phn NORTHERN QUEENSLAND
An Australian Government Initiative

Queensland Government

Townsville
Hospital and Health Service

Local Primary Healthcare Protocol

between

Townsville Hospital and Health Service

Northern Queensland Primary Health Network

1 PARTIES

The parties to this local primary healthcare bipartite protocol are:

- Townsville Hospital and Health Service (THHS)
- Northern Queensland Primary Health Network (NQPHN)

2 SERVICE DESCRIPTIONS

2.1 Townsville Hospital and Health Service

Vision

The Townsville HHS's vision is for a healthy North Queensland.

Purpose

To deliver quality public health services, education and research for the Townsville region and tertiary healthcare for North Queensland.

Values

The THHS has five core values – integrity, compassion, accountability, respect and engagement (ICARE) – that guide the organisation's behavior.

The Organisation

The Townsville Hospital and Health Service is an independent statutory body, established through the provisions of the *Hospital and Health Boards Act 2011*. The THHS is governed by the Townsville Hospital and Health Board, which reports to the Minister for Health.

The Townsville HHS comprises 18 hospitals and community health campuses and two residential aged care facilities. The HHS provides quality public health care across a range of specialties in acute, community and specialist outreach settings. The THHS provides services to a diverse population of more than 230,000 people (5.1 per cent of Queensland's population) across a vast geographic area north to Cardwell and Ingham, west to Charters Towers, Hughenden and Richmond, south to Ayr and Home Hill and east to Magnetic Island and Palm Islands. The THHS encompasses the Townsville Hospital; the tertiary referral hospital for North Queensland; a catchment area of 750,000 square kilometres extending from Mackay to the Torres Strait Island, and west to the Northern Territory Border.

2.2 Northern Queensland Primary Health Network

Vision

Northern Queenslanders live happier, healthier, longer lives.

Purpose

To ensure people of Northern Queensland access primary healthcare services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well-integrated workforce.

Foundations

The NQPHN has five core foundations – people, partnerships, evidence and data, innovation and governance.

The Organisation

Northern Queensland Primary Health Network is an independent, not-for-profit organisation funded by the Australian Government to commission services to meet the health needs and priorities of the region. The NQPHN is overseen by a Board of Directors, and has several member organisations.

The NQPHN footprint includes the Mackay, Cairns and Hinterland, Torres and Cape and Townsville HHS regions, which have a combined population of 730,000. This footprint includes 31 local government and Aboriginal Land Council areas.

The NQPHN aims to improve health outcomes by working with GPs, pharmacists, dentists, nurses, allied health professionals, organisations specialising in chronic disease management, health promotion, aged care, mental health, and Aboriginal and Torres Strait Islander health – as well as secondary care providers, hospitals, and the wider community.

3 PURPOSE

The THHS and the NQPHN recognise the importance of effective coordination and integration between healthcare providers in improving service delivery and health outcomes. The Parties recognise that they have a shared responsibility and accountability for the health and wellbeing of the community.

The purpose of this protocol is to promote cooperation between the THHS and the NQPHN in the planning and delivery of services. This will contribute to the achievement of the collective vision of both parties.

This protocol is established in line with the prescribed requirements set out in the *Hospital and Health Boards Act 2011* and the *Hospital and Health Board Regulation 2012*.

4 TERMS OF AGREEMENT

4.1 All Parties agree this Protocol does not create any legal relations between them. However, the matters set out in this Protocol are agreed to in principle by the Parties.

4.2 The Protocol between the Parties will commence on 9 October 2017 and shall continue for a period of three years unless earlier modified in accordance with this agreement.

4.3 The Protocol will be reviewed within three years. The review will be conducted by the Townsville HHS and the NQPHN.

4.4 The Protocol and any revisions will be published in such a way that is accessible to the public

5 PRINCIPLES

The foundation of this Protocol is a commitment by both parties to act in good faith using best available evidence to reach consensus decisions on the basis of 'best for patient, best for system'.

The Parties are committed to working wherever possible and practical with each other as well as the national and state governments, other health service providers, and the community on matters and issues of common concern and interest.

6 OBJECTIVES

The Parties will work jointly to:

6.1 Ensure patients receive the most appropriate care, by the most appropriate health care provider, in an appropriate setting, and in the appropriate timeframe;

6.2 Ensure that health services address the needs of disadvantaged and at risk groups, including Aboriginal and Torres Strait Islander people;

6.3 Identify, analyse and develop agreed local health priorities;

6.4 Undertake joint, aligned health service planning and coordination;

6.5 Promote integrated service delivery models that embrace the patient care continuum as fundamental;

6.6 Improve health service navigation for consumers;

6.7 Improve the provision and exchange of patient and health system information to and between clinicians and providers;

6.8 Share and link data and information systems in accordance with relevant legislation to enhance system integration and outcomes;

6.9 Improve engagement and communication between THHS and primary healthcare providers and clinicians

6.10 Reduce avoidable hospital admissions and presentations

6.11 Work collaboratively to ensure timely access to care

6.12 Improve clinician and consumer consultation and participation in designing an improved health system

7 SCOPE OF INITIATIVES

A variety of initiatives will be addressed under the Protocol; ranging from funded contract arrangements through to collaborative endeavours based on mutual in-kind support.

