



Partnerships in Action: Greater Metropolitan Clinical Taskforce – Linking with Area Health Service Carer Support Services

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The Greater Metropolitan Clinical Taskforce (GMCT) promotes clinician and consumer involvement in health service planning and delivery. Through its Clinical Networks chaired by clinicians and involving doctors, nurses, allied health professionals, scientists, managers and consumers, the Taskforce identifies how and where improvements can be made in the way health services are delivered in NSW and implements these changes in association with NSW Health and the Area Health Services (AHS).

Building on the work of its predecessor the Greater Metropolitan Transition Taskforce (GMTT) established in 2002, the Taskforce's commitment to improving health care in NSW is based upon the following principles of clinical governance:

- Developing services based on clinical need
- Quality of care and safety for patients
- Equity of access and equity of outcome within the health system
- Clinician and consumer driven planning

GMCT reports to the NSW Minister for Health and to the Director-General of NSW Health. The work of the GMCT is steered by a Governing Committee, made up of experienced clinicians and includes consumer representation.

Table 1. How are GMCT Clinical Networks established?

The Greater Metropolitan Clinical Taskforce (GMCT) has established Clinical Networks across a wide range of clinical specialities to promote clinician and consumer involvement in the planning and delivery of health services in NSW.

- Step 1:** Doctors, nurses and allied health clinicians from public hospitals across NSW are invited to an initial meeting to identify how and where improvements can be made in the delivery of their specialty's service.
- Step 2:** Consumers are recruited to provide a valuable perspective from patients, carers and consumer health organisations.
- Step 3:** Working Groups and Committees are established to develop evidence based solutions to common problems, supported by a GMCT Network Manager and steered by an Executive Committee elected by the GMCT Clinical Network.
- Step 4:** GMCT Clinical Networks report to the GMCT Executive and implement agreed changes with the help of NSW Health and Area Health Services.

Most GMCT Clinical Networks meet at the Macquarie Hospital Campus, North Ryde, Sydney. Teleconferencing or videoconferencing is available for those unable to attend meetings in person.

GMCT establishes Clinical Networks (see Table 1) which provide a collaborative structure to identify the key issues for clinical specialties across NSW AHS boundaries, allowing the development of required consensus documents, evidence-based standardised assessment and treatment protocols, models of care, benchmarks for services, clinician education initiatives or information materials targeting patients and their carers. Over the past seven years, the GMCT has

established 20 Clinical Networks committed to excellence in practice across a wide range of health disciplines (see Table 2).

Table 2. Clinician and Consumer- Led Planning: GMCT Clinical Networks	
<p>GMCT Clinical Networks:</p> <ul style="list-style-type: none"> Aged Care Bone Marrow Transplantation Brain Injury Rehabilitation Cardiac Endocrine Gastroenterology Gynaecological Oncology Home Enteral Nutrition Musculoskeletal Neurosurgery Nuclear Medicine Ophthalmology Radiology Renal Respiratory Severe Burn Injury Spinal Cord Injury Stroke Transition Care Urology <p>Correct as at May 2009</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Clinician Participation across all NSW Area Health Services</p> <ul style="list-style-type: none"> • Allied Health: Dietitians, Exercise Physiologists, Occupational Therapists, Pharmacists, Physiotherapists, Podiatrists, Radiographers, Speech Pathologists, Scientists and Social Workers. • Medical: Doctors, including Trainees. • Nurses: Enrolled and Registered Nurses, Clinical Nurse Consultants, Nursing Unit Managers and Clinical Nurse Specialists. </div> <div style="border: 1px solid black; padding: 5px;"> <p>Consumer and Community Participation</p> <ul style="list-style-type: none"> • Patients: past or current patients of NSW public health services. • Carers: carers of these patients. • Consumer Organisations: representatives of relevant consumer health organisations. • Community: interested members with appropriate experience. </div>

Since its inception, GMCT has sought to involve and support consumer and community participation in the development of its Clinical Networks. Currently just under 30 consumers are involved as equal partners with clinicians in strategic discussions about health service planning. Recruitment is currently underway to increase this participation. GMCT consumers include patients of the NSW health system (past and current), carers, representatives of consumer health organisations and interested members of the NSW community. Only a minority of GMCT's consumers are carers, exemplifying the difficulties faced by those in this role.

