilisation of the nurse practitioner role; and
 - the *Health (Drugs and Poisons) Regulation 1996* is scheduled for review in 2013.

Key issues

3. This project is part of a broader strategy by the Nursing and Midwifery Office, Queensland to optimise capacity of Queensland nursing and midwifery roles in service delivery.
4. An outcome of this project is to identify proposed strategies, actions and recommendations for the Nursing and Midwifery Office, Queensland to enable nurse practitioners to practice in the capacity for which they are educated and authorised.
5. Consultation will need to occur with nurse practitioners and other key stakeholders to identify main and persistent barriers.

Background

6. The established systems that support the delivery of health care are impacting on practice and service delivery at all levels.
7. Health reform is timely and provides the opportunity to challenge established systems to improve access and patient outcomes for the future.
8. Nurse practitioners are a reformative healthcare role that is identified both nationally and internationally as an integral component of contemporary healthcare systems.
9. A national census study of nurse practitioners undertaken in 2009, highlighted under-utilisation of advanced practice skills and identified bureaucratic barriers constraining practice.

Attachments

10. Attachment 1: Project overview: Optimising the potential of the nurse practitioner role in Queensland

Department RecFind No:	BR056150
Division/District:	HSCI
File Ref No:	NM001110

Recommendation

That the Director-General:

Note the commencement of a scoping project to identify the barriers impacting on nurse practitioner practice. The outcome of this project will inform a broader review of clinical governance arrangements in Queensland.

APPROVED/NOT APPROVED

NOTED



DR TONY O'CONNELL
Director-General

151 2113

To Minister's Office For Noting

Director-General's comments

Prof Gardner at QUT would provide useful input to this work.

Author Amanda Davies	Cleared by: (SD/Dir) Dr Pdraig O'Luanaigh	Content verified by: (CEO/DDG/Div Head) Dr Michael Cleary
Assistant Director of Nursing	A/Chief Nursing and Midwifery Officer	Deputy Director-General
Nursing and Midwifery Office, Queensland	Nursing and Midwifery Office, Queensland	Health Service and Clinical Innovation

21 January 2013	8 February 2013	13 February 2013
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Department RecFind No:	BR056937
Division/HHS:	HSCI Division
File Ref No:	NM001545

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, Health Service and Clinical Innovation Date requested: 13 June 2013

Action required by: 21 June 2013

SUBJECT: Strengthening health services through optimising nursing and midwifery

Proposal

That the Director-General:

Note the paper (Attachment 1) requested by officials from the Premier's Office, outlining existing barriers to the optimisation of health service delivery by nurses and midwives.

Note a Steering Group comprising of representatives from the Offices of the Premier and Minister of Health, Queensland Health Renewal Taskforce, Clinical Access and Redesign Unit, Healthcare Purchasing, Performance and Accountability Division, Human Resources Services, System Policy and Performance Division, Policy and Planning Branch, Clinical Planning and Leadership Unit, and Contestability Branch has been established.

Note the Nursing and Midwifery Office will develop a formal strategy and action plan over the next eight weeks.

Urgency

1. Routine.

Headline Issues

2. The top issues are:
 - Developing a vision for nurse-led integrated services to contribute significantly in healthcare delivery in Queensland.
 - Initial paper outlines enablers and barriers to optimising nursing and midwifery services in Queensland.
 - Strengthening health services through optimising nursing and midwifery strategy and action plan to be completed by August 2013.

Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?
 - The strategy will promote better integrated care, workforce flexibility, contestability and local decision making. This will reduce hospital admissions, improve patient services and improve efficiency and value for money.

Key issues

4. At the request of officials from the Office of the Premier, Nursing and Midwifery Office Queensland has prepared a paper (Attachment 1) outlining the key enablers and barriers to realising the full optimisation of nursing and midwifery roles.
5. Optimising the ability of nurses and midwives to practice to their full scope of practice will increase service delivery options and flexibility. This will also enhance contestability through better resource management practices, aligning training and workforce need and addressing barriers and enablers to workforce reform.

