Guide to engagement and consultation on clinical service review

June 2022 Version 1.0

Queensland Government

Version Control

Version	Date	Notes
0.1	February 2022	Draft version
0.2	April 2022	Updated based on feedback, glossary added
0.3	May 2022	Amended based on feedback
0.4	May 2022	Amended based on feedback, title changed
1.0	June 2022	

Review date: June 2024

Guide to engagement and consultation on clinical service review - June 2022 Version 1

Published by the State of Queensland (Queensland Health), June 2022

This document is licensed under a Creative Commons Attribution 3.0 Australia licence.

To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) 2022

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Patient Safety and Quality, Clinical Excellence Queensland, Queensland Health, GPO Box 48, Brisbane QLD 4001,
email cscf@health.qld.gov.au, phone (07) 3328 9430.

An electronic version of this document is available at https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public

Disclaimer:
The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

About this Guide 3

A shared approach to clinical service review and development 3

Reviewing clinical services 4

Aim 4
Objectives 4
Principles 4
Planning healthcare for First Nations communities 5
Linkages and communication between services 5
Frequency of review and assessment 5

1 Phase 1: Reviewing current clinical services 6

1.1 Determine scope, process, approach, expectations 6
1.2 Establish governance and steering committee 6
1.3 Engagement with stakeholders 7
1.3.1 Identify the stakeholders 7
1.3.2 Develop an engagement and consultation plan 8
1.4 How do we review and assess our clinical services? 11
1.4.1 Analyse relevant data and service information 11
1.4.2 Assess clinical service system risks 13
1.4.3 Share the results with stakeholders 14
1.4.4 Consumer and community consultation process 14
1.4.5 Clinician consultation process 16
1.5 Report on findings and priority setting 18
1.6 Share the findings with stakeholders 18

2 Phase 2: Design or redesign of services 19

2.1 Planning for co-designed clinical services 19
2.2 Designing a clinical service 20
2.2.1 Service design considerations 20
2.2.2 Service network design 21

3 Next steps 24

Evaluation 24

Appendix 1 – Supporting documents and resources 25

Appendix 2 – Templates and examples 29

Appendix 3 – Data requirements summary and sources 31

Acronyms and Abbreviations 33

Glossary 34

References 36

Figures

Figure 1. When do we engage? 7
Figure 2. The Consumer and Community Engagement Framework[3] 9
Figure 3. Feedback loop with stakeholders 10

Tables

Table 1. Gantt chart for clinical service review, assessment, and planning process 30

About this Guide

This Engagement and Consultation Guide is a resource to support Hospital and Health Services (HHSs) provide comprehensive, consumer-centred approaches to clinical service review, assessment and planning to enable the delivery of services that meet community needs.

This Guide is intended to be used in the review and planning of any clinical service irrespective of population size. It is intended to complement existing organisational and workforce-specific policies and guidelines such as the health service planning tools, Local Area Needs Assessment (LANA) Framework and workforce planning tools.

The purpose of clinical service review and planning is to ensure services meet the needs of consumers and are safe and sustainable.

The challenge for health service planners is to support the delivery of care as close to home as possible, while having in place robust systems to enable access to specialised care for those consumers who need it.

Where families are referenced throughout the document, this includes partners, carers[i] and other individuals associated with consumers and their care.

A shared approach to clinical service review and development

This Guide proposes a flexible, collaborative approach to clinical services review that includes consumers and other stakeholders. All stakeholders are engaged from the beginning of the review and planning process, throughout assessment and, where applicable, service design phases.

It describes an engagement and consultation approach to the two phases of the review and planning process:

Phase 1: Reviewing existing clinical services.

Phase 2: Designing (or re-designing) clinical services to better meet consumers' and community needs.

A Gantt chart is provided in Appendix 2 – Templates and examples that outlines the suggested activities and approximate timeframes for the review and planning process.

[i] Paid carers who are not considered to be family may be considered as community members or clinicians.

Reviewing clinical services

Assessing, reviewing and planning clinical services is vital to ensure services are safe, sustainable and meet the needs of the consumers who use them, regardless of where they live. Good service design starts with reviewing and assessing current services in partnership with stakeholders, including past, present and future users of the clinical services.

Assessing clinical services requires a thorough review of how adequately consumers' needs are being met by both:

- individual services
- the service network[ii] as a whole.

Assessment also enables planners to predict changes in demographics and workforce that are likely to impact clinical service availability and scope.

Robust planning processes for clinical services will ensure continued excellent healthcare outcomes for consumers and their families.

Good clinical services are co-designed in a process that engages **consumers, their families, communities, and local clinicians** from the start of the process. The process involves stakeholders in analysing needs and resource information, generating solutions, working in partnership with management during implementation, monitoring and evaluation, and communicating back to stakeholders.

The following aim, objectives and principles underpin good HHS service review and planning.

Aim

- To provide high-quality, safe, consumer-centred healthcare that meets community needs.

Objectives

1. Consumers know their healthcare options and how to access their preferred options.
2. Consumers access healthcare that meets the cultural needs for themselves, their families and communities.
3. Consumers access care from a well-trained, well-supported workforce.
4. Consumers who travel to receive some or all of their healthcare access clinical, social, emotional and financial support for themselves and their families.

Principles

High-quality safe, collaborative, respectful and equitable healthcare incorporates the design principles of the consumer and community having access to:

- individualised, consumer-centred care

[ii] Service networks will vary depending on a number of factors, which include the types of services and models of care available and location. They can be within the HHS or include other HHSs or external organisations, for example, private care providers or non-government organisations

- evidence-based care
- care as close to home as possible.

Planning healthcare for First Nations communities

This Guide provides a foundation for reviewing and planning clinical services for First Nations communities. It is essential to draw upon the expertise of community members and local service providers who understand local cultural values, and any unique geographical considerations, such as the remoteness of the community.

Resources are available which are designed to support health professionals in developing services that are responsive to the cultural needs of First Nations Queenslanders.[1]

Linkages and communication between services

HHSs usually configure their clinical services as a network of providers, from least specialised to most specialised.

You may want to design or redesign clinical services in one community. However, you need to understand your whole HHS clinical services network to do this.

That is because linkages between services are important. To be successful, service networks rely on effective communication and information sharing, protocols and clinical pathways, and inter-professional relationships.

These linkages should have a mutual exchange of information in all communication, including feedback of advice or transfer processes that involve the consumer. This should include information from both the primary and specialised healthcare sites' experiences.

Frequency of review and assessment

Clinical service review and planning is an iterative process so reviews should be planned and regular. There is no set frequency with which clinical services should be reviewed.

However, HHS planners may need to review clinical service configuration and scope in rural settings more frequently than in urban settings because small changes in workforce availability can have major impacts on service continuity.

1 Phase 1: Reviewing current clinical services

Before undertaking the review of a clinical service there are three key activities that need to occur. These are:

1. **Determine scope, process, approach, expectations**
2. **Establish governance and appoint a steering committee**
3. **Develop a stakeholder engagement and consultation plan**

Appendix 1 – Supporting documents and resources provides links to project management resources that can support this process. Appendix 2 – Templates and examples provides templates and draft documents, for example Terms of reference.

1.1 Determine scope, process, approach, expectations

First and foremost, establish the scope of the review and planning process. Confirm with the HHS executive their expectations and discuss the process, approach and level of support required. Refer to the HHS service plan, HHS strategic plan and inform the Hospital and Health Board the review is being undertaken.

1.2 Establish governance and steering committee

Establish the governance of the steering committee, with a clear executive sponsor and a clear decision-making pathway.

Identify steering committee members. They will guide the approach to overseeing the review and planning of the clinical service. The membership may likely comprise, but is not limited to, representation of:

- Consumer with recent lived experience of the local services, for example within the past two years
- First Nations representation, (for example, consumer and/or healthcare worker)
  - For cultural safety, it may be preferable to have a sub-committee of First Nations stakeholders with a representative reporting to the steering committee
- Community – including Elders, Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (A&TSICCHOs), community leaders, consumer groups (to be determined by that community[2]), and representation of any specific cultural groups identified in the local population
- Clinicians
- HHS executive
- Facility management
- HHS planning officer
- Primary Healthcare Network (PHN).

