

Talking points for Emil Djakic
Closing Plenary World Health Care Networks
Saturday July 24th
New Zealand Rooms 3 & 4
Level 5 Auckland Convention Centre

Thank you Bev. I look forward to continuing to work with GPNZ into the future on our next steps with World Health Care Networks.

I am delighted that we will be continuing to look at developing this work and to share what we've learned, and what we will continue to learn, about organised and more sustainable approaches to health care – especially primary health care - into the future. Clearly there is much still to be done. All that we've heard at the conference – how we are all, in our different countries, still grappling with issues of integration, inequity, professional tribalism and the like – shows this. But we've also heard ways that we are starting to overcome some of these issues.

Our Canadian colleagues talked about the importance of relationship building and trust and how, as a result of working on this they have built a forum in which providers can now meet and talk more meaningfully with policy makers and funders about service design. We have been inspired by some of our young leaders and heard about how we can engage new, young leaders into the future - a critical element in system

sustainability. We have also heard some of the effective ways that Maori health in New Zealand is being addressed, such as through the Phanau Ora approach – ideas that we can learn from and that we may be able to adapt for use in our own country to tackle our own pressing indigenous health issues.

We have heard too about successful collaborations – such as the National Primary Health Care Partnership in Australia, as well as what is happening with rural nurse specialists working in collaboration with GPs in New Zealand and how pharmacy here is becoming more integrated with general practice.

We have also had some provocative food for thought.

Richard Bohmer offered us ideas for looking at how we might structure parts of health care in a “production-line” way that clinicians in the room may find challenges their notion of compassionate care provision. But providing effective, efficient care **IS** compassionate. And the need to do so is only likely to increase in the more constrained fiscal environment in which we increasingly operate. We were reminded of that environment several times but especially in Paul Winton’s address about the “elephant in the room” of health care rationalisation. But this is a real issue that we must take into account when we look at system design and service delivery into the future.

Judith Smith's reminder that we need to impose the patient's perspective, to take the "Mrs Smith" approach to organising health care was reiterated by many others throughout the conference. Judith also described how one of the many benefits of networks was their ability to help address the fault lines in the care system – to provide a more integrated experience.

But if we get the health system structure right, will networks continue to be necessary? Will they still have a role in health care? Judith also hinted at this question, suggesting that rather than focus on the right network structure, we need to think about the processes required to achieve the end goal of an integrated system – organisational, governance, clinical, administrative and financial. Networks are a means not an end.

That said, the conference has also drawn out some of the major benefits of networks. We have seen, for example, that networks can be powerful ways of managing and driving change and innovation. They provide an opportunity to rapidly exchange knowledge and skills and they have the flexibility to respond to changes in the environment. I think we have seen some useful examples of this during the conference.

There are also other elements of Networks that are important, many of which have been drawn out in various discussions over the last few days. We've seen, for example, that:

- Networks take multiple forms and serve a range of purposes, and that achieving these purposes relies on creating cohesive relationships.
- We've also seen that Network infrastructures are important – and can influence the development of network relationships and functions.
- And that getting leadership and management in networks right is also key – a variety of different styles may be required.

I think this last point is especially important and I'd like to dwell on it a few moments longer.

To use Tariana Turia's analogy: we all know when the network is down – we feel the impact immediately. I think leadership and teamwork are key in preventing this in different ways and in different forms of networks.

Firstly, leadership, as we've heard is about leading the change. It is critical in ensuring that we "*do rather than be done to*". This requires action. It also requires innovation. Leadership is vital here. It helps in moving us from the known to the unknown, where innovation often lies. As we look to what's required in the future, at new models, at examples from

outside of health as well as within health we will need to move to new realms. And we need effective leadership to get us there.

Leadership also means taking responsibility for that important and varied kind of network – the team. Recognising the many talented individuals that make up that team and then, as Nick Farr Jones and David Morgan said, taking time to look at what processes need to be put in place – to organise, motivate and inspire the team and make sure that it is working consistently – with everyone involved – is another crucial leadership role.

This business of managing and leading teams needs to be built into the culture of health care from the start, from undergraduate levels onwards so that we all learn that teams are everyone's business and we start to look at our team or network as an organisational structure.

It is really important that we consider all these different aspects of Networks, including leadership, as we commit to move forward together to develop this work further.

As Chair of the Australian General Practice Network I believe there is value for AGPN in being part of a widening forum in which to learn and share about health service development. In fact, the ability for us to continue to rapidly share information and knowledge through WHCN is, I think, one of its main

advantages – and is one of the key feature and benefits of networks. Just as the World Wide Web – one of the biggest networks we now have - allows for swift knowledge transfer (and granted there is a lot of rubbish there), so too I hope the WHCN will be an important means for us to rapidly share and learn from each other as we all move through this journey of health reform and redesign. And it is pleasing to see through today's draft communiqué our commitment to go beyond just this conference to take further steps to stay in communication and keep this network flame alive.

In finishing, I would once again like to thank our major sponsors for this event across both New Zealand and Australia, namely:

- Pegasus Health
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Your generous support has greatly assisted in making this event possible.

Thank you also to all of our speakers and delegates some of whom have travelled long distances to be here. Your contribution has been invaluable. I also want to thank Phillip Davies and Les Toop for their insightful contributions.

Lastly, but by no means least, thank you to all at GPNZ and AGPN and on the Steering Committee who have worked so hard to make this conference achievable in such a short time frame. And I would particularly like to thank AGPN's events team, Trisha Wong, Susanna and Nichole, who have managed this all in house.

So thank you to all. Enjoy the gala dinner tonight – I'm sure it will be fabulous.

I now welcome Bev O'Keefe from GPNZ who as co-convenor of this conference and trusted partner in this vision will complete proceedings.