Department RecFind No:	BR056937
Division/HHS:	HSCI Division
File Ref No:	NM001545

6. Key action items identified so far include:
- (i) Increasing alternative streams/models of care by improving access to private services through broadening the scope of the Medical Benefit Scheme (MBS) and working with private insurers to widen coverage for nursing and midwifery services;
 - (ii) Reviewing requirements for collaborative arrangements to enable flexible and innovative service models;
 - (iii) Improving access to the PBS - S100 drugs to maximise specialised services provided by Nurse Practitioners;
 - (iv) Reviewing legislation (e.g. Health (Drug and Poison) Regulation 1996 (QLD)) to remove unnecessary drug therapy protocols and signatories that create barriers or restrictions to nursing scope of practice and innovative models of care;
 - (v) Establishing pathways to practice in rural and remote, midwifery, mental health and community services to address nursing workforce need and redesign;
 - (vi) Reviewing and reforming industrial barriers to flexible and innovative practice; and
 - (vii) Investing in business development for nurses.
7. A Steering Group, comprising representatives from the Offices of the Premier and Minister of Health, Queensland Health Renewal Taskforce, Clinical Access and Redesign Unit, Healthcare Purchasing, Performance and Accountability Division, Human Resources Services, System Policy and Performance Division, Policy and Planning Branch, Clinical Planning and Leadership Unit, and Contestability Branch will further shape this work into a fully realised strategy and action plan over the next eight weeks.

Background

8. Nurses and midwives are currently prevented from operating to their full potential by a range of regulatory, funding, cultural and attitudinal barriers.
9. Opportunities exist to increase and extend current nursing/midwifery led clinics through a range of business models involving private practice, partnerships, Medicare Locals, Non-Government Organisations and community based services.

Consultation

10. Nurse Practitioners (via survey)
11. Clinical Access and Redesign Unit
12. Queensland Health Renewal Taskforce
13. Contestability Branch
14. Regulatory Instruments Branch
15. Clinical Planning and Leadership Unit
16. Queensland Health Legal Unit

Attachments

17. Attachment 1: Strengthening health services through optimising nursing and midwifery services paper.

Department RecFind No:	BR056937
Division/HHS:	HSCI Division
File Ref No:	NM001545

Recommendation

That the Director-General:

Note the paper (Attachment 1) requested by officials from the Premier's Office, outlining existing barriers to the optimisation of health service delivery by nurses and midwives.

Note a Steering Group comprising of representatives from the Offices of the Premier and Minister of Health, Queensland Health Renewal Taskforce, Clinical Access and Redesign Unit, Healthcare Purchasing, Performance and Accountability Division, Human Resources Services, System Policy and Performance Division, Policy and Planning Branch, Clinical Planning and Leadership Unit, and Contestability Branch has been established.

Note the Nursing and Midwifery Office will develop a formal strategy and action plan over the next eight weeks.

APPROVED/NOT APPROVED

NOTED



DR TONY O'CONNELL
Director-General

2016113

To Minister's Office For Noting

Director-General's comments

Author Steve Ralph	Cleared by: (SD/Dir) Dr Pdraig O'Luanagh	Content verified by: (CEO/DDG/Div Head) Dr Michael Cleary
Relationship Manager	A/Nursing & Midwifery Officer	Deputy Director-General
Nursing and Midwifery Office Queensland	Nursing & Midwifery Office Queensland	HSCI Division

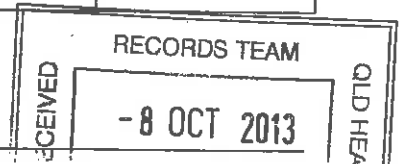
11 June 2013	12 June 2013	18 June 2013

URGENT

Department RecFind No:	BR057561
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Noting

Director-General



Requested by: Deputy Director-General, Health Service & Clinical Innovation Division Date requested: 10 September 2013 Action required by: 24 September 2013

SUBJECT: BreastScreen Queensland - Right to Information application # 2022

Proposal

That the Director-General:

Note the documents collated for release following an application under the *Right to Information (RTI) Act 2009* seeking access to documents relating to BreastScreen Queensland (BSQ) and restructures from January 2012 to August 2013 (Attachment 1).