In an effort to amplify the voice of carers on GMCT Clinical Networks and as a contribution to the main priorities for action in the NSW Health Carers Action Plan 2007-2012, in particular Priorities 4.3 (Services for carers and the people they care for are improved) and 4.4 (Carers are partners in care), it was agreed that formal linkages would be established between NSW AHS Carer Support Services and GMCT Clinical Networks in 2007. Although a number of GMCT Clinical Networks, in particular Brain Injury Rehabilitation, Home Enteral Nutrition and Transition Care, now have strong linkages with AHS Carer Support Services, others do not. This paper provides summary information about GMCT's Clinical Networks, identifies how GMCT's Clinical Networks are working to address the priorities of the NSW Health Carers Action Plan 2007-2012 and identifies practical steps that can be taken by AHS Carer Support Services that wish to strengthen their linkages with GMCT. For further information about GMCT Clinical Networks please contact the identified Network Manager or Maeve Eikli, Consumer Participation Manager, GMCT on Email: meikli@nscchahs.health.nsw.gov.au or Phone: (02) 9887 5814.



Aged Care

There is variation in the level and type of aged care services currently provided, across and within NSW Area Health Services. These differences reflect historical socio-economic differences, based on resources and demography. The GMCT Aged Care Network has been meeting since 2003 and now includes over 150 medical, nursing and allied health clinicians, which together with consumers, are linked by the common goal of improving the quality of care for the older person.

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Bone Marrow Transplantation

The GMCT Bone Marrow Transplant (BMT) Network was established in late 2002 and now encompasses all 14 hospitals which conduct Bone Marrow Transplants in NSW and The Canberra Hospital. The BMT Network has facilitated many new initiatives including the development of patient/carer information books on allogeneic and autologous transplants, as well as a paediatric specific patient handbook.

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Brain Injury Rehabilitation

The Brain Injury Rehabilitation Network was established to support clinicians working with patients suffering a brain injury; to develop best practice guidelines for treatment; to review and analyse statistics; and provide direction for brain injury education, research and prevention programs. The Network provides a range of resources for clinicians, patients and their carers including:

- Brain Injury Resources Manual
- Training Kits and Mild Traumatic Brain Injury Guidelines for Clinicians
- Links to Information Sheets developed by the Westmead Brain Injury Rehabilitation Services on a range of subjects from "Anger Issues after a Traumatic Brain Injury" to 'Tube Feeding'. For more click on <http://www.health.nsw.gov.au/initiatives/birp/information sheets.asp>
- Links to Fact Sheets by the Brain Injury Association (<http://www.biansw.org.au/publications/index.html>) and the Motor Accident Authority of New South Wales (<http://www.maa.nsw.gov.au/default.aspx?MenuID=94>)

GMCT Brain Injury Consumer

Cheryl Koenig, a carer of a young son who suffered a traumatic brain injury joined the GMCT Brain Injury Rehabilitation Network in 2004. She has provided inspiration and hope to countless others dealing with the difficult situation of caring for a child with a traumatic brain injury through her GMCT publications: *'There's Always Hope...Just Alter the Dreams'* (May 2006) and *'The Courage to Care'* which was launched at a Carers Picnic hosted by the Sutherland Shire Carer Support Service during Carers Week in 2007. In 2009 Cheryl was named NSW Woman of the Year for her work in raising awareness of brain injury.

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Cardiac

The GMCT Cardiac Network was established in 2002 to promote equitable access to high quality cardiac services; equitable patient outcomes; and to provide advice to NSW Health regarding the provision of specific cardiac services. The Cardiac



Network has developed Clinical Practice Guidelines on the use of Drug Eluting Stents and Implantable Cardiac Defibrillators as a guide for Area Health Services.

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Endocrine

One of the youngest of the GMCT Clinical Networks, the Endocrine Network was established in late 2007. The Network already includes 160 clinicians across 44 facilities and has a broad remit which includes Insulin Prescribing and Administration; Obesity; Footwear and Orthoses for those at greatest risk of diabetes-related foot ulceration and amputation; and Diabetes and Mental Health.

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Gastroenterology

The GMCT Gastroenterology Network was established in late 2005. Its main objective is to promote high quality care for patients accessing gastroenterology services and to reduce inequities in access to services and improve outcomes. The Network has built strong collaborative relationships amongst clinicians and with NSW Department of Health, the Cancer Institute NSW, the Clinical Excellence Commission, the NSW Institute of Medical Education and Training and Rural Health Priority Taskforce. Key areas of interest include the rollout of the National Bowel Cancer Screening Program and Hepatitis C treatment and care services.