All initiatives implemented under this protocol should be aligned with the THHS's Strategic and Operational Plans, Clinician Engagement Strategy and Consumer and Community Engagement Strategy, as well as the NQPHN's Strategic and Operational Plans.

8 RESPONSIBILITIES OF PARTIES

8.1 The parties recognise that communication is an integral component in ensuring the success of the Protocol. The parties will meet on no less than a quarterly basis at Chief Executive (or delegate) level to discuss issues, strategies and progress initiatives.

8.2 The parties will be jointly responsible for identifying and monitoring key indicators to measure the effectiveness of the protocol.

8.3 A summary of the key issues discussed and decisions made in each party's Board meeting relevant to the protocol will be made available to the other party, subject to the relevant party's obligations of confidentiality and privacy.

9 GENERAL CONSIDERATIONS

9.1 Cooperative Arrangements

9.1.1 Initiatives pursuant to this Protocol will be informed by input from clinicians, consumer, stakeholders and community engagement. In addition, initiatives will be informed by input from cooperative arrangements with other entities delivering services in the health, aged care and disability sectors to improve service delivery and health outcomes.

9.2 Governance

9.2.1 The Chief Executives and Boards of the respective Parties hold joint responsibility for the endorsement and any amendment of this Protocol. Chief Executives and the executive leadership teams of the respective Parties will be the accountable officers responsible for the promotion, implementation and carriage of the Protocol.

9.2.2 Each Party is to nominate a key contact person to act as a single point of reference and coordination for matters related to this Protocol.

The person will also be responsible for:

- Coordinating their respective organisations involvement in the Protocol;
- Ensuring proposed joint initiatives match agreed strategic direction and priorities;
- Establishing new initiatives under the Protocol and ascertaining the type of working arrangement that will support it; and
- Reporting.

9.3 Media

9.3.1 Media statements relating to joint initiatives under this Protocol will be agreed to by both parties prior to issue.

9.4 Conflicts of Interest

9.4.1 Each Party needs to be aware of and actively manage any perceived or real conflicts of interest in relation to their staff participating in activities relating to this Protocol.

9.4.2 A conflict of interest involves a conflict between official duties and private interests which could improperly influence the performance of official duties and responsibilities. A reasonable perception of a conflict of interest is where a fair minded person, properly informed as to the nature of the interests held by the decision maker, might reasonably perceive that the decision maker might be influenced in the performance of his or her official duties and responsibilities.

9.4.3 A conflict of interest may be actual, perceived or potential. It can be pecuniary (involving financial gain or loss), or non-pecuniary (based on enmity or amity) and can arise from avoiding personal losses as well as gaining personal advantage, financial or otherwise.

9.4.4 Conflict of interest includes conflict of commitment (where an individual has multiple and incompatible public duties).

9.4.5 Both organisations – Townsville Hospital and Health Service and Northern Queensland PHN are responsible for:

- Assessing their own private and personal interests and whether they conflict or have the potential to conflict;
- Disclosing and managing any actual, perceived or potential conflicts of interest, including reviewing disclosed conflicts on at least an annual basis to ensure that the information remains correct and that the management responses continue to be appropriate and effective; and
- Not making decisions or seeking to influence the decisions of others in matters relating to an individual's private interest.

9.5 Confidentiality

9.5.1 Shared information marked as confidential or regarded as commercial in confidence, clinically confidential or has privacy implications will be treated accordingly by either Party.

9.6 Intellectual Property

9.6.1 The resources and content developed as result of joint initiatives under this Protocol should reflect the involvement of both Parties. This would include use of the two corporate logos in the publication of paper based and electronic documents.

9.7 Dispute Resolution

9.7.1 In keeping with the intent of the Protocol, matters on which there are divergent views will be addressed with good will and in a respectful and courteous manner. Direct, localised negotiation should be used in the first instance to resolve any issues. If this is not possible, the issue should be escalated to the Party's named contact person. An independent mediator may be introduced if a matter is unable to be resolved after negotiation.

10 SIGNATORIES TO THE PROTOCOL

Signed:

Endorsed by THHB 9 October 2017

Signed:

Endorsed by NQPHN 7 October 2017