Urgency

1. **Urgent** – the documents are to be released on Friday, 27 September 2013.

Headline Issues

2. The top issues are:
 - BSQ's restructure was limited to the Department of Health's Cancer Screening area
 - Funding for BSQ increased in 2012/2013 in comparison with 2011/2012.
 - BSQ screening activity has increased marginally and quality standards have been maintained since the 2012 restructure.
 - The documents contain details of risks and concerns expressed by staff as a result of the two third reduction in staff numbers in the central unit.

Blueprint

3. How does this align with the *Blueprint for better healthcare in Queensland*?
 - By implementing one of the six key values of the Government: openness.

Key issues

4. Consistent with the RTI request, the collated documentation addresses matters related to the:
 - restructure of Cancer Screening Services within the Department of Health
 - BSQ Sunday Mail article published on 12 August 2012
 - activity levels and the funding methodology for BSQ services
 - correction of misinformation and adverse media attention in relation to BSQ.
5. In spite of negative media attention, the concerns of stakeholders and the reduction of Cancer Screening staff by 20 positions or approximately 60%, issues and concerns were unfounded:
 - BSQ screening activity increased in 2012/2013 in comparison with 2011/2012
 - BSQ quality assurance processes have been enhanced
 - mobile vans and the radiographer support service have been transferred to Hospital and Health Services (HHSs) consistent with the Minister's 2012 commitment
 - population screening support continues to be provided to HHSs.
6. No documents have been identified in the Preventive Health Unit in relation to three areas the applicant specified within the scope of the RTI application:
 - the termination of Ms Jennifer Muller's employment contract with the Department of Health
 - issues or concerns raised by HHS Boards in relation to BSQ
 - documents referring to Mr Scott Thompson, the Sunday Mail and/or Ms Renee Viellaris.

Background

7. The RTI application to the Department of Health is seeking access to documents, but excluding media reports, about BSQ and restructures from January 2012 to August 2013 including correspondence about:

Department RecFind No:	BR057561
Division/HHS:	HSCID
File Ref No:	

- the details surrounding the resignation of Jennifer Ms Muller, former Senior Director, Cancer Screening Branch
 - how the restructure is working and matters raised by Hospital and Health Service Boards in relation to breast screening and BSQ
 - the number of breast screenings undertaken in the 2010-2011, 2011-2012 and 2012-2013 financial years
 - breast screening which also refers to Mr Scott Thompson, the Sunday Mail and/or Ms Renee Viellaris.
8. On 9 August 2012, Ms Muller announced to Branch staff members that she had been advised that her employment contract with the Department was ending and that 10 August 2012 would be her final working day. This RTI request has been received 12 months later.
 9. The article *Staff shocked as BreastScreen champion leaves role early* appeared in the Sunday Mail on 12 August 2012 (Attachment 2).
 10. Issues and concerns were raised by stakeholders including individual Queensland women, organisations including the Breast Cancer Network Australia and the Queensland Country Women's Association and a range of clinicians. The concerns include fears there would be a reduction in screening funding and access; and the dismantling of BreastScreen Queensland. These concerns were inaccurate and unfounded.
 11. The Minister for Health, Deputy Director-General and Chief Health Officer addressed these inaccuracies through a Public Health Notice Advertisement published in the Sunday Mail, correspondence to concerned constituents as well as Hospital and Health Service Chief Executives and Chairpersons, fact sheets and consultation meetings with staff members impacted by the changes. Clarification was provided that BSQ Services would continue to be delivered locally by HHSs as had been the case for over 20 years. It was advised that the ownership of the BSQ mobile screening vans and management of the relief radiographer workforce was being transitioned to HHSs, consistent with Queensland health reform. HHS BSQ Service funding and screening activity to each of the 11 services was confirmed as not being affected by the restructure.
 12. In response to the Department's Cancer Screening Services Business Case for Change and workforce impact statements, considerable feedback was provided by staff members and HHS BSQ Services. An alternative Business Case for Change was presented jointly by staff members in addition to individual submissions. A BSQ risk assessment was compiled by staff members.
 13. Following the successful transition of mobile vans and the radiographer relief service, Cancer Screening's role has been refocused to inform BSQ Service funding and screening activity levels, to increase population screening activity and participation, to oversee quality assurance processes and committees, to develop policy and provide policy input as required through BreastScreen Australia, to manage the Statewide Coordinated Reading Model and to ensure timely reporting and program accountability.
 14. An Output Based Funding Methodology developed by Healthcare Purchasing, Funding and Performance Branch is used to determine funding levels for each of the 11 HHS BSQ Services in Queensland. The funding and screening activity level, is included in the Service Agreement for each HHS in which one of the eleven BSQ Services is based. Performance feedback is provided to HHSs on a monthly basis.