The frequency of meetings will be determined by the activities being progressed (for example, the steering committee may need to meet fortnightly during the review process).

1.3 Engagement with stakeholders

The health service must engage with stakeholders from the beginning of the review and planning process (refer to Figure 1[3]). Stakeholders will guide the design of clinical services, review relevant data and information, and provide feedback and evidence as the planning progresses.

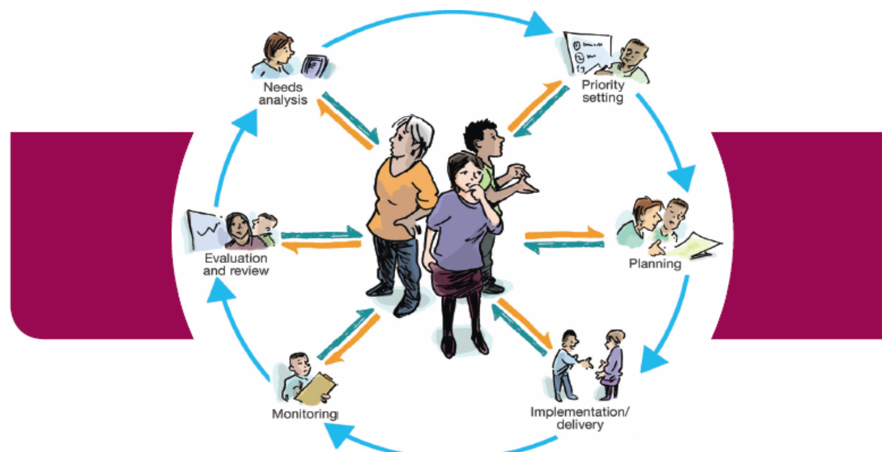

Figure 1. When do we engage?

The engagement and consultation plan that is developed may include strategies for both Phase 1 (review and assessment) and Phase 2 (design or re-design of services). This can provide reassurance to stakeholders that engagement and consultation will continue throughout the entire process and provide clarity regarding how their contributions will be heard and progressed. Appendix 1 – Supporting documents and resources provides links to resources to assist in the engagement, consultation, and co-design processes.

1.3.1 Identify the stakeholders

Health service consumers and community members are essential to the stakeholder engagement process. Consumer engagement refers to the activities and processes through which past, present and future consumers and their communities can partner with health organisations in the design, delivery, evaluation and monitoring of their services.

In addition to consumers and community members, other stakeholders to engage with should include:

- clinicians who deliver health services
- healthcare workers and support staff within the HHS
- General Practitioners
- Aboriginal and Torres Strait Islander Community-Controlled Health Organisations
- ambulance and air retrieval services
- primary health networks
- higher level services and retrieval services to whom clinical services refer

- Clinicians/services that provide healthcare and/or support for other specific demographic groups identified within the community, for example culturally and linguistically diverse people, people with mental health concerns, children, teenagers, LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer, questioning and other sexuality, sex and gender diverse) people, consumers with a physical or intellectual disability, or consumers with other complex health needs.

1.3.2 Develop an engagement and consultation plan

Formal mechanisms for engaging stakeholders can be established or used. This includes consumer representation on HHS governance bodies, local reference groups or committees, and involvement from consumer organisations.

Informal mechanisms of engagement will also be required to ensure consumers and clinicians participate in the planning process. These can include but are not limited to workshops with stakeholder groups, online surveys, and yarning circles.

The Hospital and Health Board and Executive should be actively engaged and informed at key steps of the planning process of clinical services planning. Other stakeholders to consider engaging with, in addition to those listed in the previous section, include:

- local government for example town council / local council or the state representative
- professional healthcare bodies and associations
- health service funders.

Consumer and community engagement considerations

The National Safety and Quality Health Service (NSQHS) Standard 2: Partnering with consumers articulates that the HHS must engage with consumers and demonstrate partnerships with consumers in service planning, designing care and service measurement and evaluation.[4]

It is important to understand and differentiate between consumer and community engagement. Both levels of engagement provide useful information.[5]

Engaging with consumers

Consumers must have meaningful roles in clinical services decision-making. It is important to engage or partner as early as possible and throughout the planning process (for example, from needs analysis stage through to evaluation).

Consumers need to be resourced and supported to enable their engagement in clinical services planning. Consider flexible approaches to engaging with consumers. Practical strategies to meaningfully engage with consumers are described within Health Consumers Queensland's (HCQ) *A Guide for Health Staff: Partnering with Consumers* (2018).[3]

The HCQ *Consumer and Community Engagement Framework for Health Organisations and Consumers*[5] (Engagement Framework) has documented good principles of consumer engagement. The Engagement Framework outlines the building blocks for partnerships between staff in organisations and their consumer representatives.

There are four elements of this Engagement Framework we can use to enable and guide partnerships with consumer representatives:

1. Where partnering can happen

2. When to partner
3. The engagement spectrum
4. The engagement principles.

The relationship between these elements is represented in the framework diagram (Figure 2).[3]

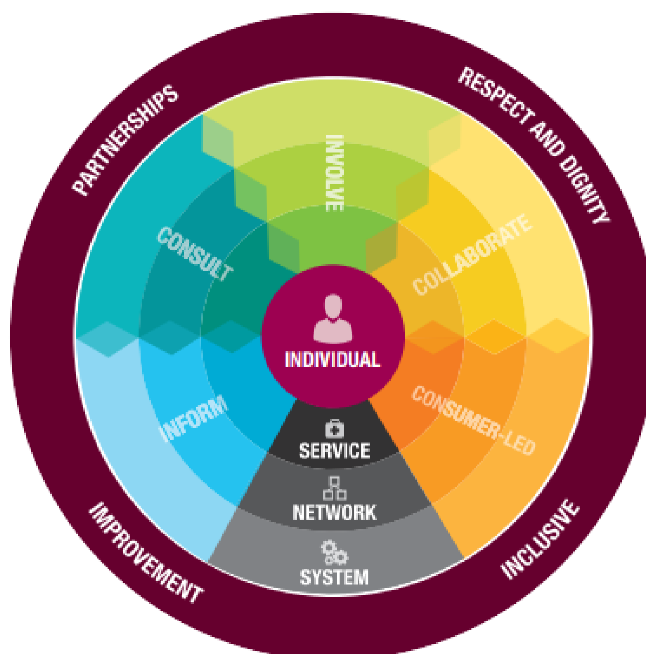

Figure 2. The Consumer and Community Engagement Framework[3]

The key to effective and successful consumer partnerships is to keep consumers at the centre of all planning, design, delivery and evaluation. This means formally and informally partnering with consumers across varying levels of influence and from informing, consulting, involving, collaborating through to consumer led (as indicated in Figure 2).

The HHS must be open to an increasing level of consumer influence as an opportunity to deliver better outcomes. We must ensure that all our partnership activities are underpinned by the four principles of consumer partnerships (outer circle of Figure 2) so that the consumer voice and lived experience guides the development and re-design (where required) of clinical services that are being planned.

Engaging with communities

Community engagement takes place with broader groups of consumers and community members. It is more likely to feed into broader strategies, while consumer engagement is health organisations partnering with consumers who have lived experiences of the services.

It is important to ensure that the diversity within the community is well represented throughout the consultation process. This active partnering ensures that health policy, planning, service delivery and evaluation are informed by community and consumer experience. When reviewing or planning clinical services, it is important to do both levels of engagement.

Engaging with Aboriginal and Torres Strait Islander peoples

Authentic and effective engagement means investing time and building relationships.[6] Good consumer engagement relies on effective engagement with Aboriginal and Torres Strait Islander people living in local communities.

Engagement between HHS and Aboriginal and Torres Strait Islander people about clinical services is essential to understanding how well clinical services meet local needs.

First Nations Australians continue to have poorer maternal and child health outcomes than non-Indigenous Australians. While progress has been made in some health areas, healthcare and other health services are still not as accessible and appropriate for Aboriginal and Torres Strait Islander populations as for non-Indigenous people.

