

<b>Minutes</b>	<b>NSCCH</b> <b>Area Health Advisory Council</b> <b>Meeting of 26 October 2006</b> Held in Executive Boardroom Hornsby Hospital	
	<b>Attendees:</b>	Professor Carol Pollock (Chair) Professor Margaret McMillan Ms Georgia Sidiropoulos Mr Tom Limburg Mr Paul Tonkin Dr Greg Fulcher Ms Di Spragg Dr Antonio Carrozzi Dr Magda Campbell Dr Stephen Christley
<b>In Attendance:</b>	Ms Karen Filocamo Ms Cindy Dargaville Ms Carol Parker	
<b>Apologies:</b>	Dr Paul Douglas Dr Scott Whyte Mr Paolo Totaro AM	
	<b>Agenda topics</b>	
<b>1.</b>	<b>Apologies</b>	
Apologies were received from Drs Douglas and Whyte and Mr P Totaro and Mr D Bowd.		
<b>2.</b>	<b>Minutes of the Meeting of 28 September 2006</b>	<b>All</b>
<p>Minutes of the meeting of 28 September were reviewed and accepted as a true and accurate record.</p> <p><b>2.1 Review of Action Items</b></p> <p>Action items were reviewed and the following points noted.</p> <p>Minutes from the last meeting are to be placed on the website.</p> <p><b>Item 2.1.1 Workforce Development:</b> The Chair tabled a letter from Dr Christley in response to questions raised by AHAC regarding the Hospitalist role. The Council had raised concerns about what is meant by the term “hospitalist” and Dr Christley provided explanation.</p> <p><b>Item 2.1.2 General Managers remaining as Chairs of Community Participation Committees:</b> The Chair stated that she has received confirmation of this in the letter table from Dr Christley.</p> <p><b>Item 2.1.3 Circulation of report on past community participation activities to Community Participation Committees:</b> Ms. Filocamo reported this has occurred.</p> <p><b>Item 2.1.4 Confirmation of Community Participation Committee Forum dates:</b> K Filocamo advised that the committees are including this in their workplans which are currently being developed and therefore dates have not yet been determined.</p>		

**Item 2.1.5 Allocate AHAC Members Workplan activities:** No discussion.

**Items 2.1.6 Newsletter :** Dr Christley approved the content of the newsletter and it was included with the Chief Executive's Newsletter this month. Although they had not had a chance to review it, the Council were happy with the content. Prof Pollock suggested AHAC needed to raise its profile and suggested profiles for AHAC members be placed on the website.

Members stated that they had not seen a recent RNSH newsletter and requested feedback on the frequency of the newsletter.

The newsletter will also be included in the meeting papers for the Community participation Committees.

**Item 2.1.7 Communication Processes with medical, nursing & allied health staff:** Ms Spragg suggested initiatives cover all interactions at mutually agreed times. Dr Fulcher suggested the Chairs of the 3 groups meet. or teleconference to discuss how they would like to proceed.

Prof McMillan said the nursing groups were keen to progress on this.

Dr Fulcher said there is a strong push from the MSC to re-instate hospital boards and this will be raised with the Minister at the next meeting of MSC Chairs. It was suggested that MSC issues come to AHAC so they can be raised with Dr Christley.

Dr Christley said it would help resolve issues quickly if divisional managers and clinical directors were aware of issues before they were raised externally.

**Item 2.1.8 Northern Beaches Communication Strategy:** Professor Pollock advised that there are still communication issues with clinicians and the community. Mr Harvey Rose a community member on the Northern Beaches has stated that Mona Vale would continue as a hospital. Dr Christley explained that Mona Vale would have a complementary role.

There have been a number of discussions with community members but not as yet with the clinical community. There will be ongoing work on developing linkages between Area planning and the interface between private and public services as well as the Commonwealth interface and emergency care.

The DPH is moving on the PDP (procurement development plan) and VMS (value management study). The Area would like to move straight to the PDP but there may be a need to do a VMS as well.

Prof. Pollock suggested we hold community forums on service delivery issues. Dr Fulcher added that the community is not aware of some of the clinical work handled outside the hospital setting. Dr Christley added that there is a need to work on different models of care between hospitals and that there needs to be consistency

**Item 2.1.9 Northern Beaches Renal services presentation:** Dr Fulcher raised the issue of bed numbers and the effect of this on implementation of services. Prof Pollock stated that there are also staffing issues and patient growth factors which need to be considered and that some patients have to go to the Mater for services.

Some beds have been opened on the Central Coast and the Endocrinologist position is being advertised. Hornsby Ku ring gai needs a dialysis service and patient rehabilitation is also an issue which has been raised with the aged care group.