Consultation

15. Mr Paul French, Manager, Intergovernmental Funding and Policy Coordination does not object to release of the Activity Based Funding Project Board papers included in Attachment 1.
16. Ms Glynis Schultz, Director, System Policy and Performance, provided documentation in relation to the RTI application but could not be consulted in the preparation of this Briefing Note.

Attachments

17. Attachment 1: Collated documents in response to the RTI application.
- Attachment 2: Sunday Mail's *Staff shocked as BreastScreen champion leaves role early*

Department RecFind No:	BR057561
Division/HHS:	HSCID
File Ref No:	

Recommendation

That the Director-General:

Note the documents collated for release following an application under the *Right to Information (RTI) Act 2009* seeking access to documents relating to BreastScreen Queensland (BSQ) and restructures from January 2012 to August 2013 (Attachment 1).

APPROVED/NOT APPROVED

NOTED



IAN MAYNARD
Director-General

29, 9, 13

To Minister's Office For Noting

Director-General's comments

Author	Cleared by: (SD/Dir)	Content verified (CEO/DDG/ Div Head)	by: Content cleared by:	Content cleared by:
Craig Carey	Kaye Pulsford	Bronwyn Nardi	Dr Jeannette Young	Dr Michael Cleary
Director	Executive Director	Executive Director	Chief Health Officer and A/Deputy Director-General	Deputy Director-General
Preventive Health Unit	Preventive Health Unit	Chief Health Officer	Health Service and Clinical Innovation Division	Health Service and Clinical Innovation Division

s47(3)(b)

16 September 2013	16 September 2013	17 September 2013	18 September 2013	26 September 2013
24 September 2013	24 September 2013		25 September 2013	

Department RecFind No:	BR057578
Division/HHS:	SSS Division
File Ref No:	HRS06685 / QCOS/019209

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health



RECEIVED

16 SEP 2013

Requested by: Deputy Director-General,
System Support Services

Date requested: 27 August 2013

Action required by: 20 September 2013

SUBJECT: Payroll Self Service Project – Update on user registration

Recommendation

That the Minister:

Note that the Payroll Self Service (PSS) application provides Queensland public healthcare sector staff with fast easy and secure online access to their pay information. The PSS application is now available to all Queensland public healthcare sector staff and registration, as of week commencing 27 August 2013, has exceeded 30,000 registered users (more than 35% of all Queensland public healthcare sector staff).

Note user responses to an online survey have been very positive, with:

- 89% of staff saying that PSS provides them with easier access to pay information
- 90% responding that PSS makes submission and tracking of payroll enquiries easier
- More than 70% saying that paper payslips should be phased out for PSS registered users to reduce our environmental footprint.

Note that a range of engagement activities, promotion of the planned additional functionality, and the proposed phase-out of paper payslips will form the drivers of a comprehensive strategy to increase user uptake, with an eventual aim of user registration levels greater than 95%.

APPROVED/NOT APPROVED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

/ /

NOTED

Chief of Staff

19 / 09 / 2013

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
Please Note: All ratings will be recorded and will be used to inform executive performance.

Department RecFind No:	BR057578
Division/HHS:	SSS Division
File Ref No:	HRS06685 / QCOS/019209

Briefing Note for Noting

Director-General

Requested by: Deputy Director-General, System Support Services Date requested: 27 August 2013

Action required by: 20 September 2013

SUBJECT: Payroll Self Service Project – Update on user registration

Proposal

That the A/Director-General:

Note that the Payroll Self Service (PSS) application provides Queensland public healthcare sector staff with fast, easy and secure online access to their pay information.