Aboriginal and Torres Strait Islander communities are very diverse. The culture and practices of Aboriginal people and those of Torres Strait Islander people are quite different. The role of traditional culture in each family's life varies.

Aboriginal and Torres Strait Islander people should be engaged separately as well as part of a broader consumer engagement process to ensure they have the opportunity for their culturally specific care needs to be heard.

Aboriginal and Torres Strait Islander clinicians, health workers, health practitioners and liaison officers within your organisation, HHS, and local A&TSICCHOs can provide advice on engagement with Aboriginal and Torres Strait Islander people in your area.

Communicate back to stakeholders

It is vital to communicate back to all stakeholders throughout the process and about outcomes – including consumers, community groups and clinicians. Inform stakeholders of project delays or if expected outcomes were not achieved. Closing the feedback loop (Figure 3) about the review ensures that stakeholders are informed of what happened with their time and efforts contributed. This feedback should continue as services are re-oriented or new services implemented.

Figure 3. feedback loop with stakeholders

Evaluate consumer engagement

Ongoing and continuous improvement are important steps of any service design and delivery. Plan and ensure that consumers are involved at all stages when using this Guide at both a service and HHS level. For further information on evaluating consumer partnering, please refer to HCQ's A Guide for Health Staff: Partnering with Consumers.[3]

1.4 How do we review and assess our clinical services?

There are many aspects that need to be taken into consideration when reviewing and assessing clinical services, all are equally important yet cannot be relied upon individually. Clinical service review and assessment broadly comprises the following tasks, all of which should be undertaken collaboratively with the HHS's Executive, Board, clinical and consumer representatives:

- Analyse relevant data and service information
- Assess clinical service system risks
- Consult with consumers, clinicians and community members
- Review the feedback and information
- Report on findings and priority setting
- Share the findings with stakeholders.

Findings must inform the design, or re-design, of clinical services to meet the needs of consumers, their families and communities.

Appendix 3 – Data requirements summary and sources provides a summary of the data requirements outlined in this Guide and sources for obtaining the data.

1.4.1 Analyse relevant data and service information

The analysis of relevant data and service information should occur in conjunction with the clinician, consumer, and community consultation.

Thoroughly analysing the available data and information will provide an understanding of where consumers currently access healthcare. This understanding then informs decisions regarding the clinical service options that the service could potentially make available to consumers.

Consider the data and information for your clinical services network, not just an individual facility within the network. Analyse where consumers from different geographical areas within the HHS receive services.

Population size and projected trends will influence the sustainability of some clinical services. Many rural and remote communities have experienced population decline and do not have the population base to support a full range of clinical services.

The following steps can be followed to effectively analyse data and service information:

a. Review the population size and population projections for geographical areas[iii] within the HHS catchment. For services near the border with other HHSs or jurisdictions the flow of patients into or out of the catchment may need to be considered.

   Describe the socio-demographic characteristics, chronic disease, and lifestyle risk factor profile of local communities to identify relative socio-economic disadvantage and health risks including:

   - any disparities between Aboriginal and Torres Strait Islander community members compared to non-Aboriginal and Torres Strait Islander community members

[iii] Geographical areas are usually LGA or SA2

- impacts of social determinants of health such as homelessness, domestic violence, drug and alcohol use, comorbidities, unemployment, education, rural and remote locations, social and emotional wellbeing and mental health services, child safety and early childhood health and wellbeing information, and housing data.

Determine the distance from the local community to the nearest service that provides different Clinical Services Capability Framework (CSCF) levels of the service being reviewed.

Population projections provide information about projected changes in the size of local populations and their age structure.

- The Queensland Government Statistician's Office Queensland Regional Database provides a spatial and temporal overview of Queensland's current and projected population within regional areas.[7]
- The Queensland Health Statistical Services Branch can assist with data requests from health services, including service specific data.
- The Planning Portal, hosted by System Planning Branch, Queensland Health can provide current and historical health needs and service utilisations data.
- The Department of Aboriginal and Torres Strait Islander Partnerships provides local community profiles that include social determinants of the health of a community (for example, overcrowding) and includes population data.

b. Describe the clinical service map within the HHS catchment.

Identify:

- clinical services that are available
- different models of healthcare available within the HHS catchment and where these are located, including those models that are accessible only outside the HHS catchment
- A&TSICCHOs that deliver aspects of healthcare within the HHS catchment[iv]
- the geographic proximity of each facility in the service network [v].

Describe:

- current CSCF level of healthcare and support services at each facility[8]
- utilisation and suitability of infrastructure across HHS sites, for example operating theatre capacity.
- transport and accommodation available for consumers and their families and any costs associated with accessing these, including reimbursement schemes available to consumers and their families
- current staff accommodation availability for permanent and transient visiting services
- telehealth capability and workforce capacity at both hub and spoke service for outpatient clinics
- support services that are available. These can include but are not limited to support for culturally and linguistically diverse people, people with mental health concerns, children, teenagers, LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer, questioning and

[iv] Queensland Aboriginal and Islander Health Council (QAIHC) identifies 28 member services, however not all communities have an A&TSICCHO attached https://www.qaihc.com.au/about/our-members

[v] Service network may include A&TSICHHOs and private providers

other sexuality, sex and gender diverse) families, consumers with a physical or intellectual disability, or consumers with other complex health needs.

c. Prepare a workforce profile which should describe:
   - the available healthcare workforce in each discipline
   - where the workforce is located
   - the credentials and scope of practice of the available workforce
   - any healthcare recruitment and retention challenges that have been experienced, including data on staff recruitment and retention.

   Assessment should include mapping the First Nations workforce that supports clinical services delivery and assessing availability against local Aboriginal and Torres Strait Islander population demographics. Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Liaison Officers support the delivery of more acceptable, effective, culturally safe care for Aboriginal and Torres Strait Islander people. Identify factors that contribute to workforce recruitment and retention issues.

   Additional information on workforce considerations is available in section 1.4.5 Clinician consultation process, and section 2.2.2 Service network design. Appendix 1 – Supporting documents and resources provides links to workforce planning resources.

Clinical Services Capability Framework (CSCF)

The CSCF[8] is a Queensland Health tool that outlines the minimum service and workforce requirements, as well as specific risk considerations required in both public and private health facilities to ensure safe and appropriately supported clinical services. Categorisation is based on the hospital's self-assessment and rating of their clinical service into CSCF levels ranging from Level 1 (lowest) to Level 6 (highest).

The CSCF is intended for a broad audience, including clinical staff, managers and health service planners. It is not intended to replace clinical judgment or service-specific patient safety policies and procedures, but to complement and support the planning and provision of acute and sub-acute health services.

Healthcare does not occur in isolation. A range of support services[vi] is needed. Refer to the CSCF for details of support service requirements.

1.4.2 Assess clinical service system risks

Safety and quality in all Queensland health services are of paramount importance—careful risk assessment is vital. Care must not only be clinically safe; it must feel safe to consumers.

- Review the available safety and quality information for each service within the clinical services network.[vii]
  - Review health outcomes for consumers.
  - Compare the service outcomes against relevant, current national and statewide standards, guidelines, and indicators.

[vi] Support services can include but is not limited to pathology, medical imaging, allied health, support for people with mental health issues, children, teenagers, LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer, questioning and other sexuality, sex and gender diverse) families, consumers with a physical or intellectual disability, or consumers with other complex health needs.

[vii] See also clinical governance and workforce information as described in section 1.4.5 Clinician consultation process

- Review summary results of root cause analyses, Coroners' reports and any other service reviews.
- Review referrals and transfers of consumers with time critical care needs between different facilities within the HHS clinical services network and to services outside the network.
  - Review outcomes in cases where consumers needed transfer for care.

Key considerations for stakeholders in assessing risk

A comprehensive clinical service risk analysis includes considering the following risk areas:

- clinical
- cultural (consumers, their families and communities)
- social and emotional
- financial
- ethical impacts on families, communities and clinicians of how clinical services are delivered.

