



THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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POSITION STATEMENT

National and Regional Clinical Networks for Child and Youth Services

Principles

The Paediatric Society of New Zealand (The Society) recognises the following principles that underpin the provision of healthcare for children and young people;

- the right to health contained in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR),
- the right to good quality health care contained in Article 24 of the United Nations Convention on the Rights of the Child (UNCROC),
- the objectives of District Health Boards set out in section 22 of the New Zealand Public Health and Disability Act 2000, especially those provisions regarding integration of services, reduction in health disparities, upholding of quality standards, and co-operative and collaborative arrangements to improve, promote and protect the health of people,
- the duties of health professionals and health providers set out in the Code of Health and Disability Services Consumers' Rights, a Regulation under the Health and Disability Commissioner Act 1994, especially those rights and duties regarding co-operation among providers to ensure quality and continuity of services.
- the standards defined in the Health and Disability Standards (Children and Youth People) Audit Work Book, SNZ HB 8134.4:2004, and
- the rights defined in the Charter on the Rights of Tamariki Children and Rangatahi Young People in Healthcare Services in Aotearoa New Zealand (2011).

The Society also notes that the implementation of clinical networks should assist health professionals (and their employing bodies) to meet their respective duties and obligations to ensure that health consumers receive the appropriate standard of care.

Clinical Networks

A clinical network is a linked group of professionals and organisations working together in a coordinated manner with clear governance and accountability arrangements¹.

Clinical networks offer a way of linking services to the patient journey along the continuum of care to enable service providers to work in a co-ordinated way through shared understanding².

¹ Spencer A, Cropper S. Establishing managed clinical networks in paediatric services: experiences of partners in paediatrics. Vol.14, Issue 4. 347 – 353. August 2004

² Department of Health. 2005. National Service Framework for Children, Young People and Maternity Services. A Guide to Promote a Shared Understanding of Benefits of Managed Local Networks. National Health Services, United Kingdom.

Clinical networks may be vertical (e.g. sequential management of clinical practice from generalist through to specialist and subspecialist care) and/or horizontal (e.g. functional management of 'how' services relate to the provision of coordinated care between a range of professional groups and/or providers)

Clinical networks can be developed for services (e.g. service such as palliative care) or for programmes of care (e.g. paediatric eczema)

The Paediatric Society of New Zealand believes that:

- 1) high quality and safe healthcare is a key determinant for children and youth to achieve their full potential. Clinical networks, with dedicated leadership, can help address the challenges in delivering health services in this sector³
- 2) processes that support the continuum of care need to be continually reviewed to ensure the delivery of health services as close to home as possible and within the bounds of quality and safety
- 3) a well-defined infrastructure is required to support the delivery of the right care by the right person at the right time in the right place
- 4) decisions regarding the planning and provision of paediatric specialist services should be made using a 'whole of New Zealand' approach to transform current services into integrated services that continually improve access, quality and sustainability of services at all levels of care⁴
- 5) greater clinical engagement, through the development of structured clinical networks, is a process that supports improved patterns of healthcare by eliminating artificial boundaries⁵
- 6) structured clinical networks need to have defined characteristics that describe what the network will do, how it will be structured and what the expected outcomes will be

The Paediatric Society of New Zealand notes that:

- 1) traditional systems that planned, funded and reviewed nation-wide services were poorly developed with respect to supporting services across boundaries, across multidisciplinary service provision and across other government agencies and organisations
- 2) nation-wide workforce planning and recruitment is important to enable New Zealand to compete successfully in the international market for specialist staff
- 3) appropriately structured clinical networks increase collaboration, integration, improve opportunities for multidisciplinary workforce development and information sharing across the continuum of care. These features result in health gains
- 4) poorly developed infrastructure results in duplication of effort and wastage

³ Sustainable Programs of Care for Children and Young People Through Managed Clinical Networks. Paediatric Society of NZ. PSNZ Council Paper (2008)

⁴ Department of Health, Western Australia. Clinical Networks in Western Australia: Background Paper 2005

⁵ Making It Work For Scotland's Children: Child Health Support Group. Overview Report 2003. Scottish Executive, Edinburgh.
www.scotland.gov.uk

- 5) District Health Board boundaries can impose barriers on how 'shared care' and/or patterns of referrals should, or could, be managed from a 'best practice' perspective
- 6) increased utilisation of telehealth for clinical practice needs to be actively encouraged⁶
- 7) the Ministry of Health 2010 Report: Specialised Health and Disability Services for Children. A high level review⁷ states that vulnerability of some speciality services requires a focus by the National Health Board and that this work has commenced
- 8) in 2010 the Ministry of Health contracted the Paediatric Society to develop *A Strategic Approach to the Establishment of a Child and Youth Clinical Network*.

The Paediatric Society of New Zealand recommends that:

- 1) the Society and the Ministry of Health work in partnership to develop, embed and deliver sustainable, formal clinical networks for children and young people
- 2) clinical networks are provided with strategic oversight that is multidisciplinary, communicates well with the child health sector and provides transparent and accountable prioritisation methods that are accepted and viewed as effective for delivering optimum outcomes
- 3) strategic oversight needs to include contributions from all relevant professional groups and be broadly representative of the range of professional groups in the sector.
- 4) clinical networks should be structured to obtain the maximum benefit from, child and youth health services throughout New Zealand. Commissioning of new services and renegotiating of existing service contracts by fund holders should incorporate clinical network principles
- 5) infrastructural elements are developed that support changes in clinical practice critical for effective, efficient and safe service delivery
- 6) networks have effective communication processes that inform the sector on local, regional and national network innovations and achievements
- 7) each network has clinical outcome measures that are routinely monitored
- 8) clinical networks develop
 - clinical leadership
 - culturally safe practices
 - good information systems that includes web based and tele-communication systems
 - collection and in-depth analysis of robust data to inform and drive changes in practice and to be able to validate successes
 - a shared approach to service delivery with agreed clinical guidelines
 - multidisciplinary team workforce development programmes

⁶ Includes the range of telehealth modalities; e.g. real time versus remote consultation , forward data for review

⁷ MOH Report: Specialised Health and Disability Services for Children. A high level review. April 2010