Note that since the statewide rollout of PSS was completed in August 2013, more than 30,000 users have registered for PSS (more than 35% of all Queensland public healthcare sector staff).

Provide this brief to the Minister for noting.

Urgency

1. Routine

Headline Issues

2. The top issues are:

- The PSS application currently provides registered users with a range of services, which they can access anywhere and anytime they have access to the internet - at work, at home or on a mobile device. These services include:
 - fortnightly payslips dating back to March 2010
 - payment summaries for 2011-2012 and 2012-2013
 - the ability to create and track payroll enquiries
 - the ability to view a summary of their overpayments and loans.
- The PSS application is now available to all staff in the Queensland public healthcare sector.
- As of the week commencing 27 August 2013, more than 30,000 users have registered for PSS.

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
 - This aligns with the payroll repair initiatives.

Key issues

4. The PSS project team are developing a comprehensive strategy to increase user uptake, with the ultimate aim of user registration levels greater than 95 per cent. This strategy will include a range of engagement activities, promotion of the planned additional functionality and the proposed phase-out of paper payslips.
5. User responses to an online survey have been positive, with:
 - 89% of staff indicating that PSS provides them with easier access to pay information
 - 90% responding that PSS makes submission and tracking of payroll enquiries easier
 - More than 70% agreeing that paper payslips should be phased out for PSS registered users to reduce our environment footprint.

Department RecFind No:	BR057578
Division/HHS:	SSS Division
File Ref No:	HRS06685 / QCOS/019209

6. Additional PSS functionality planned to be rolled out in the next six months includes:
- Self-initiated repayments - functionality that enables volunteer lump sum or periodic repayments through staff pays, online banking, credit cards or in person payments at any Australia Post branch.
 - Forms workflow - staff will be able to download, submit and track payroll and HR forms online, with improved data management and tracking within payroll hubs.

Background

7. The Department of Health has made significant progress in implementing its comprehensive strategy to prevent the occurrence of overpayments and to manage those overpayments that have occurred. The PSS application is an important part of the Department's commitment to improve payroll and workforce management transparency, practices and processes.
8. The PSS project is part of the Payroll Portfolio and is a progression of the former ePayslips project, which is consistent and aligned with recommendations made by both KPMG and Ernst & Young following their respective payroll and rostering solution reviews.
9. The PSS project is governed and directed by the PSS Project Board, which includes representation from the Hospital and Health Services.

Consultation

10. Not applicable.

Attachments

11. There are no attachments.

RTI Released

Department RecFind No:	BR057578
Division/HHS:	SSS Division
File Ref No:	HRS06685 / QCOS/019209

Recommendation

That the A/Director-General:

Note that the Payroll Self Service (PSS) application provides Queensland public healthcare sector staff with fast, easy and secure online access to their pay information.

Note that since the statewide rollout of PSS was completed in August 2013, more than 30,000 users have registered for PSS (more than 35% of all Queensland public healthcare sector staff).

Provide this brief to the Minister for noting.

APPROVED/NOT APPROVED

NOTED

DR MICHAEL CLEARY
A/Director-General

14 / 9 / 2013

To Minister's Office For Noting

A/Director-General's comments

Author Ian Parrington	Cleared by: Philip Hood	Content verified by: Lyn Rowland	Content verified by: Susan Middleditch
Project Manager	Executive Director	Chief Human Resources Officer	Deputy Director-General
Payroll Self Service Project, Payroll Portfolio	Payroll Portfolio	System Support Services	System Support Services
27 August 2013	2 September 2013	6 September 2013	12 September 2013



Department RecFind No:	BR057586
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval
 The Honourable Lawrence Springborg MP
 Minister for Health



RECEIVED
 1 OCT 2013

Requested by: A/Deputy Director-General,
 Health Service & Clinical Innovation Division

Date requested: 12 July 2013

Action required by:

SUBJECT: Action plan to move to a complete ban on commercial skin tanning units

Recommendation

That the Minister:

Approve the following actions:

- Amend Queensland's radiation safety legislation to implement a complete ban on commercial skin tanning units from 31 December 2014, in line with similar bans proposed in New South Wales (NSW), Victoria (VIC), Tasmania (TAS), Australian Capital Territory (ACT) and South Australia (SA).
- Ensure each Queensland licensee in possession of registered commercial skin tanning units is advised in writing of the proposed ban as soon as possible. The advice is to include the following statement:
"I advise the Minister for Health has decided to implement a complete ban on commercial skin tanning units in Queensland from the 31 December 2014. This ban will align with similar bans being implemented in other States and Territories across Australia."
- Consider the three options in Attachment 1 for a Queensland commercial skin tanning unit compensation model as a part of implementing the proposed ban and the preferred option from Queensland Health's perspective is Option 1 – no compensation.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
 Minister for Health

Chief of Staff

Policy Advisor
 Minister's comments

① Please provide me with the relevant section of the Act that banned the New Solarium.
 ② It was our intention that new new licensees can issue that included renewals. Please advise the key & labor to note

Briefing note rating

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)
 Please Note: All ratings will be recorded and will be used to inform executive performance.

Min happens

Department RecFind No:	BR057586
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Deputy Director-General,
Health Service & Clinical Innovation Division

Date requested: 12 July 2013

Action required by:

SUBJECT: Action plan to move to a complete ban on commercial skin tanning units

Proposal

That the Director-General:

Endorse the following actions:

- Amend Queensland's radiation safety legislation to implement a complete ban on commercial skin tanning units from 31 December 2014, in line with similar bans proposed in New South Wales (NSW), Victoria (VIC), Tasmania (TAS), Australian Capital Territory (ACT) and South Australia (SA).
- Ensure each Queensland licensee in possession of registered commercial skin tanning units is advised in writing of the proposed ban as soon as possible. The advice is to include the following statement:
"I advise the Minister for Health has decided to implement a complete ban on commercial skin tanning units in Queensland from the 31 December 2014. This ban will align with similar bans being implemented in other States and Territories across Australia."
- Note the three options in Attachment 1 for a Queensland commercial skin tanning unit compensation model as a part of implementing the proposed ban and the preferred option from Queensland Health's perspective is Option 1 – no compensation.

Provide this brief to the Minister for approval.

Urgency

1. **Urgent** - Queensland possession licensees need to be advised of the proposed ban as early as possible to give them the maximum time to plan and adjust, particularly if a ban in Queensland is to align with bans proposed in NSW, VIC and SA.

Headline Issues

2. The top issues are:
 - To maximise the time for businesses to adjust, possession licensees who own registered commercial skin tanning units should be advised as soon as possible that there a complete ban has been approved by the Minister.
 - Aligning with the bans proposed in NSW, VIC and SA will assist implementation – that is, a Queensland ban be implemented from 31 December 2014.
 - Compensation models would most likely be inadequate and may not be needed if businesses have enough time to plan and adjust to the ban. Attachment 1 details options for compensating affected businesses.

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
 - Aligns with investing, innovating and planning for the future.

Key issues

4. The commercial solarium skin tanning industry is comprised of 44 businesses which are licensed to provide these services in Queensland (Attachment 2).
5. Of the 44 possession licensees, 32 hold licences expiring before 31 December 2014 and 12 hold licences expiring after 31 December 2014. The latest licence expiry date is 19 December 2015 (Attachment 3).

Department RecFind No:	BR057586
Division/HHS:	HSCID
File Ref No:	

6. Until a decision is made, the Department is processing renewals of possession licences on case by case basis in an effort to ensure licences for possession of commercial skin tanning units are not granted past 31 December 2014.
7. The average cost of second hand and new commercial skin tanning units is approximately \$6,000 and \$25,000 respectively (Attachment 1).
8. NSW has implemented a UV Tanning Units Disposal Scheme as part of their new regulation. It includes a one-off incentive payment of \$1,000 per unit following free collection and disposal by a government contracted company (Attachment 4). The other jurisdictions that have announced future bans (SA, VIC, ACT and TAS) have been contacted and have advised that they do not have compensation packages in place.
9. A new business appears to be emerging which uses the skin tanning units for a different purpose. In this new use, the ultra-violet fluorescent tubes are replaced by infra-red tubes to supposedly promote collagen stimulation. Such a change would make a device no longer subject to the *Radiation Safety Act 1999*. The Department is currently considering the health risks associated with this new use for former solarium devices.