Clinical risks of closing or reducing services

Clinical risks can arise from the closure and/or reduction of clinical services. These can include adverse cultural, social, emotional and financial impacts of having to travel for care.

1.4.3 Share the results with stakeholders

Relevant data and information should be shared with the stakeholders who are engaged in the review and planning process, ensuring that confidentiality is maintained where required. Stakeholders should consider the findings from the available information. They should also consider if questions that have been raised by this information need to be explored with consumers and clinicians. This will inform the consultation phase of the review and assessment process.

1.4.4 Consumer and community consultation process

There are many benefits to partnering with consumers and the community in the review, development, planning and delivery of clinical services. These benefits include:

- improved care processes
- increased consumer satisfaction and engagement
- more effective priority-setting and use of resources.

Key questions to ask consumers

Healthcare must be respectful of consumers, their cultural heritage, and their families. Consumer feedback informs clinical service redesign priorities for the HHS. Planners need feedback from consumers and their families who have used clinical services to understand:

- *What was the consumer's and family's experience of receiving healthcare?*

  Identify where consumers go to access healthcare, which models they access, and why they choose these options. Describe their care options and identify any service gaps in the care. Ask about transport and accommodation and consumers' experience of these.

- *What opportunities are there to enhance services?*

  Discuss perceived and real or actual challenges associated with the current ways in which clinical services are delivered and how these might be addressed.

- *What is working well?*

  Describe the compliments, comments and complaints procedure that enable consumers to express views about their healthcare experience. Determine how well this meets consumers' and families' needs and views regarding the effectiveness of the HHS response.

- *What are the health needs of consumers?*

  Consider the health information and health literacy needs of consumers and how well these are being met. Consider what your HHS is doing to become a health literate organisation.

How to seek consumer feedback

The HHS can seek consumer feedback through informal and formal mechanisms. To gain informal feedback, planners can go to where consumers are within the community. Attending consumer support groups or organising feedback sessions enables consumers and families to tell reviewers and planners about their experiences in an informal setting.

Some consumers may be uncomfortable sharing their personal stories in a group setting. It is important to provide opportunities for individual conversations and written feedback to cater for a broad range of consumers and family members. Being flexible is the key.

Formal consumer feedback can be obtained through consumer representatives on HHS governance bodies, local reference groups or committees and from consumer organisations. Try to ensure that the consumers who take part in this formal mechanism have lived experience of the clinical services for whom you are consulting. However, some First Nations, culturally and linguistically diverse (CALD) consumers may be more comfortable with an Elder or Aunty speaking with or for them.

It can be useful to engage independent organisations[viii] and individuals to obtain feedback on behalf of the HHS, however there is great value in the senior leadership being present and listening to feedback firsthand.

Share de-identified consumer feedback and information with stakeholders. Stakeholders should consider the issues raised by consumers and the priorities these might raise for clinical service design or re-design within the HHS.

Feedback on cultural aspects of care

People from diverse cultures and abilities can have differing healthcare needs. Some cultures have a stronger emphasis on family and extended support systems than others. The service must factor

[viii] For example, Health Consumers Queensland http://www.hcq.org.au/

in the cultural and health needs of CALD consumers, people with disability, as well as Aboriginal and Torres Strait Islander people.

The spiritual, cultural and social needs of Aboriginal and Torres Strait Islander populations vary across local populations and, therefore, services need to reflect this. The only way to understand these differences is to ensure we engage with the community. The service must hear from the consumers who access and use the clinical services. This process is aided when partnering with community leaders and consumers to develop ongoing long-term relationships occurs.

Birthing, receiving healthcare, and dying on-country is culturally important in some Aboriginal and Torres Strait Islander communities, and this importance varies between communities. It is important that the HHS understands this well through the consultation process. The service should seek feedback and input from Aboriginal and Torres Strait Islander clinicians, health workers, health practitioners and liaison officers within the HHS, and from the local A&TSICCHOs, to identify appropriate strategies to receive feedback from Aboriginal and Torres Strait Islander stakeholders.

1.4.5 Clinician consultation process

The care and safety of consumers throughout the whole of their healthcare journey relies on a healthcare workforce that delivers both the continuum of care and the continuity of care and carer needed by the consumers[ix].

Feedback from clinical service providers informs an understanding of local service delivery. The service must obtain clinician feedback for answers to the following questions:

- How are clinical services delivered within the local community?
- Which aspects of care can consumers access locally, and which aspects of care do consumers have to travel to access? What care could be delivered locally but is not?
- What care needs necessitate consumers being transferred to a higher-level service? How well do these arrangements work? What could be improved?

Describe the clinical governance

Health services configure their clinical services as a network of providers, from least to most specialised.

- Identify the clinical protocols, procedures and guidelines that support the delivery of healthcare across the clinical network, Including the referral processes for consumers between different facilities within the clinical services network.
- Identify any gaps in protocols and procedures that link services within the HHS healthcare network.
- Ensure reciprocity in all communication during the consumer's healthcare journey including feedback of advice or transfer processes as it applies to the consumer from both the primary and specialised healthcare sites' experiences.
  - Where care is transferred, we must recognise that the consumer's home site remains the hub of their care, as extending their care to a specialist site is temporary. It necessitates effective two-way communication for continuity of care.

[ix] The Consumer Safety and Quality System Strategy provides guidance for delivering consumer-centred care.

Health services require governance and leadership at an individual service level, as well as across the network. The HHS should work with clinician stakeholders to identify and describe clinical governance and leadership arrangements for the delivery of healthcare.

- Each facility will have its own clinical governance. This should be described.
- The healthcare network as a whole will also have a system of clinical governance with clear lines of accountability and responsibility for the delivery of safe, high-quality care. This should also be described.

Understand the workforce

The HHS must have systems and processes in place to assure the psychological safety of health service providers. The review and assessment process should explore:

- How are providers supported to deliver healthcare locally? What could be improved?
- How are workforce training and professional development needs met? What else is required?
- What are the arrangements to ensure the psychological safety of staff, particularly those working in rural healthcare roles?[x] How can arrangements be strengthened?

Feedback should be sought from the HHS Executive and Board members regarding their health service goals and priorities, risk considerations and opportunities for service improvement.

Additional information on healthcare workforce considerations is available in section 1.4.1 Analyse relevant data and service information and section 2.2.2 Service network design. Appendix 1 – Supporting documents and resources provides links to workforce planning resources.

[x] The rural and remote healthcare workforce deliver healthcare in a challenging environment with fewer resources and specialist supports than larger healthcare centres. This workforce has distinctive training, skills development, and maintenance needs in healthcare, emergency and cultural aspects of care.

1.5 Report on findings and priority setting

When the data analysis and stakeholder consultation has been completed a report on the findings and any proposed actions should be provided to the HHS executive for their review and consideration. It is important to note that there may be recommendations that involve a reconfiguration of services utilising existing resources.

Templates are available to assist in this process (provided in Appendix 2 – Templates and examples and online):

- A facility assessment template that can be completed for each facility that is assessed
- HHS assessment template that contains a summary of the individual facility assessments, prioritised service issues that have been identified, and proposed options for any service change to address the issues.
- Proposed Permanent CSCF Change Notification Form:
  - Proposed Permanent CSCF Change Notification Form - Facility (DOCX 552 kB)
  - Proposed Permanent CSCF Change Notification Form - HHS (DOCX 555 kB)

Once completed and reviewed by the HHS executive, the HHS assessment report may be used as supporting documents alongside potential business cases which would be subject to normal Departmental review processes.

If the findings indicate significant changes are required (for example, establish a new service or upgrade the CSCF level of an existing service), and/or the proposed actions may be contentious (for example downgrading, or terminating a service), approval from the HHS Chief Executive Officer must be sought. The Department may at its discretion, not support the termination or suspension or may reallocate existing HHS funding for the service.

1.6 Share the findings with stakeholders

The findings and feedback should be shared with the stakeholders who are engaged in the planning process. Stakeholders should consider the issues raised by consumers, families, clinicians, and the community and raise these with the HHS for clinical service design or re-design consideration.