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Gynaecological Oncology

The GMCT Gynaecological Oncology (GO) Network was established in 2002 to promote high quality gynaecological cancer care for women and to improve access to GO services across NSW. Amongst its many achievements are:

- Best Clinical Practice Gynaecological Cancer Palliative Care 2008. This extensive document provides best practice guidelines for over 40 symptoms and syndromes in a brief and easy to read format for all clinicians who care for women with advanced gynaecological cancer.
- Psychosocial support program. This program which has been running for three years, supports women with a gynaecological cancer (<http://www.gynaecancersupport.org.au/content/about.php>), their carers and clinicians and includes residential retreats and rural/regional workshops.
- Support Coordinators. Through information gathered by the psychosocial support team, it emerged that patients returning home after treatment in a tertiary centre often had no idea of the support services available to them nor where to look for help. Clinicians in each of the 7 GO units across NSW are now able to access the contact details of a Support Co-ordinator closest to their patient's home, to ensure their patient can access support care near her home.

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Home Enteral Nutrition

Home enteral nutrition (HEN) is the giving of nutritional support either by mouth or by a feeding tube into the gastrointestinal tract in the home setting. It is estimated that 10,000 people in NSW receive HEN (3000 tube fed, 7000 on oral nutrition supplements). The use of HEN is growing at 20% each year. People requiring nutritional support at home face a number of difficulties accessing clinical services, formula and equipment.

The GMCT HEN Network was established in 2004 to address concerns about inequities in access to HEN services across NSW. The Network now includes over 250 clinicians (doctors, nurses, dietitians, speech pathologists and other allied health professionals) working in over 100 healthcare facilities across NSW who remain dedicated to improving equity in access to services for all patients managing their nutrition support at home across NSW. As a result of the work of the GMCT HEN Network, the NSW government has established an enteral feeding products contract which covers HEN formula and equipment. This contract enables people needing HEN to have access to HEN formula and equipment at contract prices, delivered to their door, regardless of where in NSW they live. The Network has developed a range of resources to assist carers including:

- *Special HEN cards for inclusion in patients "My Health Record"*. These cards, which are available in a range of different community languages, include feeding plans; troubleshooting advice, to help in coping with problems, and a section on feeding tube care and management. The cards are available from the patient's dietitian or nurse or can be downloaded directly from the GMCT HEN website at: <http://www.health.nsw.gov.au/gmct/hen/myrecord.asp>
- *An Information Guide to HEN*. This includes explanations of commonly used medical terms: http://www.health.nsw.gov.au/resources/gmct/hen/hen_consumer_brochure.pdf.asp

The GMCT HEN Network also provides links to consumer support groups:

- *NSW Gastrostomy Information and Support Society* (<http://www.giss.org.au>). GISS is a non-profit, community based support group for people who need tube feeding and their carers, run by volunteers. The GMCT HEN Network provides secretarial support to NSW GISS. GISS provides information and support to people with gastrostomies and their carers and advocates for the rights of people with gastrostomies. GISS has support groups in Victoria, New South Wales, Queensland and South Australia.
- *Patients on Intravenous and Nasogastric Nutrition Therapy* (PINNT; <http://www.pinnt.com/>). PINNT aims to promote greater understanding amongst patients, potential patients and the medical profession; to provide contact between patients and to try and eliminate some of the problems that come with treatment (particularly when it is carried out at home).
- *The Oley Foundation* (<http://www.oley.org/index.html>) is a national, independent, non-profit organisation that provides information and psycho-social support to consumers of home parenteral (IV) and enteral (Tube-fed) nutrition (homePEN), helping them live fuller, richer lives. The Foundation also serves as a resource for consumer's families, homePEN clinicians and industry representatives and other interested parties.

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Musculoskeletal

The Musculoskeletal Network was established in April 2009 to focus on improving the provision of public musculoskeletal services. The Network is currently seeking patients, carers or representatives of consumer organisations with arthritis or joint problems to join the Network.

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Neurosurgery

The GMCT Neurosurgery Network was established in 2001. The Network has established five clinical groups that span 13 service delivery sites involving medical, nursing and allied health clinicians and consumers in its commitment to equity of access and outcomes for patients who need neurosurgical services.