Background

10. In Queensland, as of 1 January 2013, the *Queensland Radiation Safety Regulation 2010* was amended to ban new commercial skin tanning units, that is, no new commercial skin tanning units will be approved, no new possession licenses for commercial skin tanning units will be issued and existing licensees will not be able to acquire additional commercial skin tanning units.
11. NSW has in place new regulation for a ban on commercial skin tanning units from 31 December 2014 and SA, VIC, ACT and TAS have announced future bans from the end of 2014.

Consultation

12. Not applicable.

Financial implications

13. There will be costs associated with implementing a compensation model, ranging from no cost (for no compensation) to an estimated \$960,000 (compensating for current market value). If compensation was similar to the NSW UV Tanning Units Disposal Scheme the estimated cost would be \$160,000.

Legal implications

14. There are no legal implications.

Attachments

15. Attachment 1: Options for Queensland Commercial Skin Tanning Unit Compensation Model
- Attachment 2: Background Information – Solaria businesses
- Attachment 3: Queensland Solaria Possession Licensees as of August 2013
- Attachment 4: NSW solaria compensation model

Department RecFind No:	BR057586
Division/HHS:	HSCID
File Ref No:	

Recommendation

That the A/Director-General:

Endorse the following actions:

- Amend Queensland's radiation safety legislation to implement a complete ban on commercial skin tanning units from 31 December 2014, in line with similar bans proposed in New South Wales (NSW), Victoria (VIC), Tasmania (TAS), Australian Capital Territory (ACT) and South Australia (SA).
- Ensure each Queensland licensee in possession of registered commercial skin tanning units is advised in writing of the proposed ban as soon as possible. The advice is to include the following statement:
"I advise the Minister for Health has decided to implement a complete ban on commercial skin tanning units in Queensland from the 31 December 2014. This ban will align with similar bans being implemented in other States and Territories across Australia."
- Consider the three options in Attachment 1 for a Queensland commercial skin tanning unit compensation model as a part of implementing the proposed ban and note that the preferred option from Queensland Health's perspective is Option 1 – no compensation.

Provide this brief to the Minister for approval.

APPROVED/NOT APPROVED

NOTED

[Handwritten Signature]
IAN MAYNARD
 Director-General

30 SEP 2013

RELEASED

To Minister's Office for Approval
 for Noting

Director-General's comments

option 3 represents fair compensation for currently owned equipment.

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s47(3)(b)

5 September 2013	10 September 2013	12 September 2013	24 September 2013
19 September 2013	19 September 2013	20 September 2013	

Department RecFind No:	BR057586
Division/HHS:	HSCID
File Ref No:	

Briefing Note for Approval

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: A/Deputy Director-General,
Health Service & Clinical Innovation Division

Date requested: 12 July 2013

Action required by:

SUBJECT: Action plan to move to a complete ban on commercial skin tanning units

Recommendation

That the Minister:

Approve the following actions:

- Amend Queensland's radiation safety legislation to implement a complete ban on commercial skin tanning units from 31 December 2014, in line with similar bans proposed in New South Wales (NSW), Victoria (VIC), Tasmania (TAS), Australian Capital Territory (ACT) and South Australia (SA).
- Ensure each Queensland licensee in possession of registered commercial skin tanning units is advised in writing of the proposed ban as soon as possible. The advice is to include the following statement:
"I advise the Minister for Health has decided to implement a complete ban on commercial skin tanning units in Queensland from the 31 December 2014. This ban will align with similar bans being implemented in other States and Territories across Australia."
- Consider the three options in Attachment 1 for a Queensland commercial skin tanning unit compensation model as a part of implementing the proposed ban and note that the preferred option from Queensland Health's perspective is Option 1 – no compensation.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

Minister's comments

Briefing note rating

1

2

3

4

5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.