Ensure you close the feedback loop and communicate, in a culturally appropriate way, to all consumers you have partnered with.

Feedback should also be given in regard to what are the next steps, which are the key components of Phase 2: Design or redesign of services.

2 Phase 2: Design or redesign of services

Clinical service design or re-design may include a redesign of the models of care or how and where services are delivered, for example:

- services provided in community and primary care settings could be established or expanded to include allied health and mental health services
- it may encompass the development of a new service.

The process of clinical service design or re-design comprises the following tasks, all of which should be undertaken collaboratively with the service's Executive, Board, clinical and consumer representatives, using co-design principles and strategies:

1. Develop plan for co-design of clinical services
   - 1.1. Identify workforce and stakeholders to lead the planning and co-design of the service.
   - 1.2. Review steering committee membership and update if required.
   - 1.3. Create/update stakeholder engagement and communication plan.
2. Design the service
   - 2.1. Engage with stakeholders to develop options
   - 2.2. Feedback to stakeholders on assessment and prioritisation of options
   - 2.3. Finalise plan for clinical services
   - 2.4. Follow HHS and, if required, Department of Health approval process to implement planned changes

2.1 Planning for co-designed clinical services

Good clinical services are co-designed in a shared process that engages consumers, their communities and local clinicians from the start of the review and throughout the planning and co-design process. These groups will be involved in analysing needs and resource information and generating solutions. They should also work in partnership with HHS management during the stages of implementation, monitoring and evaluation, and communicating back to stakeholders.

The HHS and clinical service providers, in collaboration with the consumers in their community, should consider the spiritual, social, cultural and health needs identified through the stakeholder engagement processes in Phase 1 and how these can be addressed through clinical service design or re-design within the HHS.

It is important to have a steering committee to oversee the design process, with membership consisting of consumers, community representatives, management, clinicians, union representations, PHN representatives, GPs, and other significant stakeholders. The steering committee established for Phase 1 (review of current services) can be used but may need to be reviewed and updated for Phase 2.

The stakeholder engagement and consultation plan developed for Phase 1[xi] should be reviewed and if required, adapted to include a co-design plan. The co-design plan should build on relationships developed through the initial review phase. This will support the continued engagement of stakeholders throughout the process.

[xi] See section Engagement with stakeholders

Consider the activities you will undertake to engage with consumers, communities and clinicians through the design phase. Consider what worked well in Phase 1 and replicate where appropriate. This may include:

- externally facilitated workshops with all stakeholders
- morning tea, kitchen table conversations and yarning circles with consumers
- surveys.

2.2 Designing a clinical service

The findings from the review and assessment process (Phase 1) will inform service design or re-design of existing clinical services.

Additional resources to support the design, re-design and planning of clinical services are provided in Appendix 1 – Supporting documents and resources. A library of resources (as an adjunct to this guide, listed in Appendix 2 – Templates and examples) are available to assist in the review and redesign of services.

Aspects that need to be considered when designing a clinical service are outlined in the following sections.

2.2.1 Service design considerations

- Engage stakeholders early who are likely to be affected by any service design solutions. This will support more informed service decision-making.
- The cultural needs of consumers are a central consideration of how services are designed. It is essential to enable consumers with culturally specific care needs to participate in this process.
- Good healthcare relies upon interdisciplinary collaboration within facilities and between different clinical services in the network. Involve clinicians across disciplines and affected facilities within the network.
- Communities should be well informed about:
  - the healthcare available locally
  - how service availability might vary (for example, on weekends and when various staff may be unavailable)
  - how service delivery is supported at regional and tertiary levels
  - the potential limitations on local services if unexpected complications arise
  - referral and transfer arrangements if unexpected complications arise.
- Care arrangements between providers and services within the clinical services network should be guided by locally agreed protocols and referral guidelines.
- Communities and clinicians need to be informed and supported through any major changes in models of clinical service delivery.
- Innovative models of care can enable services to remain in the community when there are external adverse events that may cause restrictions to travel or service access, for example, extreme weather event, a pandemic.

2.2.2 Service network design

Clinical governance

Clinical governance refers to the systems and processes to support the delivery of safe, high-quality healthcare across the HHS network.

The HHS should work with stakeholders to determine and document the clinical governance arrangements to:

- provide clinical leadership of the health service network
- implement and monitor the safety and quality of healthcare in accordance with the National Safety and Quality Health Service (NSQHS) Standards (second edition)
- foster clinical excellence and ongoing improvement of standards
- foster a culture of psychological safety for clinicians
- provide clear accountability for all team members.

All health professionals must have a clear understanding of the concept and process of risk assessment and management to improve the quality of care and safety for consumers, while reducing preventable adverse clinical incidents.

Where an incident has occurred, every unit should follow a clear mechanism for managing the situation including investigation, learning and communication and, where necessary, implementing changes to existing systems, training or staffing levels.

There should be a strong system of reflective practice which ensures that good practice is recognised, supporting staff when poor outcomes occur and facilitating review of incidents when things go wrong.

Work with stakeholders to ensure transparent processes are in place whereby clinicians and other stakeholders can see how identified clinical quality issues are dealt with. Describe how clinicians are supported appropriately during a performance review.

Clinical protocols, procedures and guidelines

Health services should comply with evidence-based guidelines for the provision of high-quality clinical care. Queensland Health provides a range of best practice clinical guidelines and procedures. The Australian Commission on Safety and Quality in Health Care also provide a range of clinical care standards and clinical colleges may also have relevant standards and guidelines to refer to.

Each healthcare setting must have clinical protocols, procedures, and guidelines[xii] to assist in the delivery of healthcare. Work with stakeholders to describe the clinical protocols, procedures and guidelines that support the delivery of healthcare across the proposed HHS healthcare network.

Ensure protocols, procedures and guidelines are in place that document processes for the referral and transfer of consumers with time-critical care needs, both to facilities within the proposed clinical services network and specialist facilities outside the network.

Some consumers will choose to decline recommended healthcare. Describe procedures, including documentation, for when consumers decline recommended care and also for clinicians or services

[xii] Wherever possible statewide guideline should be used. If adaptation to address local situations is required, the development of conflicting or contrary guidelines should be avoided.

that decline to provide the consumer's preferred or requested care. Ensure staff are trained and/or have an understanding of these, with review of why variations in receiving or providing care is occurring.

Equipment and resources

Facilities in healthcare settings should be equipped and maintained at an appropriate standard.

Work with stakeholders to identify the equipment and resources needed for each facility within the HHS so that they can meet their assigned CSCF role for the delivery of services. Address gaps in equipment, technology, resources, and infrastructure including information and communication technology, software applications, and telehealth resources.

Consider how telehealth and augmented reality technologies can support the delivery of more support services locally.

Emergency and non-emergency transport options should be defined and documented.

Healthcare workforce

High-quality clinical services rely on an appropriate workforce with leadership, skills mix and experience to provide excellent care. The HHS must ensure all clinical service providers across the clinical service network participate in continuing professional development and maintain knowledge and skills relevant to their clinical work, as well as improving and updating their skills as required.

- Work with clinician stakeholders to identify the CSCF specified workforce required to deliver healthcare for each setting in the service network.
  - Describe workforce recruitment and retention issues – work with stakeholders to develop strategies for how these will be addressed, with a strategic focus on workforce planning through consideration of long-term strategies (for example, Grow-Your-Own).[xiii]
  - Identify workforce skills requirements – work with stakeholders to describe:
    - requirements for health service providers continuing professional development, and knowledge and skills maintenance relevant to their setting of work and professional role
    - how the workforce will be supported to maintain their skills across the network.
  - Describe arrangements for networking professionals across settings in the clinical service network to facilitate inter-professional engagement and learning.
  - Determine mechanisms for clinicians to participate in regular multidisciplinary clinical audit and reviews of clinical services, including outcomes.
- Determine the cultural competency and safety requirements of the service and workforce.
  - All healthcare providers must recognise and respect the diversity of ethnic, religious, social and cultural values and beliefs of the consumers for whom they care and the colleagues they work with. Cultural competency should underpin the health service that we provide.

