Clinical Council

Summary of June 27, 2016 Meeting

***Southern Future* – Verbal Update**

Update from the Commissioner Team – Jane Wilson, Implementation Manager Commissioner's Office.

Jane Wilson noted that fora had been held to begin the roll-out of the organisational values and she demonstrated the *Southern Future* draft resource implementation kit noting its key aspects. These included the values and their explanations, the seven priorities identified by patients and the reference documents – *improvement priorities*. There are also seven priorities identified for staff and video clips with session components.

An implementation plan is being developed and it was noted that there needs to be day-to-day systems to embed this in everyone's practice.

Community Health Council – Receive a verbal update on the establishment of a patient/family /whanau representative body for the Southern District

Associate Professor Sarah Derrett, Interim Chair of Community Health Coun**cil.**

Dr Sarah Derrett was welcomed. She thanked the Council for being invited to the meeting. Sarah outlined her journey to becoming the interim Chair of the Community Health Council.

Discussion included that there is a need for representation of the Consumer Council on the Clinical Council (such as the Hawkes Bay DHB Clinical Council has). There is also a need to engage with existing community groups involved in DHB processes. It was suggested that the Consumer Council also needs to have direct engagement with the Executive Team.

A Consumer Council was said to be a good way of holding us to account as an organisation for having good consumer engagement. It is important to know what the Consumer Council feel is important for the DHB to look at (for example the Complaints Process).

- The Chair moved that Sarah be co-opted on to the Clinical Council and this was seconded by Mr Mike Hunter and supported by the Council.

Developing the Clinical Council

The Hawkes Bay DHB Clinical Council Annual Plan (1 September 2015) was tabled. The Chair asked if this type of plan was considered by the Council to be a useful approach for adoption. There was discussion supporting and not supporting this approach. The following was noted or suggested:

- Our functions are different to those of the HBDHB Clinical Council;
- If this became a record of current work it might be useful;
- This might pick up reactive items as themes;
- This might evolve the work plan.

The focus of Southern DHB Clinical Council has been to build clinical oversight. More work needed to develop Clinical Governance groups and model with reporting lines.

Update on Health Connect South 'One Health – understanding the potential; of the new informatics portal

Dr Andrew Bowers, Medical Director Information technology provided this Update.

Dr Bowers noted that all DHBs in the South Island have "systems-centric information" which has resulted in the situation wherein information required to make or support decisions is in multiple places. The move forward will be by:

- Alliance to support single direction;
- Movement towards more patient-centred information systems;
- High level – no DHB, no GP silo; looking in one place for the information on that person.

Current siloes of information included:

- GPs;
- Hospitals;
- Private and public laboratories;
- Pharmacies.

Health Connect South (HCS) is one system to access information and will provide South Island-based clinical staff with a single repository for patient clinical records, streamlining and simplifying access to patient information. This will significantly support improved safety and quality in the region's health care provision.

The laboratory service will have a single repository for all information in the South Island. Currently Healthviews does not give you access to information ordered in laboratories elsewhere, nor EDS, nor clinics booked.

How does it support General Practice? It is all based around the person, so all can see all information. Radiology – able to access all information through this portal. There continues to developmental work on all of these features.

It was noted that this has not been done to this scale anywhere in the world.

Turning data in to intelligence does take another piece of work. In terms of electronic decision support – this will be possible with collective support.

There are different products to access the information:

- Health One – GPs will use this and there will be audit of those accessing it;
- Prescribed and Dispensed medicines information provided to community pharmacies;
- Person can opt off the system and thereby limit clinical staff access to the patient's information.

What Next?

- Need to create a consensus for development priorities across the region.
- "My List of Medicines" – the only correct list for a given patient.
- Development of Patient Portals.

Dr Keith Reid, Chair