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Nuclear Medicine

The GMCT Nuclear Medicine Network was formed in 2002. It now focuses on patient outcomes through clinician education; continued deployment of state of the art equipment and techniques; quality and safety initiatives and better networking and communication.

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Ophthalmology

The NSW Statewide Ophthalmology Service (SOS) was established in November 2003 to act as a peak advisory body for public sector Ophthalmology Services in NSW. The Network includes ophthalmologists, nurses, orthoptists, optometrists and consumers. Resources developed by the Network include:

- Eye Emergency Manual. The manual, primarily for the use of non ophthalmic clinicians in Emergency Departments contains many photographs to assist clinicians to identify conditions which may present with an eye emergency.
- Stroke Patient Care and Visual Defects: "The Orthoptist and the management of visual problems in inpatients with stroke: A pilot study to compare existing models of care".

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GMCT Neurosurgery Consumer

At two years of age Fiona Wilson's eldest child David fell off a wharf and suffered concussion. In hospital whilst monitoring his head injury he was found to have an arachnoid cyst and a subdural hygroma. He had a number of neurosurgical procedures and he continues to have a pleural shunt in place today. David is now eight years old and is developmentally normal but still requires regular monitoring and scanning of his brain. Fiona Wilson's interest in the GMCT Neurosurgical Network is a result of her shared hospital experiences with her son David. Seeing her child hospitalised for a head injury raised concerns for her regarding head safety in young children particularly in the playground. She is also committed to promoting quality and safety for children who are hospitalised and ensuring parents and carers are well informed.

As part of her current involvement with the GMCT Neurosurgical Network she is working on a tool to promote head safety in the playground and a guide to neurosurgical consumer groups.



Radiology

There has been an exponential growth in the scope of procedures performed in medical imaging to include minimally invasive surgery and techniques that are at the cutting edge of technology. Complexity of procedures and acuity of patients has also increased. In 2003, the Greater Metropolitan Radiology Services Network (GMRSN) was formed to examine issues affecting radiology services in the greater metropolitan public hospitals. This has since been expanded to encompass rural regions. Members include clinical heads of radiology departments, other radiologists, CEO of the NSW Branch of the Royal Australian and New Zealand College of Radiologists (RANZCR), medical imaging nurses and radiographers.

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Renal

Each year in Australia approximately 2300 people are newly diagnosed with renal failure, 9600 people receive renal dialysis, and 7000 people are living with a transplanted kidney. The prevalence of patients on dialysis is growing by approximately 5% annually, partly caused by the increasing incidence of diabetes. This has led to a greater demand for both dialysis and transplantation services. Some illnesses cause temporary renal failure, however there is no recovery from chronic or "end stage" renal failure. In these cases the only treatment is regular dialysis or kidney transplantation. The main issues driving the GMCT Renal Services Network are the increasing demand for dialysis services and the concern that the existing workforce and health budget will be unable to meet the demand. The Network has developed a Kidney Failure Treatment Options Brochure for patients with chronic kidney failure and their carers. This Brochure, which is available through the Renal Resource Centre (click on: <http://www.renalresource.com/pdf/KFTO.pdf>) has been translated into Chinese, Arabic, Vietnamese, Greek and Italian.

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Respiratory

The GMCT Respiratory Network was established in 2006 to improve equity of access to respiratory medical services and sleep services for adult and paediatric respiratory patients across greater metropolitan NSW (Sydney, Hunter and Illawarra). In 2007 it was agreed that the Network would act as the principal clinical advisory body to the NSW Health on all issues concerned with respiratory medicine and sleep-disordered breathing. The Network has developed a model of care for chronic or complex patients, submitted a comprehensive 'Smoking Cessation Proposal' to NSW Health and established a free-call (1800) Rapid Respiratory Advice Line Infrastructure to make respiratory-specific rapid advice line infrastructure available to existing respiratory services and clinical teams across NSW.

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Severe Burn Injury

Burns are common injuries in the community. Whilst the majority of burn injuries heal with no or minimal medical intervention, a small proportion of burn victims sustain devastating and life-threatening injuries, requiring intensive and long-term treatment. The nature and complexity of severe burn injury requires a collaborative approach to patient care. This is provided by a multi-disciplinary team with expertise in the management of severe burns in a Burn Unit with supporting services such as: critical care, surgery, reconstruction and rehabilitation.