[xiii] https://www.health.qld.gov.au/system-governance/strategic-direction/health-workforce-information-gateway/workforce-supply

- A culturally competent workforce and culturally safe health service is vital to improving health outcomes. For Aboriginal and Torres Strait Islander consumers and their families, cultural competence directly influences the engagement of consumers in healthcare. These, in turn, directly influence the health and wellbeing outcomes of Aboriginal and Torres Strait Islander consumers.

- Describe how the education and training needs of the healthcare workforce to support the delivery of culturally competent care will be addressed.
- Determine the systems and processes that will assure the psychological safety of the healthcare workforce across the proposed network. Describe systems of reflective practice and professional supervision encompassing all professional disciplines involved in delivery of healthcare.

Healthcare workforce roles

Provision of health services is based on different clinical disciplines participating in providing quality care that is tailored to meet each consumer's healthcare needs. Communication and information sharing between team members is vital for delivering high quality care.

Aboriginal and Torres Strait Islander health worker

The roles of Aboriginal and Torres Strait Islander health workers are crucial to improving the health outcomes of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander health workers and Aboriginal and Torres Strait Islander medical services are critical to the provision of safe and culturally appropriate healthcare to Aboriginal and Torres Strait Islander consumers and communities.

Work with Aboriginal and Torres Strait Islander stakeholders, including consumers, their communities, the First Nations workforce and A&TSICCHOs to determine and develop First Nations workforce roles that can support the delivery of culturally tailored healthcare. Plan for how these can be introduced and maintained within the health services network.

Additional information on healthcare workforce considerations is available in section 1.4.1 Analyse relevant data and service information, section 1.4.5 Clinician consultation process. Appendix 1 – Supporting documents and resources provides links to workforce planning resources.

3 Next steps

Once the service plan has been developed and agreed upon by the HHS and Department of Health, an implementation plan, including time frames, will need to be developed for consideration by the HHS Executive and Board. If the service changes requested are considerable and require funding and/or infrastructure changes, a business case may need to be developed. Online resources and templates are provided in Appendix 1 – Supporting documents and resources to assist in this process.

See also the HHS service agreements[9] regarding commencement of a new service (section 12) or cessation of service delivery (section 11).

Follow the HHS and Department of Health (if appropriate) approval processes to implement the planned changes to the service. This may require the implementation plan and business case to be reviewed by relevant departmental areas such as Healthcare Purchasing and System Performance Division, and possible endorsement at a system level (for example, System Management Committee) prior to implementing.

Engagement, collaboration and communication with stakeholders should continue throughout this process to ensure the service being developed and delivered meets the identified needs of the consumers, their partners, families, community and clinicians.

Evaluation

Once the service changes have been implemented there should be monitoring, evaluation and review as noted in the Guide to Health Service Planning.[10] This is to evaluate whether the process and impact of the service change continue to achieve the effects and outcomes they were designed to accomplish. The assessment, review and planning of clinical services should be an ongoing process to ensure the services continue to meet stakeholder needs and service conditions, which can both change over time.

Appendix 1 – Supporting documents and resources

Consumer and community engagement and co-design

Co-design: how to increase CALD consumer participation and input[xiv] (QLD Government)	https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/disability/ndis/cald/op-co-design-participation.pdf
Community engagement resources (QLD Health)	https://www.forgov.qld.gov.au/community-engagement
Experience based co-design toolkit (Australian Healthcare and Hospitals Association / Consumers Health Forum of Australia)	https://ahha.asn.au/experience-based-co-design-toolkit https://chf.org.au/experience-based-co-design-toolkit
Health Consumers Queensland	http://www.hcq.org.au/
• Consumer and community engagement framework for health organisations and consumers	http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf
• A guide for consumers: Partnering with health organisations	http://www.hcq.org.au/wp-content/uploads/2018/06/HCQ_ConsumerGuide.pdf
• A guide for health staff: Partnering with consumers	http://www.hcq.org.au/wp-content/uploads/2018/06/HCQ_StaffGuide.pdf
Multicultural engagement guide (QLD Health) (currently under review)	https://www.health.qld.gov.au/multicultural/support_tools/engage-guide
Multicultural health (QLD Health)	https://qheps.health.qld.gov.au/multicultural
National Safety and Quality Health Service Standards (NSQHS) Standard 2: Partnering with consumers (Australian Commission on Safety and Quality in Health Care)	https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard
Patient experience and consumer engagement (Agency for Clinical Innovation, New South Wales Government)	https://www.aci.health.nsw.gov.au/make-it-happen/peace
Place-based approaches (QLD Government)	https://www.chde.qld.gov.au/about/initiatives/place-based-approaches

Aboriginal and Torres Strait Islander peoples' engagement

Aboriginal and Torres Strait Islander cultural capability framework 2010–2033 (QLD Health)	https://www.health.qld.gov.au/__data/assets/pdf_file/0014/156200/cultural_capability.pdf
Aboriginal and Torres Strait Islander patient care guideline (QLD Health)	https://www.health.qld.gov.au/__data/assets/pdf_file/0022/157333/patient_care_guidelines.pdf
AIATSIS code of ethics for Aboriginal and Torres Strait Islander research (Australian Institute of Aboriginal and Torres Strait Islander Studies)	https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf *(see p.14 – Engagement and Collaboration)*
Australian Institute of Health and Welfare (AIHW) National guidelines for collection of Indigenous status in health data sets (Australian Institute of Health and Welfare 2010)	https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/contents/table-of-contents

[xiv] This resource is part of a suite of resources developed to assist organisations build capacity to provide culturally appropriate support options for culturally and linguistically diverse communities under the NDIS. The resources can have a wider application in healthcare. The full suite is available at: https://www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/national-disability-insurance-scheme/ndis-market-information-resources/cultural-linguistically-diverse-resources

Growing Deadly Families: Aboriginal and Torres Strait Islander Materiality Services Strategy 2019–2025. (QLD Health 2019)	https://www.health.qld.gov.au/public-health/groups/atsihealth/health-priorities/maternity-services
Improving the identification of Aboriginal and Torres Strait Islander people in health care (QLD Health 2015)	https://www.health.qld.gov.au/__data/assets/pdf_file/0032/146795/ii_guide.pdf
My life My Lead. Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health. Report on the national consultations (Commonwealth of Australia 2017)	https://www.health.gov.au/resources/publications/my-life-my-lead-report-on-the-national-consultations
National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Commonwealth of Australia 2021)	https://www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health/how-we-support-health/health-plan https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031
Local Thriving Communities (Department of Aboriginal and Torres Strait Islander Partnerships)	https://www.dsdsatsip.qld.gov.au/our-work/aboriginal-torres-strait-islander-partnerships/reconciliation-tracks-treaty/tracks-treaty/local-thriving-communities
Queensland Aboriginal and Islander Health Council (QAIHC)	https://www.qaihc.com.au/about/our-members
NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health (Australian Commission on Safety and Quality in Health Care 2017)	https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health

Data collection and analysis

Aboriginal and Torres Strait Islander community profiles: Know Your Community (Department of Aboriginal and Torres Strait Islander Partnerships)	https://statistics.qgso.qld.gov.au/know-your-community/profiles
Queensland Regional tools and statistics (QLD Government Statistician's Office)	https://www.qgso.qld.gov.au/statistics/QLD-regions/regional-tools-statistics
Health Service and system planning – Planning Portal (QLD Health)	https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-service
Statistical Services Branch, QLD Health • Data Dashboards • Health Indicator sets • InfoBank	https://www.health.qld.gov.au/hsu https://qheps.health.qld.gov.au/hsu/dashboards/dbhome https://www.health.qld.gov.au/hsu/healthindicators/healthindicators https://qheps.health.qld.gov.au/hsu/infobank/infobank

