

Terms of Reference

Top End Medical Retrieval Service Review

Top End Health Service

Building Better Care, Better Health, Better Communities Together

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Document Control

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Version control

Version	Effective From	Effective To	Change Summary
0.1	Aug 2017		First draft
0.2	25/09/2017		Additional objective, addition to and clarification of specific considerations (review of related TEHS services)
0.3	11/10/2017		Formatting, removal of Governance structure, restructure of methodology the for three review components.
0.4	13/10/2017		CareFlight changed to CareFlight Northern Operations, Governance Group changed to Steering Committee, Working Relationship section removed, review structure diagram added.
1.0	20/10/2017		Final ToR

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Introduction

The Top End Health Service (TEHS) provides intrastate aeromedical retrieval services under a commercial contractual arrangement with CareFlight Northern Operations.

The formal contract commenced on 1 January 2013 for ten years ending 31 December 2022.

An independent third party mid-term review of retrieval services is required to analyse the contract on an objective basis to inform refinement of the service in the context of broader health service directions.

To inform the future competitive tender process, the review will consider:

- the clinical model;
- aviation and service logistics;
- effectiveness and cost efficiency;
- integration with TEHS services;
- achievement of TEHS strategic objectives; and
- contractual terms.

Background

The TEHS provides public health and hospital services for a population of approximately 170,000 across the Top End of the Northern Territory (NT). Services are provided in TEHS and from 30 remote health clinics and five hospitals.

Royal Darwin Hospital (RDH) is the NT's tertiary referral centre with regional hospitals in Katherine and Gove. In Central Australia hospital services are provided from Tennant Creek and Alice Springs Hospitals.

Aeromedical retrieval services in Central Australia are provided by the Royal Flying Doctor Service under a long standing grant funding arrangement by the Australian and Northern Territory Government. This historical arrangement has not been competitively tendered.

In the TEHS, aeromedical retrieval services were previously provided by Pearl Aviation providing aviation capability with the flight medical officers and nurses provided by the Department of Health. The arrangement with Pearl was transitioned to CareFlight Northern Operations as an interim service whilst a competitive tender process for a comprehensive medical retrieval service inclusive of clinicians and logistics was undertaken.

CareFlight Northern Operations was the successful tenderer to provide fixed wing and rotary wing aeromedical retrieval services in the NT. The Auditor General reviewed both the process used for the assessment and the tender outcome.

A summary of the key points is as follows:

- The contract for the provision of Top End Medical Retrieval Services (TEMRS) incorporating fixed and rotary wing aviation resources, logistics and clinical coordination and integration with aviation, medical and clinical resources was executed with CareFlight Northern Operations in September 2011 with a transition service in place from 1 September 2011 to 31 December 2012.
- The Low Acuity service was incorporated into the contract from 1 August 2015.
- The ten (10) year contract commenced on 1 January 2013 and was valued at approximately \$28 million per annum for ten years.

- The TEHS is the full funder of the TEMRS, except for the Rotary Wing Service, which is partially funded for provision of 15 hours service per month. Payment is on a monthly basis:
 - Fixed wing monthly standing charge;
 - fixed wing base flying charge;
 - rotary wing standing charge;
 - rotary wing flying charge;
 - aircraft finance charge (to Westpac and subject to a Tripartite Deed);
 - hanger lease charges (to Darwin International Airport and subject to a Multiparty Deed);
 - Low Acuity Service (payment is two parts, a monthly service charge, and a flying charge equivalent to 50 flying hours).

