

Health Management System Collaborative (HMSC) Communication on Current Status of Programme ENACT 15 February 2010 – v2.0

Intended HMSC Audience

This document is intended to provide Governance Group members with a communication that will enable them to provide an update on the current status of Programme ENACT. The potential audience for this communication is DHB Board members, all DHB staff, primary sector stakeholders, general medical workforce and CIOs.

Communication

Issue

A variety of stakeholders are interested in the status of Programme ENACT. There is particular interest given the recent National Health IT Board Review.

Response

The status of Programme ENACT at 15 February is as follows:

- ⊙ In late 2009, at the request of the Minister of Health, the National Health IT Board completed a review of the HMSC's Programme ENACT. The results of that review are now known.
- ⊙ The National Health IT Board has indicated that it supports the HMSC vision and recognises and values its clinical leadership and engagement. The National Health IT Board would like the realisation of the HSMC vision to now progress through national structures such as national DHB and sector forums and Health IT Board supported initiatives. This enables HMSC members to maintain the momentum in a manner that can become part of the national plan.
- ⊙ HMSC CEOs and clinical leaders continue to be committed to implementing the vision and the benefits that this will bring for the people in their communities. In addition to their own conviction that implementing the vision is necessary, Governance Group members are aware that many clinicians in their districts are deeply impatient for progress toward making 'patient centred shared care' a reality.
- ⊙ After lengthy consideration the Governance Group decided that:
 - Better Sooner More Convenient Primary Health Innovation Initiatives will be supported as they are closely aligned to implementation of the vision and they require an integrated health care record if they are to be successful.
 - Strengthening engagement with the DHB Chief Executive Information Portfolio, within the National DHB Chief Executives Forum, will most effectively integrate member efforts with the broader sector whilst maintaining their ability to influence both direction and outcomes.
- ⊙ The DHB Chief Executive Information Portfolio will develop views on how best to implement the vision. Its views will contribute to work undertaken within all DHBs and led by the National Health IT Board.
- ⊙ The membership of the DHB Chief Executive Information Portfolio will be decided by the National DHB Chief Executives Forum. In order to keep clinical leadership 'at the heart' of implementing the vision

HMSC will propose that membership be a combination of CEOs and clinicians. Such composite membership of other portfolios has previously proven successful.

- ⊙ In addition there is an opportunity for HMSC district clinicians to join the National Health Board Clinical Leadership Group (CLG). The CLG will provide input into the National Health IT Plan and related activities.
- ⊙ Each HMSC member will allocate funding within its DAP for the progression of integrated care to enable clinically led work toward the realisation of the vision to continue.
- ⊙ HMSC as a formal project structure is disbanded but its members' collaboration and influence on sector strategy will continue.

Rationale

The National Health IT Board Review and Graeme Osborne make it clear that there is no support for HMSC to continue as a vehicle for implementation of the vision and consequently any significant work it wishes to undertake is unlikely to get central approval. However, there is interest in integrating HMSC member effort, views and clinical engagement within the programme to be led by the National Health Board and its adjunct the National Health IT Board. Working with Better Sooner More Convenient Primary Health Innovation Initiatives and within the structure of the National DHB Chief Executives Forum has become the most effective means of achieving the vision of patient centred shared care.