Benchmarking/assessing health service system risks

Aboriginal and Torres Strait Islander Health – Performance Indicators (QLD Health)	https://qheps.health.qld.gov.au/hsu/qhpi-at
Health Roundtable	https://home.healthroundtable.org/
National Safety and Quality Health Service Standards (Australian Institute of Health and Welfare)	https://www.safetyandquality.gov.au/standards/nsqhs-standards
Patient Experience Surveys (QLD Health)	https://qheps.health.qld.gov.au/psu/patient-experience

Patient Reported Experience and Outcome Measures (QLD Health)	https://qheps.health.qld.gov.au/psu/premsproms
Variable Life Adjustment Display (VLAD)	https://qheps.health.qld.gov.au/psu/vlads

Health service design and planning

Clinical Services Capability Framework (QLD Health)	https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/modules
Data Guide (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0023/417083/gdl206_data_guide.pdf
Guide to health service planning (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0016/418300/gdl201_guide_to_hsp.pdf
Health information supplement (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0028/416836/gdl205_info_supp.pdf
Health service and system planning (QLD Health)	https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-service
Health service planning guidelines (QLD Health)	https://qheps.health.qld.gov.au/spb/html/ppb_plan_guidelines_home
Health service planning tools (QLD Health)	https://qheps.health.qld.gov.au/spb/html/ppb_hsp_tools
Investment Management Framework (QLD Health)	https://qheps.health.qld.gov.au/csd/business/property-projects/infrastructure-strategy/investment-management-framework
Local Area Needs Assessment (LANA) Framework (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0025/2744215/LANA-Framework.pdf
Methods for reporting population health status (QLD Health)	https://www.health.qld.gov.au/research-reports/population-health/methods
National Safety and Quality Health Service (NSQHS) Standard 1: Clinical Governance Standard	https://www.safetyandquality.gov.au/our-work/clinical-governance/clinical-governance-standard

Workforce planning

Hospital Facility Integrated Strategic Workforce Planning, Considerations and Interdependencies (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0028/2530828/2a.-Planning,-Considerations-and-Interdependencies-v2.pdf
Strategic health workforce planning framework (QLD Health)	https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-workforce-strategy/strategic-health-workforce-planning-framework
Workforce Planning (QLD Health)	https://qheps.health.qld.gov.au/hr/workforce-planning
Workforce Strategy Branch (QLD Health)	https://qheps.health.qld.gov.au/wsb

Project Management

Project Management Framework (QLD Health)	https://qheps.health.qld.gov.au/clinical-excellence/project-management-framework
Project Management Resources (QLD Health)	https://healthqld.sharepoint.com/teams/CEQ-PaM/SitePages/Resources.aspx

Rural and remote health services

Better Health for the Bush. A plan for safe, applicable healthcare for rural and remote Queensland (QLD Health)	https://www.health.qld.gov.au/__data/assets/pdf_file/0027/436815/better-health-bush.pdf
Rural and Remote Clinical Network (QLD Health)	https://www.health.qld.gov.au/clinical-practice/engagement/networks/rural-remote
Rural and remote health service framework (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0029/421976/randr_hsp_framework.pdf
Rural and remote health service planning process (QLD Health)	https://qheps.health.qld.gov.au/__data/assets/pdf_file/0019/413137/randr_hsp_process.pdf
Rural and remote training and development (QLD Health)	https://www.health.qld.gov.au/employment/professional-development/rural-remote
Rural Maternity Taskforce Report (QLD Health)	https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity
Rural and Remote Maternity Services Planning Framework	https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity

Clinical Guidelines[xv]

Clinical guidelines and procedures (QLD Health)	https://www.health.qld.gov.au/clinical-practice/guidelines-procedures
Queensland Clinical Guidelines (QLD Health)	https://www.health.qld.gov.au/qcg
Primary Clinical Care Manual. 10th edition (QLD Health 2019)	https://www.health.qld.gov.au/rrcsu/html/PCCM

[xv] Refer to applicable/relevant/endorsed for use in Queensland best practice clinical guidelines.

Appendix 2 – Templates and examples

The following templates and examples are provided online as stand-alone documents for ease of use:

1. Gantt chart with proposed timeframes (EXCEL)
2. Survey questions
3. Example – data and information summary graphic – maternity service (PDF)

Steering committee

4. Terms of reference – draft
5. Phone script and letter content for inviting consumers onto steering committee

Stakeholder forums:

6. Phone script and letter content for inviting consumers to attend stakeholder forums
7. Forum Schedules
   - 7.1. Example 1 – Hub and site
   - 7.2. Example 2 – Hub and outreach site
   - 7.3. Example 3 – town + hub
   - 7.4. Example 4 – site
8. Service Review – Assessment template – Facility
9. Service ‘review – Assessment template – HHS

- Proposed Permanent CSCF Change Notification Form (Facility) (DOCX 552 kB)
- Proposed Permanent CSCF Change Notification Form (HHS) (DOCX 555 kB)

Table 1. Gantt chart for clinical service review, assessment, and planning process

Ref	Activity	Lead	Start	End	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	**Review current service**		1	11																										
1.1	**Determine scope, process, approach, expectations.**		1	1																										
1.1.1	Confirm with HHS Executive and/or Board, expectations, discuss process, approach, and level of support required.		1	1																										
1.1.2	Identify resource to lead review and assessment		1	1																										
1.2	**Establish governance and steering committee**		1	1																										
1.2.1	Hold steering committee meetings fortnightly		2	26																										
1.3	**Create stakeholder engagement and consultation plan**																													
1.4	**Collect and analyse data and service information** • Describe current clinical service map • Prepare workforce profile • Assess Clinical service system risks • Prepare summary report		2	6																										
1.5	**Engagement and consultation with stakeholders**		3	8																										
1.5.1	Prepare consultation material		3	6																										
1.5.2	Consumer and community consultation		7	9																										
1.5.3	Clinician consultation		7	9																										
1.6	**Report on findings**		9	16																										
1.6.1	Compile report		9	12																										
1.6.2	Deliver report and recommendations to HHS Executive for approval		13	14																										
1.6.3	Progress through governance process for approval to change scope/enhance service as required		15	16																										
1.6.4	Feedback findings to all stakeholders		17	18																										
2	**Plan (re)design of clinical service**		18	26																										
2.1	**Develop plan for co-designing clinical services** • Identify resource to lead planning and co-design project • Review steering committee membership, update if required • Review and update stakeholder engagement and communication plan		18	20																										
2.2	**Design clinical service**		20	26																										
2.2.1	Engage with stakeholders to develop options		20	21																										
2.2.2	Feedback to stakeholders on assessment and prioritisation of options		22	23																										
2.2.3	Finalise plan for clinical services		22	25																										
3	**Follow HHS and Department (if appropriate) approval processes to implement planned changes to service**		26	?																										▶

Appendix 3 – Data requirements summary and sources

Data required	Suggested data source
Population size and population projections for geographical areas within the HHS catchment.	• Queensland Government Statistician's Office Queensland Regional Database • Statistical Services Branch
Socio-demographic characteristics, chronic disease and lifestyle risk factor profile of local communities to identify relative socio-economic disadvantage and health risks Disparities between Aboriginal and Torres Strait Islander community members compared to non-Aboriginal and Torres Strait Islander community members Social determinants of health such as homelessness, domestic violence, drug and alcohol use, comorbidities, unemployment, education, locations, social and emotional wellbeing and mental health services, child safety and early childhood information, and housing data	• Health service and system planning – Planning Portal • Department of Aboriginal and Torres Strait Islander Partnerships – local community profiles
Distance from local community to nearest service that provides different CSCF levels of clinical services	Online maps
Clinical service map within HHS catchment: • Clinical services available • Models of healthcare available within the HHS catchment and where these are located, including models that are accessible only outside the HHS catchment • A&TSICCHOs that deliver aspects of healthcare within the HHS catchment • Geographic proximity of each facility in the service network to the nearest facility. • Name and location of tertiary service for annual upskilling of rural and remote healthcare staff, • Operating theatre capacity, utilisation and suitability of infrastructure across HHS sites. • Transport and accommodation available for consumers and their partners and families and any costs associated with accessing these, including reimbursement schemes available to consumers and their partners and families. • Current staff accommodation availability for permanent and transient visiting services • Telehealth capability and workforce capacity at both hub and spoke service for outpatient clinics • Support services that are available. These can include but are not limited to support for culturally and linguistically diverse people, people with mental health concerns, children, teenagers, LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer, questioning and other sexuality, sex and gender diverse) families, consumers with a physical or intellectual disability, or consumers with other complex health needs	HHS collate information from local service providers
Current CSCF level of healthcare and support services at each facility	Clinical Services Capability Framework[8]

