

**South Island Neurosurgical Service Expert Panel
Terms of Reference
August 2010**

Introduction

1. The five South Island District Health Boards have asked the Director-General of Health to resolve the impasse between them over the configuration and development pathway towards a single, integrated neurosurgical service for the South Island.
2. The Director-General has established a South Island Neurosurgical Service Expert Panel ('the Panel'), with three members chosen following advice from the Neurosurgical Society of Australasia.
3. The purpose of the Panel is to provide advice to the Director-General of Health on the configuration of a sustainable, safe, high quality South Island neurosurgical service. The Panel will also advise on the transition to the new configuration, taking into account the Guidelines of the Neurosurgical Society of Australasia, consideration of financial sustainability and the needs of all South Islanders.
4. Clinical sustainability is the foremost consideration in respect of the future South Island neurosurgical service configuration. This requires a casemix and caseload of sufficient volume and acuity to warrant employing sufficient neurosurgeons to cover acute rosters; support appropriate sub-specialisation; allow long term service and workforce planning; make cost effective use of technology; and support a safe and effective training environment for Australasian accredited trainees.
5. Further considerations include: a configuration balancing inpatient and outpatient services to ensure equity of access and outcomes for the people of the South Island; and maintaining essential linkages of the neurosurgical service with other hospital clinical specialties and support services, primary care, the University of Otago and relevant Non-Governmental Organisations.

Background

6. The South Island has had two neurosurgical units since the opening of the Christchurch-based service in the early 1980s. As a result of changing demographics and referral patterns, the Christchurch unit has grown to be significantly larger than the Dunedin unit, which has struggled to maintain clinical viability.
7. Following the resignation of the sole neurosurgeon from the Dunedin unit in January 2009, an interim arrangement has been in place for the South Island. That initially involved three, and now four, neurosurgeons in Christchurch, with an inconsistent locum presence in Dunedin. This interim arrangement, instituted to allow development of a long-term plan, is unsustainable.

Process and outcomes of deliberation to date

8. In June 2009, under the chairmanship of Professor Spencer Beasley, a draft Neurosurgical Service Plan was delivered to South Island DHBs. Following this, in August 2009 the DHBs agreed that there would be a single integrated service for the South Island, and that a single interim clinical director would be appointed to the service for 12 months to recommend future configuration of the service.

9. Dr Ian Brown was appointed Interim Clinical Director and delivered a report in April 2010 which, building on the commitment of all South Island DHBs to a regional service, recommended one service based in Christchurch, with a comprehensive outreach programme across the South Island. This recommendation was similar to that from Professor Beasley's report. Dr Brown noted that his decision was reached without agreed financial analysis or financial impact assessment of the status quo or his recommended configuration.
10. Despite the two reviews reaching the same conclusions about a South Island neurosurgical service, there remains no united South Island DHB position. In the absence of consensus the DHBs have now escalated the issue for the Director General to resolve the impasse.

Mandate

11. The mandate of the Panel is to:

- provide the Director-General of Health with advice on the desired medium term service configuration and
- identify the development pathway that would best meet the requirement for a sustainable, high quality neurosurgical service, with consideration of financial sustainability.

12. The configuration and development pathway will be within the already agreed parameters of a single neurosurgical service for the South Island and:

- will have appropriate inpatient and outreach capacity
- include early action regarding recruitment to create the already agreed six neurosurgeon team
- must address Resident Medical Officer staffing
- recommend an appropriate governance structure for the single regional service.

Provision of Advice to the Director-General

13. The Panel will provide its advice to the Director-General of Health, in the form of a report covering the areas defined in the Panel mandate in paragraphs 11 and 12 above.
14. The Panel will provide its advice to the Director-General on the desired medium-term configuration and a development pathway for the neurosurgical service by Friday 15 October 2010.
15. The Panel will provide the South Island DHBs with a draft report for the purpose of checking accuracy and fact within a period of three working days. The draft report will be provided to South Island DHBs in confidence.
16. Should the Panel fail to reach a consensus, the Report should include the Panel's main recommendations and identify key points of difference among the Panel members.

Decision Making Process

17. The Panel's Report will be given to the Director-General. The Director-General will make a decision following the Panel's advice and that decision will be final. The Director-General may seek additional advice prior to making a decision.
18. The Director-General will publish the advice of the Panel when the decision is announced.

Membership of the Panel

19. The Panel comprises:

- Anne Kolbe, Independent Chair – an Auckland paediatric surgeon and Head of the Clinical School at Auckland University. She was previously Deputy Chief Medical Officer at Waitemata DHB and has had a number of roles with the Royal Australasian College of Surgeons including a term as President
- Glenn McCulloch, an Adelaide neurosurgeon; former President, Neurosurgical Society of Australasia, a councillor of the Royal Australasian College of Surgeons and also a member of its Board in Neurosurgery
- David Russell, non-clinical member; consumer rights advocate and former head of Consumer New Zealand who is a member of several boards and groups as a representative of consumer rights.

Role of the Chair

20. The Panel Chair is responsible for the following:

- Overseeing and chairing meetings
- Coordinating the work of the Panel and delivery of the final report
- Facilitating discussion among members
- Right of decision on co-opted members or invited guests
- Designated spokesperson for the media if required.

Responsibilities of members

21. Meetings of the Panel may be conducted face to face, by videoconference or teleconference. Panel members are expected to undertake work between, and in preparation for, the meetings to ensure the progress of the Panel's work.

22. Members have a responsibility to offer independent and objective advice. Other responsibilities include:

- being available and prepared to participate in meetings of the panel, with concerned parties and representatives of the public
- considering information that is relevant to the Panel's mandate
- sourcing the information the Panel must or may use in reaching its conclusions, including the views of relevant stakeholders and specialist clinical or other advice

- consideration of the Government's policies and objectives will guide the Panel's analysis
- the need to respect confidentiality.

Access to information and support

23. The Panel will have access to the information gathered by previous working groups considering South Island neurosurgical services, and will be able to interview interested parties at its discretion. The Panel will also be able to request additional information or analysis from the South Island DHBs, from the Ministry of Health, or from other parties.
24. The National Health Board, Ministry of Health will provide secretariat, logistical, analytical and financial support for the Panel as required.

Issues, conflicts and risk resolution

25. Issues and potential conflicts or risks will be identified and documented by Panel members and escalated to the Chair who will raise this issue with the Director-General accordingly.
26. The Panel shall maintain a register of interests. The Panel Chair shall notify the Director-General of any potential conflict of interest that he/she deems significant. Management of any conflict of interests will be in line with accepted public sector standards.

Travel and expenses

27. The Director-General of Health will determine how remuneration, travelling allowances and expenses for Panel members are to be met.