

# State governments listens to AMA on LHNs

## Area Health Services are 'out' and Local Health Networks 'in' according to the NSW Government's recently released discussion paper on health reform. By Sim Mead

The core element of the proposed new structure for hospital services in NSW is the creation of 15 Local Health Networks based on geographic areas and replacing the existing eight Area Health Services. Another two specialist networks will operate outside the LHNs – the Sydney Children's Hospital Network (Randwick and Westmead) and the Forensic Mental Health Network.

The 15 proposed geographical LHNs across NSW are Sydney, South West Sydney, Western Sydney, South Eastern Sydney, Northern Sydney, Nepean/Blue Mountains, Illawarra, Central Coast, Far West, Central West, Hunter / New England, Northern NSW, Mid North Coast, Southern NSW and Murrumbidgee. Each will have its own Chief Executive and Governing Council. Crucially, the NSW Government has agreed to include clinical representatives of the Governing Councils of the LHNs following pressure from the AMA (NSW).

Deputy Premier and Minister for Health, Carmel Tebbutt said the proposed model had been shaped by consultations with clinicians, health professionals and local communities. "There was a strong view expressed that clinicians should be able to serve on their local Governing Council," Ms Tebbutt said. "The Government supports that view and believes local clinicians will play a vital role in helping shape health services to meet local needs."

AMA (NSW) President, Dr Michael Steiner said the proposed model for Governing Councils was good news for doctors, nurses and patients ensuring major decisions are made with a view to the delivery of frontline care. Many questions remain to be answered, however. The discussion paper states clinical representatives will be chosen by the State Government not selected as representatives of any external group.

A recent major survey of 1,450 public

hospital doctors by AMA (NSW) and ASMOF found 69 per cent of clinicians support a model whereby hospital doctors nominate colleagues to be on Governing Councils. "It's important to get the fundamentals right and doctors who serve on the governing bodies of LHNs are nominated by colleagues rather than appointed by bureaucrats," Dr Steiner said.

It is unclear how the proposed structure will deal with cross-border issues. "Genuine reform means LHNs are established around natural communities and patient flows so some LHNs will cross state boundaries. The AMA will advocate for cross-state LHNs where local clinicians and local communities believe it to be appropriate."

The NSW Government's health reform discussion paper is available at [www.health.nsw.gov.au](http://www.health.nsw.gov.au). The AMA (NSW) will continue to consult extensively with doctors and make a detailed submission to the NSW Government reflecting concerns.

### Public hospital doctors' survey results

#### Top 5 factors deciding boundaries of LHNs

- Transport and distance issues.
- Existing clinical service networks.
- Local community and clinician views.
- Existing referral patterns.
- Existing clinical training networks.

#### Centralise or decentralise?

- "Bread and butter services should be based on LHNs but all tertiary and quaternary services should be rationalised and statewide services."
- "Super-specialised services such as neurosurgery, cardiothoracic and some pathology services should operate outside and above LHNs and service the whole state."
- "Genetics services are currently

relatively centralised and it makes sense to review how services to regional and remote areas are provided to ensure equity for all."

- "Efficiency tends to occur in a 'community environment' where the smaller size allows staff and patients to know each other better."
- "Economy of scale is crucial if we are to provide world-leading treatment for our patients."

#### Medical staff on Governing Councils How should they be chosen?

Chosen by the Minister	1%
Nominee of medical staff	69%
Both	27%
Neither	1%
Don't know	2%

- "First priority is to get the hospitals back on-track with a return of clinician engagement and effective influence."
- "Clinicians, not bureaucrats must have a much greater role in determining policy – these must be practicing clinicians, not doctors and nurses who no longer treat patients but have moved full-time to administration."
- "Both internal and external clinical input is desirable – internal people know their patch, external people can help remove perceived bias from internal clinicians 'protecting their turf.'"
- "The proposal to have external clinicians involved in governance will completely alienate and disenfranchise local clinicians if adopted."