Workforce profile: • Available healthcare workforce in each discipline • Where workforce is located • Credentials and scope of practice of available workforce • Any healthcare recruitment and retention challenges that have been experienced, including data on staff recruitment and retention • Map First Nations workforce that supports health services delivery and assess availability against local Aboriginal and Torres Strait Islander population demographics • Identify factors that contribute to workforce recruitment and retention issues	Health Workforce Information Gateway (HeWI)
Assess clinical service system risks:	
Review available safety and quality information for each service within the clinical services network.	RiskMan Local safety and quality reporting systems (if available) Inform my care – Statewide public reporting website
Review health outcomes for consumers.	Statistical Services Branch
Compare the service outcomes against statewide and national indicators.	Statistical Services Branch Data Collections System Performance Reporting
Review summary results of root cause analyses, Coroner's reports and any other service reviews.	RiskMan Local safety and quality reporting systems (if available) Coroners court – Findings Coronial Inquest Findings Register
Review referrals and transfers of consumers with time critical care needs between different facilities within the HHS clinical services network and to tertiary services outside the network.	HHS case review
Review numbers, trend, outcomes of consumers who need transfer to higher level services for care.	HHS case review

Acronyms and Abbreviations

Acronym	Definition
ABS	Australian Bureau of Statistics
A&TSICCHOs	Aboriginal and Torres Strait Islander Community-Controlled Health Organisations
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and linguistically diverse
CSCF	Clinical Services Capability Framework
GP	General Practitioner
HCQ	Health Consumers Queensland
HHS	Hospital and Health Service
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, questioning and other sexuality, sex and gender diverse
NSQHS	National Safety and Quality Health Service
PHN	Primary Health Networks
QLD	Queensland

Glossary

Term	Definition
Carer	Person who provides paid or unpaid care and support to a person (family member, friend, or client) who has a disability, chronic condition, terminal illness or general frailty. Includes parents and guardians caring for children.
Clinician	Healthcare professional that has formal training and experience to provide healthcare and/or treatment to a consumer. Includes but is not limited to doctors, nurses, midwives, allied health, Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Liaison Officers
Collaborative	The way in which clinicians work together with the consumer to meet the consumer's expectations and achieve the best possible outcome. Elements include: • Respectful communication and teamwork • Co-development of local clinical protocols and clear 'time-critical' response systems • Regular involvement in multidisciplinary case review, clinical indicators, learning and quality improvement • Working together to keep the consumer fully informed and respect their choices.
Consumer-centred care	Consumer-centred care recognises the consumer, their partner, family, and community, and respects cultural and religious diversity as defined by the consumer. Consumer-centred care considers the consumer's individual circumstances, and aims to meet their physical, emotional, psychosocial, spiritual and cultural needs. This care is built on a reciprocal partnership through effective communication. It enables individual decision-making and self-determination for the consumer to care for themselves and their family. Consumer-centred care respects the consumer's ownership of their health information, rights and preferences while protecting their dignity and empowering their choices. (Adapted from NMBA 2018[11])
Continuity of care	There are three broad types of continuity of care: • *Informational continuity*—The use of information on past events and personal circumstances to make current care appropriate for each individual • *Management continuity*—A consistent and coherent approach to the management of a health condition that is responsive to a consumer's changing needs • *Relational continuity*—An ongoing therapeutic relationship between a consumer and one or more providers [12]
Equitable	Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, or geographically [13] Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender identity, sexual orientation, disability, age, social class, socioeconomic status or other socially determined characteristic.

Term	Definition
Evidence-based	An evidence-based approach to practice can be defined as the integration of research evidence alongside clinical expertise, the consumers individual values and circumstances, and the characteristics of the service in which the clinician works[14]. Blending knowledge from different sources is an inclusive and useful approach because knowledge is personal, context driven and evolving. This type of approach also allows for innovation and adaptation based on factors and context at individual, organisational and service levels, while reducing biases.[15]
Individualised care	Care that is specific to the consumer needs due to geographic / demographic differences while still minimising inappropriate healthcare variation. These can include but are not limited to race, ethnicity, religion, gender identity, sexual orientation, disability, age, social class, socioeconomic status or other socially determined characteristic.
Interdisciplinary care	A team of clinicians from different disciplines, together with the consumer, undertakes assessment, diagnosis, intervention, goal setting and the creation of a care plan. The consumer may invite their family and carers to be involved in any discussions about their condition, prognosis and care plan. ([16])
Scope of practice	Describes the services that a qualified health professional is deemed competent to perform, and permitted to undertake, in keeping with the terms of their professional license and permitted by law. The Australian Health Practitioner Regulation Agency (AHPRA) defines the scope of a profession as the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. The scope of practice of an individual is then defined as that which they are educated, competent and authorised to perform. (From Australian Nursing & Midwifery Federation (anmf.org.au) 2014)
Scope of clinical practice (SoCP)	The extent of an individual health professional's approved clinical practice within an organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the health professional's SoCP. (Credentialing and defining the scope of clinical practice – Queensland Department of Health Policy)

References

1 Australian Commission on Safety and Quality in Health Care (2017). *User Guide for Aboriginal and Torres Strait Islander Health.* https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf

2 Peters-Little F (2000). *Research Discussion Paper. The Community Game: Aboriginal Self Determination at the Local Level.* Australian Institute of Aboriginal and Torres Strait Islander Studies. https://aiatsis.gov.au/sites/default/files/research_pub/littlefp-dp10-community-game-aboriginal-self-definition-local-level_3.pdf

3 Health Consumers Queensland (2018). *A Guide for Health Staff Partnering with Consumers.* http://www.hcq.org.au/wp-content/uploads/2018/06/HCQ_StaffGuide.pdf

4 Australian Commission on Safety and Quality in Health Care (2017). *National Safety and Quality Health Service (NSQHS);* Standard 2: Partnering with consumers. https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard

5 Health Consumers Queensland (2017). *Consumer and Community Engagement Framework. for Health Organisations and Consumers.* http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf

6 Health Consumers Queensland (2018). *A Guide for Health Staff Partnering with Consumers* (pg.19). http://www.hcq.org.au/wp-content/uploads/2018/06/HCQ_StaffGuide.pdf

7 Queensland Government Statistician's Office (2020). *Queensland Regional Database*. https://www.qgso.qld.gov.au/statistics/queensland-regions/regional-tools-statistics/queensland-regional-database

8 Queensland Health (2019). Clinical Services Capability Framework. https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf

9 Queensland Health (2020). *Service Agreements and Deeds of Amendment.* https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds

10 Queensland Health (2015). *Guide to health service planning (version 3).* https://qheps.health.qld.gov.au/__data/assets/pdf_file/0016/418300/gdl201_guide_to_hsp.pdf

11 Nursing and Midwifery Board of Australia (2018). Midwife standards for practice https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/midwife-standards-for-practice.aspx

12 Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: a multidisciplinary review. *BMJ (Clinical research ed.)*, *327*(7425), 1219–1221. https://doi.org/10.1136/bmj.327.7425.1219

13 World Health Organization (2021) Social determinants of health https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3

14 Mayer, D. (2010). *Essential evidence-based medicine* (2nd ed.). Cambridge: Cambridge University Press. https://assets.cambridge.org/97805217/12415/frontmatter/9780521712415_frontmatter.pdf

15 Child Family Community Australia (2021) What is an evidence-informed approach to practice and why is it important? https://aifs.gov.au/cfca/2021/03/16/what-evidence-informed-approach-practice-and-why-it-important

16 Victoria State Government (2021) An interdisciplinary approach to caring https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/resources/improving-access/ia-interdisciplinary