**Item 2.1.10 Royal North Shore Hospital re-development:** Information noted.

**Item 2.1.11 Communication with youth health groups:** It was suggested the Chair contact the groups as listed and explore how communication between AHAC and youth in the community can be improved. It was suggested a link could be established between the AHAC website and existing websites for youth health services

**Item 2.1.12 General Managers confirming lines of communication with Community**

**Participation Committees:** Chief Executive to write to the General Managers confirming this.

<b>Action Items:</b>	<b>Person responsible:</b>	<b>Deadline:</b>
<ul style="list-style-type: none"> <li>• C Pollock to meet with Yvonne Chard regarding nursing</li> <li>• C Pollock to discuss allied health issues with Liz Wright</li> <li>• G Fulcher to talk with the MSC</li> <li>• Julie Hartley Jones to be invited to a future AHAC meeting to discuss community participation in the United Kingdom.</li> <li>• 1-2 Forums (Northern Beaches and Central Coast) to be considered before the end of the year.</li> <li>• Council members to provide feedback to K Filocamo on RNSH re-development</li> <li>• C Pollock to send AHAC workplan to youth health advisory groups.</li> </ul>	<p>C Pollock</p> <p>C Pollock</p> <p>G Fulcher K Filocamo</p> <p>K Filocamo</p> <p>All</p> <p>C. Pollock</p>	<p>23/11/06</p> <p>23/11/06</p> <p>23/11/06 23/11/06</p> <p>To be confirmed</p> <p>23/11/06</p> <p>23/11/06</p>
<b>3. Chief Executive's Report</b>		<b>C. Pollock</b>
<p>The Divisional leadership structure is being finalised and is making a difference. There are some issues at Ryde causing concern but with the involvement of Dr Danny Stiel these are settling.</p> <p>Independent investigations are continuing with cases as outlined (Anderson &amp; Willetts).</p> <p>T Limburg advised that an issue regarding the oncology unit flyer had been raised with him as there is concern the flyer did not give sufficient information on availability of support services. Mr Limburg asked if there was a connection between the RNSH re-development and non clinical support services. Dr Christley advised there are rules around the re-development and differentiation of roles. The role of the PSA changes frequently as the service models change.</p> <p>This needs to be dissected from the re-development of RNSH as government policy is governed by health service support and this is happening independently of the RNSH re-development.</p> <p>Prof. Pollock raised the issue of external advertising for Divisional Managers and said she may have been able to suggest other candidates if this had been possible.</p> <p>Dr Christley advised that the DON positions had been advertised externally. Prof Pollock said she would raise this matter at the next meeting of the HAC.</p> <p>Prof. Pollock advised that the current plan regarding research and education is to be able to house all education in the sector (4 floors) as there are currently 300 people working on research. A large part of the land divestment is dependent on finding funding to re-house these staff and hopefully this will be resolved by the end of the year.</p>		
<b>4. Community Participation Audit</b>		<b>K. Filocamo</b>
<p>The preliminary report was presented to the meeting and K Filocamo explained that the deadline had been extended to allow for the maximum number of completed audits to be returned.</p> <p>The final report will be provided to the November meeting.</p>		
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<ul style="list-style-type: none"> <li>• Final Audit report to be provided to the November AHAC meeting.</li> </ul>	K. Filocamo	23/11/06
<b>5. Feedback from the HCAC</b>		<b>Prof C Pollock</b>
<p>Prof. Pollock reported that mental health and primary and family care had been major discussion items. Dr Campbell gave an update on general practice intervention and mental health issues.</p>		

<b>6.</b>	<b>NSW State Health Plan</b>	<b>C Pollock</b>															
<p>This was provided for information in the meeting papers. Comments are to be provided to Prof Pollock. If there are specific comments concerning measures, Prof Pollock is happy to feed these back.</p>																	
<b>7.</b>	<b>Workplan Review</b>	<b>C. Pollock</b>															
<p>The Council discussed progress on the workplan items. The information on community health waiting times is expected for the December meeting.</p> <p>A performance report is expected at the next meeting.</p>																	
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<b>8.</b>	<b>Correspondence</b>	<b>C. Pollock</b>															
<p>The NSCCH AHAC Charter has been approved by NSW Health.</p> <p>The NSW Healthwatch correspondence was discussed and the Council agreed that a number of issues have been raised with the Chief Executive.</p>																	
<b>9.</b>	<b>Surgery Network Community Advisory Group</b>	<b>K Filocamo</b>															
<p>The report from the community advisory group for the Surgery Network was provided to the meeting. Mr Limburg, a member of the advisory group, gave an overview of the two meetings held to date. He expressed disappointment that not all group members had read the plan. He felt some parts of the plan were difficult to understand and that more information on demographic data is needed.</p> <p>Transport issues had not been mentioned in the plan and this is one of the gaps identified by the community advisory group. He also stated that authorship and references should be provided in the plan.</p> <p>Dr Christley reported that the plan is evolving and the updated copy will go to the managers of surgery for their input. The recommendation is for Ryde to be a minimally invasive facility and to build up the role of Hornsby . Services between Manly and Mona Vale and Gosford and Wyong also need to be reviewed.</p>																	
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<b>10.</b>	<b>Other Business</b>	<b>Prof C Pollock</b>															
<p>The success of two NSCCH projects in the Baxter awards was discussed. The projects were the GRACE project at Hornsby and a project in RNSH emergency department on pressure area care.</p> <p>Dr Christley announced the resignation of Dr Paul Douglas and AHAC agreed that Dr Douglas would be a loss to the Area.</p>																	
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**11.**

**Next meeting**

**Prof C Pollock**

Prof Pollock mentioned that Dr Douglas is unavailable for the next meeting. It was decided to change the meeting date to Tuesday 21 November 2006.