In 2003, the NSW GMCT Severe Burn Injury Service (SBIS) was established. The Service contributes to the care of patients with a severe burn injury by bringing together the expertise required to coordinate clinical services across the continuum of care - from initial hospital admission through to hospital discharge, rehabilitation and ongoing care:

- Sharing clinical expertise
- Implementing a standardised Model of Care across the three NSW Burn Units (Children's Hospital at Westmead, Concord Hospital and Royal North Shore Hospital)
- Developing standardised clinical practice guidelines for patient care
- Increasing the focus on prevention, improving links to community outreach services for patients and undertaking research to improve patient care

The GMCT SBIS has produced a range of resources including a 'Burn Scar Management for Therapists' poster; Minor Burns Analgesia Requirements flow chart; and a Burn Injury Prevention and First Aid: Pamphlet for patients and their carers. For more see: <http://www.health.nsw.gov.au/gmct/burninjury/resources.asp>

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Spinal Cord Injury

The GMCT State Spinal Cord Injury Service (SSCIS) is committed to ensuring that people with spinal cord injuries residing in New South Wales receive the highest quality services, coordinated in collaboration with other stakeholders to facilitate individual independence and achievement of personal goals. The SSCIS has:

- Produced a range of clinical resources for clinicians. For more see: <http://www.health.nsw.gov.au/gmct/spinal/resources.asp>;
- Developed a safe exercise program for people with established spinal cord injury. For more see: http://www.health.nsw.gov.au/resources/gmct/burn_pdf.asp
- Developed a Guide for Health Professionals on the Psychosocial Care of Adults with Spinal Cord Injuries and a Directory of Psychosocial Services. These resources will shortly be available on the SSCIS website.
- Developed guidelines for the management and prevention of skin related issues in the spinal cord injury population across the lifelong continuum of care.
- Run regular rural spinal outreach clinics, through its participation in the Commonwealth funded Medical Specialist Outreach Assistance Program (MSOAP).

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Stroke

The GMCT NSW Stroke Services Network was established in 2002 to develop a coordinated approach to care across NSW: sharing available resources and promoting expertise. The Network involves more than 300 health clinicians, consumers and carers who work closely together with allied agencies to improve stroke care. A significant achievement is the development of 23 Acute Stroke Units in NSW Public Hospitals providing a uniform level of stroke care. The GMCT NSW Stroke Services Network conducts a range of stroke related events for both clinicians and consumers. A major focus each year is Stroke Awareness Week held in the third week of September. The consumer advocacy group, the Stroke Recovery Association supports a range of public awareness activities during this week. For more details see: <http://www.strokwsw.org.au>

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Transition Care

As children mature into young adults, they outgrow the expertise of children's services (paediatrics) and need to find an adult health service that suits them. The GMCT Transition Care Network aims to improve the continuity of care for young people with chronic health as they move from children's (paediatric) to adult health services. A Network Manager leads a team of three Transition Coordinators who are based at John Hunter Hospital in Newcastle, Royal Prince Alfred Hospital and Westmead Hospital. These hospitals are affiliated with the three children's hospitals (John Hunter Children's Hospital, Sydney Children's Hospital at Randwick and Children's Hospital Westmead). The Program extends across all Area Health Services in NSW. The GMCT Transition Care program has developed a wide range of resources to help young people, their carers and their health care professionals prepare for transition, including fact sheets, transition checklists and lists of useful references. Detailed guidance for carers is included on the Transition website (http://www.health.nsw.gov.au/gmct/transition/resources_family.asp) and includes advice on: The Role of Parents and Caregivers; When to Move?; Important Issues in the Transition Process; Recording Important Health Information; Fostering Independence; Looking after yourself; Financial and Medical Decision Making; Financial Help; Person Responsible; Guardians and Financial Managers; Program of Appliances for Disabled People (PADP); and the Department of Ageing, Disability and Home Care DADHC.

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Urology

The Urology Network was established in 2006. To date the Network has identified an ambulatory model of care using flexible cystoscopy under local anaesthetic for diagnostic cystoscopy; published the findings of a survey into the model of care for ureteric stones in NSW (2008, MJA); developed 11 nursing tool kits providing guidelines on clinical practice across a range of urological procedures; completed a 'Continence Nurse Services Survey' looking at workforce issues; and is running a randomized controlled trial looking at outcomes of men awaiting Transurethral Resection of the Prostate who have used different sorts of catheters.

