

# Summary

## Government Response to the Garling Report

### *Caring Together: The Health Action Plan for NSW*

The Garling Report was significant – 3 volumes, 139 recommendations

The Report identified the great strengths of our health system. Garling said:

*“NSW still has one of the better public health care systems in the developed world. Measured by per capita spending on health care, by the number of beds per 1,000 of population, by clinician to patient ratios or by expectation of life, Australia’s performance ranges from close to the average up to the top 4 or 5 of the 20 leading Organisation for Economic Co-operation and Development (OECD) nations.” (p2:1.9)*

*“... the doctors, nurses and clinical staff are well-trained and skilled. They are caring and dedicated and are able to provide some of the most sophisticated medical care available in today’s world.” (p2:1.10)*

*“The public hospital system is equipped with modern diagnostic and procedural equipment and aids of a high standard to assist them in their work.” (p2:1.10)*

*“It is unreasonable to expect that spending on health can continue to consume a greater proportion of the GDP of Australia or the NSW state budget.”(p20:1.178)*

The report also identified some problems and the need to re-focus on patient care.

Since receiving the Garling Report in November last year, extensive consultation has been undertaken by the Minister and Director General. Over 12,000 people have provided input either face to face, via the web, workshops and submissions.

The consultation process found:

- The Garling report has been well received;
- Implementation needs to be local and led through clinicians;
- Priority should be given to clinical services;
- Four pillars are supported in principle but there needs to be more consultation on implementation.
- The patient must become the centre of our health care system;
- Clinicians, managers and support staff must work together in the interests of patient care;
- Infection control must improve;
- Communication with patients and about patient care must improve;
- We need to be smarter about dealing with demand – workforce re-design, new models of care; and
- We need a better link between services and community need – rather than being driven by the location of facilities.

139 recommendations – we are accepting 134.

- **Two recommendations are not accepted:** reimbursing medication costs for hospital acquired infection and the non-clinical Ambulance driver.
- **Three recommendations need further local or national consultation** before accepting: low risk birthing services; cease the practice of Ambulance officers staying with patients in the emergency department; and a new tertiary/quaternary children’s hospital.

There are three stages of the government response, supported by an additional \$485 million:

- **Stage 1 – now**  
Immediate change – to build trust and demonstrate commitment to improving our health care system. Better experiences for people using health care services - services that are safe, competent and compassionate.
- **Stage 2 – in 6 months**  
Report on progress to date and then signal a series of actions to allow sustainable change – services linked to community need, workforce capacity and resources.
- **Stage 3 – 12 months later**  
An intergenerational plan for the future, significant change in thinking and culture to create the future health system.

## **STAGE ONE: Patients at the Centre**

### **Patients**

- *Nurse/Midwife in Charge* on every ward to assist in creating better experiences for patients by improving:
  - Care of the deteriorating patient
  - Infection control
  - Ward cleanliness
  - Single sex ward rooms and spaces
  - Supervision of junior staff
  - Making sure patients have assistance with meals
- Ward based Clinical Support Officers to support the whole team
- Enhanced Clinical pharmacy role
- Enhancing allied health numbers to support after hours care in critical areas
- Better identification of all staff
- Plain language information to patients when they are discharged
- Abolition of IPTAAS contribution for pensioners and health care card holders

### **Information Technology**

- Prioritising rostering systems with commencement of entire program within 5 years

### **Education**

- Targeted inter-professional education program for new graduates
- Dedicated teaching time of Directors of Clinical Training acknowledged
- Support for allied health education
- Expansion of rural medical positions to allow progressive compulsory rural placement for doctors in years two and three
- Additional trainee specialist positions in rural and outer metropolitan areas
- Expansion of hospitalist training
- Workforce redesign
- Education and Training Review to be conducted

### **Strengthening local decision making**

- Creating the Bureau of Health Information
- New clinical medical director role in major metropolitan and rural hospitals/hospital networks
- Review of hospitals – linking community need and workforce capacity to deliver safer patient care
- Better local information and delegation
- Publishing performance criteria to staff

### **New models of care**

- Extra clinical initiative nurses
- Work with Australian Medical Association (NSW), Australian Salaried Medical Officers Federation (NSW) and the NSW Emergency Care Taskforce to support emergency department doctors making admission decisions
- Implement the NSW Health Trauma Plan

### **Culture Change**

- New framework to be developed to support culture change
- Address bullying and harassment with front line advisors as part of a state wide advisory service

### **Consultation on implementation of the Institute of Clinical Education and Training and the Clinical Innovation and Enhancement Agency to begin**

#### **STAGES TWO AND THREE**

- Agree the best way to implement NSW Kids, the Institute of Clinical Education and Training, and the Clinical Innovation and Enhancement Agency
- Triage Changes – (referred to the Australian Health Ministers' Council)
- Implement patient care committees at each facility
- Audits of waiting lists
- Review of key performance indicators
- Continued roll-out of Medical Assessment Units
- Review effectiveness of primary care centres adjacent to Emergency Departments
- Bed occupancy rates review
- Central state-wide assets register
- Implementing allied health coordinator role

The Bureau of Health Information will become a statutory health corporation with a board appointed by the Minister for Health, similar to the governance model which currently applies to the Clinical Excellence Commission. . A Clinical Innovation and Enhancement Agency and an Institute of Clinical Education and Training will also be established under this governance model.

#### **MONITORING OUR PROGRESS**

The Minister for Health will establish a Community and Clinician Advisory Council to support implementation. To ensure independent monitoring of the recommendations there will be an independent audit with an independent monitoring Panel reporting to a new sub-committee of Cabinet, for health.

Regular progress reports will be made publically.