

# **Speech On The Occasion Of The Launch Of The Agency For Clinical Innovation**

**by the Honourable Justice Peter Garling**

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- 1 Deputy Premier and Minister for Health, the Hon Carmel Tebbutt MP, Chair of the Agency for Clinical Innovation, Professor Carol Pollock, distinguished guests, ladies and gentlemen. I am very grateful for the invitation to return to Westmead Hospital and attend at the formal launch of the Agency for Clinical Innovation.**
  
- 2 When I conducted the Special Commission of Inquiry into acute care services in New South Wales public hospitals, it became readily apparent to me that the people who were best placed to design, formulate and deliver appropriate clinical care for patients, were the clinicians themselves. After all, they are doing it on an individual basis for every patient, every day of the week, and many times on each day.**
  
- 3 I observed that many, many clinicians who were engaged in the delivery of public health care attended, usually at the public expense, or else subsidised by the public purse, at conferences throughout Australia, and in other countries, where the latest research is revealed and discussed, where the latest surgical**

**techniques are demonstrated and taught, and where successful models of care are analysed and improved. Whether those innovations or new techniques were ever introduced into NSW, or shared with fellow clinicians, depended very much on the individual clinician's response to what he or she had learned.**

- 4 I was also struck by the fact that across New South Wales, there was not a high level of consistency in the models of care which the clinicians employed for the same condition. Whatever consistency there was, seemed to have been achieved more through good luck than through good planning.**
- 5 Most care was being delivered in idiosyncratic ways driven by the particular experience and knowledge of the individual clinician, or group of clinicians. Seldom, except through specialist colleges, was there a broad discussion between one or more institutions within one area health service, let alone across different area health services, as to what was the most appropriate model of care in particular circumstances. Models of health care dictated by NSW Health were often received with suspicion, and were rarely accepted for implementation without further research and debate.**
- 6 Innovation and systematic improvement of public healthcare was not being addressed in any state-wide, continuous or coherent way.**
- 7 When in some circumstances, there were recommended models of care, there was no incentive to introduce them, and no reward**

for their use or the improvement which may be generated. In short, the evidence-based approach to medicine, which allowed for the design of models of care, a determination of their effectiveness and the extent of their usage, was not being systematically or comprehensively used.

- 8 Yet at the same time, there were some examples of groups (or networks) of clinicians who were working together with a broad range of health professionals, expert in their field, to design and promote the best practice to be followed in that area. These groups were characterised by strong leadership, broad clinician involvement and an overwhelming desire to help ensure that all patients in NSW received the same high level of care.
- 9 But even these clinical groups and networks met with resistance. Some clinicians didn't like being told what to do. Others thought that they knew best, but were not willing to participate in these clinical networks and share their knowledge. Some protested that particular geographical considerations meant that what was best for everyone else, was not best for their patients. Most of these reactions were intuitive and did not have any objective support. Many were historically based and had not been reviewed for many years.
- 10 As well, there were concerns that the proposals for clinical reform and innovation needed to be given the bureaucratic and budgetary stamp of approval, which was claimed to be a lengthy, opaque and tortuous process. This interaction of clinicians and

bureaucrats was not a healthy one as I highlighted, at some length, in my report.

- 11 **The challenge for me was to formulate a recommendation for the consideration of the government, which would have an impact by way of improvement to this haphazard, insular and idiosyncratic approach to the provision of healthcare across NSW.**
- 12 **I saw the need for an Agency with responsibility for the whole of NSW whose task it was to provide for state-wide comprehensive improvement and innovation in the provision of public healthcare. But it needed to operate through the clinician based networks which were so successful in areas of establishing standardised models of healthcare which had been introduced, monitored and were the subject of regular improvement.**
- 13 **Here, so it seemed to me, with this Agency was the real opportunity for clinicians to improve the way that healthcare was being delivered, without the constraints of bureaucratic approval which needed to be fought for and obtained separately in each area health service and hospital. As well, the essential leadership of these reforms and improvements, together with their championing would be a matter for professional persuasion and not dictatorial impost.**
- 14 **In short, this Agency, so it seemed to me, was a way of returning to clinicians, the core business of healthcare improvement and innovation. But, the responsibility which the clinicians would**

carry through the agency would be to ensure that they would only formulate and introduce models of care which provided consistent, high levels of care with better outcomes within the budgetary and workforce constraints of NSW Health.

15 I have recently been interested to follow the reforms being generated by the Commonwealth government, particularly with respect to the creation of Local Hospital Networks. As I have not been consulted about, nor involved in, those reforms, it is not appropriate for me to comment upon them. But it is necessary for me to say that, in my opinion, whatever shape the area health services and the local hospital networks come to take, the role which I envisaged for this Agency not only remains, but it becomes more crucial. There is no better operative mechanism, than a state-wide clinician based organisation to ensure consistency of models of clinical care and continuous innovation and improvement to those models.

16 These days, many organisations seek to provide themselves with a short pithy mission statement, slogan or motto to encapsulate what they do. One example is the International Olympic Committee which embraces the motto of "Citius, Altius, Fortius" or "Faster, Higher, Stronger". In my new role, I have become familiar with another phrase, which is not a mission statement, but which is the legislated overriding purpose of civil procedure and process in courts in NSW. It is found in the Civil Procedure Act of 2005 and requires all participants in civil proceedings to facilitate "*... the just, quick and cheap resolution of the real issues in the proceedings.* "

- 17 **If I was to encapsulate my hendiatriis, for this Agency it would be “Better, Smarter, More cost-effective”, namely, that I would hope that in exercising its role for all people in NSW, the Agency would aim to provide better models of health care, smarter models of health care, and more cost-effective models of health care.**
- 18 **Let me elaborate. By better models of health care, I mean, models which provides a better outcome for the patient. That is the central paradigm for NSW Health. By smarter models of health care, I mean, a model of health care which ensures that the person delivering the care is properly trained, but not overqualified, that the care is delivered as close to home as is possible, and that the care represents an up to date and efficient methodology which leads to the best result with the least complication and effort. By cost-effective models of health care, I mean, cost-effective, not just for the patient, but also for the system as a whole, so that the ongoing delivery of public health care in New South Wales is sustainable within the present and foreseeable budgetary parameters.**
- 19 **It is my hope that this Agency will be the flag bearer for, and occupy a central role in, ensuring that all of the people of New South Wales receive contemporary, up to date, and innovative health care sustainably into the future.**
- 20 **I wish the Agency, and all of those who have the privilege to join in its work, well.**