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How can AHS Carer Support Services link with GMCT Clinical Networks?

In January 2003, the then NSW Minister for Health approved the 2003-2007 Implementation Plan for the NSW Carers Program. This plan included provision for the establishment of new Carer Support Services within each AHS. The aim of these services is to provide professional support for carers of patients in the public health system and to initiate strategies at the local level to improve the responsiveness of the public health system to the needs of carers. AHS Carer Support Services perform a variety of functions including:

- taking forward research to identify 'hidden' carers within their AHS;
- contributing the carer perspective to policy discussions including on Clinical Redesign and Community Services delivery;
- educating and supporting staff to identify and engage carers;
- encouraging the provision of timely and accurate information to carers;
- raising the awareness of clinical staff to the requirement to recognise and be more responsive to the needs of carers.

Feedback from AHS Carer Support Services indicates that providing answers to the following questions should help to encourage linkages with GMCT Clinical Networks.

How does the work of GMCT Clinical Networks address the priorities identified in the NSW Health Carers Action Plan?

NSW AHSs have developed their own Area Action Plans to address the priorities for action identified in the NSW Health Carers Action Plan 2007-2012. Table 4 outlines how GMCT Clinical Networks address the priorities of the Carer Action Plan and identifies potential areas for linkages.

Table 4. How do GMCT Clinical Networks address the priorities of the NSW Health Carers Action Plan 2007-2012?

Priority 4.1: Carers are recognised, respected and valued

All GMCT Clinical Networks are encouraged to promote, take part or run activities to coincide with the annual Carers Week.

Priority 4.2: Hidden carers are identified and supported

The GMCT's consumer recruitment drive targets consumers (including carers) from all backgrounds, including culturally and linguistically diverse (CALD) consumers.

Priority 4.3: Services for carers and the people they care for are improved

All GMCT Clinical Networks work to improve patient outcomes and to address inequities in access to services by identifying necessary evidence-based changes to service delivery. The following GMCT Clinical Networks in particular, have brought about improvements in services that should benefit carers and the people they care for (see individual Network reports pages 3-9 for further details): Home Enteral Nutrition, Gynaecological Oncology, Transition Care, Brain Injury Rehabilitation, Spinal Injury and Stroke Services.

Priority 4.4: Carers are partners in care

To ensure that the carer perspective is included in discussions regarding the planning, delivery and review of health services, AHS Carer Support Services and individual carers from the NSW community are invited to participate in GMCT Clinical Networks.

How can I get involved in the work of the GMCT within my local community?

All GMCT Clinical Networks are made up of clinicians and consumers from across NSW (see Table 2). GMCT Network Managers can help to identify clinicians at a local level with whom AHS Carer Support Services can develop partnerships. To request further information, please contact the relevant Network Manager or contact Maeve Eikli on (02) 9887 5814.

GMCT Clinical Networks provide AHS Carer Support Services with the opportunity to participate and also act as a resource for further information. AHS Carer Support Officers or Managers that find it difficult to attend meetings can instead choose to request that their names are added to the mailing lists of relevant GMCT Clinical Networks. This will ensure that they are kept updated of relevant policy discussions, upcoming Forums of interest or the development of new resources of interest to carers. Those with more time available may find it useful to attend GMCT Clinical Network meetings when there is a particular issue of specific concern to carers under discussion.

**Area Health Service
Carer Support Services**

- Join Network Mailing Lists
- Attend Forums/Meetings
- Contribute comments on relevant consultations
- Request information from Network Managers, when you identify an area of interest.
- Submit proposals on behalf of carers for consideration by Clinical Networks.

How can AHS Carer Support Services strategically influence the work of GMCT Clinical Networks?

Involvement in the activities of a GMCT Clinical Network will allow AHS Carer Support Officers and Managers the opportunity to directly comment on policies and activities as they develop, ensuring that the carers perspective is introduced, discussed and addressed.

AHS Carer Support Officers and Managers may also contact individual Network Managers to request that a specific item of particular concern to carers, is given consideration by a Clinical Network.

To keep up to date on the latest developments of GMCT Clinical Networks check out the monthly GMCT newsletter at: <http://www.health.nsw.gov.au/gmct/news.asp>

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