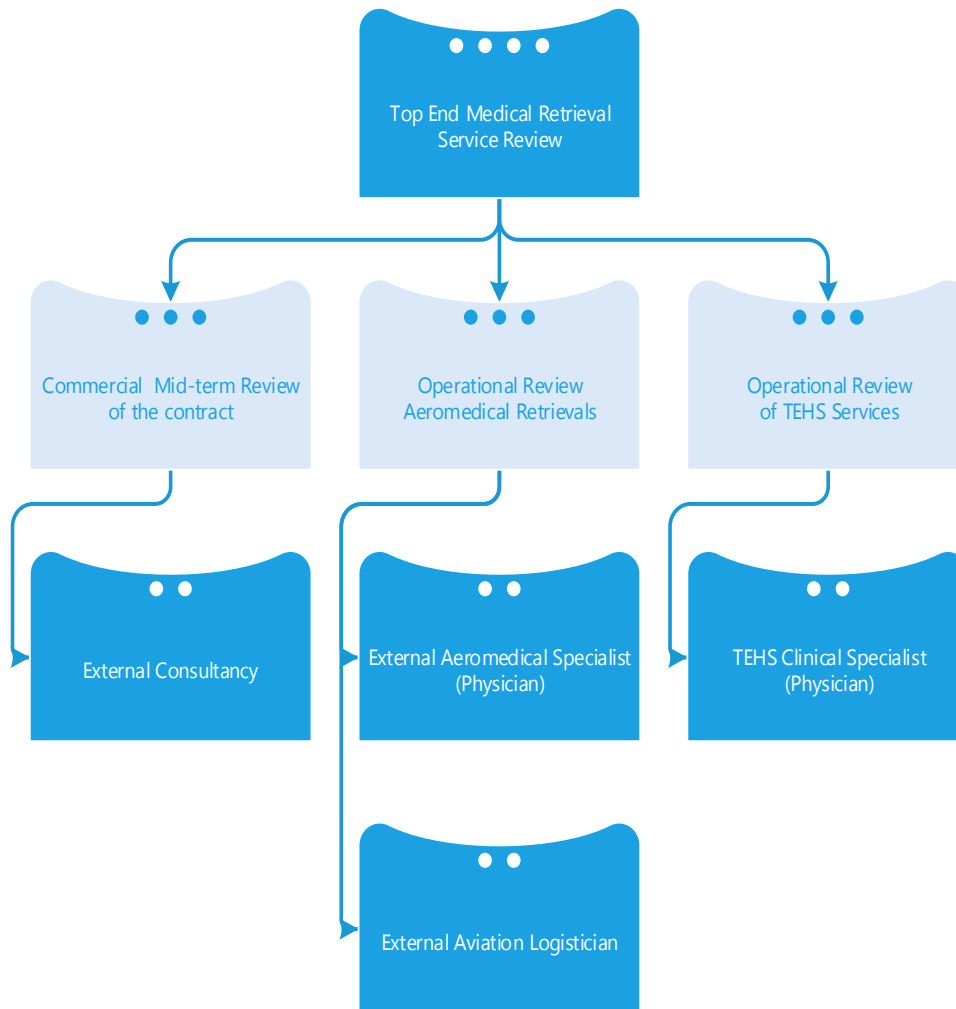
Objectives

The overall outcome for the TEMRS Review is to provide options, recommendations and rationale around the model of service and contractual arrangements (clinical and aviation logistics) in the context of the strategic intent of the TEHS including efficiency, effectiveness and optimal quality of care to the population of the Top End.

There are four core components to the review:

- 1) Service model review by independent clinicians including aeromedical specialists and aviation logisticians and specialists. The operational review will be coordinated through the Strategy, Service Development and Planning Unit (Planning Unit), TEHS.
- 2) Commercial mid-term review of the contract (the final report will consider the overall commercial mid-term review, operational review and aviation considerations in providing options and recommendations for the future of the service).
- 3) Develop recommendations for consideration for the remaining term of the current contract and longer term recommendations to inform a future competitive tender process.
- 4) Develop recommendations to inform the 'end-to-end' remote and pre-hospital TEHS delivery (including Telehealth, patient health management plans and service integration).

Review Structure



Stakeholder Engagement

For all components of the review, stakeholder consultations will be undertaken with the following groups as appropriate:

- TEHS operational services – RDH, GDH, KH, remote health clinics
- Non-government organisations – Primary Healthcare Clinics
- Primary Health Care – GPs
- Pharmacy
- Imaging/ Diagnostics
- In-patient services
- Out-patient services
- Clinical Policy and Strategy (Office of the Chief Medical Officer) DoH
- Consumers

Commercial Review- by External Consultancy

Desktop Review- documentation to be provided by CareFlight Northern Operations

Desktop review of:

- CareFlight Northern Operations and TEHS Contract obligations (excludes full review of contract)
- Relevant health sector and financial documents
- Identification of further information required for assessment
- Financial reports
- Clinical reports
- Patient activity including patient travel
- Planning and Treatment delivery
- Equipment and infrastructure
- Human Resource
- Safety and Quality
- Projects, Research and Clinical Trials

To inform the basis for;

- Meetings
- Key stakeholder interviews
- Site visit and observations

Specific Considerations

- 1) Review and evaluate the performance of the parties against the contractual requirements and key performance indicators (CareFlight Northern Operations and TEHS).
- 2) Consider the suitability of the service model in context of TEHS strategic priorities and regional and remote services e.g. needs analysis.
- 3) Review of stakeholder relationships and effectiveness of the contract governance.
- 4) Cost effectiveness, quality and risk assessment.
- 5) Benchmark exercise against other aeromedical retrieval services (pending available benchmark data).
- 6) Forecast capital asset replacement and future infrastructure requirements.

Deliverables- Commercial Review

- 1) Provide advice on the contractual arrangements and any recommended variations to the arrangement in context of the strategic objectives.
- 2) Prepare an interim report to the Steering Committee
- 3) After completion of the clinical, logistics and aviation review, this will complement the commercial review and a final report will be provided to the Assistant COO.

Operational Review- by an External Aeromedical Specialist and Aviation Logisticians

Information to be sourced by Consultancy

- Service delivery models used in other health services
- Current practice, clinical guidelines and patient management and outcomes in other health services
- Industry benchmark standards and qualifications for clinicians participating in aeromedical retrievals including any specific benchmarks relating to maternity, mental health and paediatrics.

Specific Considerations

- 1) Aeromedical service model:
 - b) service utilisation and capacity, including patient travel;
 - c) tasking and coordination;
 - d) current and future projected demand and consideration of capability and capacity of regional hospital and regional and remote non-hospital services;
 - e) forecast capital asset replacement and future infrastructure requirements;
 - f) ICT requirements;
 - g) ability to attract and retain appropriately qualified staff; and
 - h) clinical quality and cost effectiveness.
- 2) Review of Clinical Governance Framework including clinical oversight of service
- 3) Systematic review of current aeromedical retrieval and related services to assess for gaps in service/duplication/adequacy of service and opportunities to improve integration. Specific areas for consideration include maternity, mental health and paediatrics.
- 4) Analysis and benchmarking of current practice, clinical guidelines and patient management and outcomes in other health services against current practice and outcomes in the Top End.

Recommend options for future service delivery models.

Deliverables- Operational Review

- 1) Provide advice and recommendations on the current aeromedical service model;
- 2) Provide advice on the current Clinical Governance Framework including clinical oversight of service;
- 3) Provide recommendations on future service delivery model.

Operational Review- TEHS Related Services

Documentation to be provided by TEHS

- TEHS Strategic Plan 2017/18-2020/21 and related strategic and policy documents
- NT Hospital Services Capability Framework
- TEHS Clinical Services Framework February 2015
- Data on current and projected future service demand across TEHS
- Reports relating to aeromedical retrieval services in the Top End including internal reviews, project reports, research
- Internal TEHS activity reports relating to aeromedical retrievals
- Incident reports and monitoring including action and follow up of recommendations.
- Reports relating to collaborative case reviews.
- TEHS clinical guidelines, policies and procedures relating to aeromedical retrievals including clinical governance
- Current education and training packages and mandatory training requirements for clinicians participating in aeromedical retrievals

Specific Considerations

- 1) Assess current and intended future capacity and capability of regional hospitals and regional and remote health services in relation aeromedical retrievals service needs. Specific areas for consideration include maternity, mental health, paediatrics.
- 2) Assess current and projected future demand for regional and remote health services
- 3) Review current policy context and strategic direction.
- 4) Review alternate service delivery models.
- 5) Review of safety and quality systems within TEHS relating to aeromedical retrievals.
- 6) Review of education and training relating to aeromedical retrievals including mandatory training, clinical training and collaborative case reviews.

Recommend options for future service delivery models.

Deliverables- Operational Review

- 1) Provide advice and recommendations on the current aeromedical service model;
- 2) Provide advice on the current Clinical Governance Framework including clinical oversight of service;
- 3) Provide recommendations on future service delivery model.