



ACT
Government

**Canberra Health
Services**

FOI19/24



Dear 

Freedom of Information Request: FOI19/24

I refer to your application received by Canberra Health Services on 11 June 2019 in which you sought access to information under the *Freedom of Information Act 2016* (the Act).

In your application you have requested:

- 1. All documents about the clinical planning and establishment of multiple sclerosis clinic at the Canberra Hospital in or around 2011. Including documents about the official policies of and the scope of clinical work to be conducted in multiple sclerosis clinic at The Canberra Hospital.*
- 2. All documents about the clinical planning and development of Autologous Haematologic Stem Cell Transplant Program for multiple sclerosis patients at the Canberra Hospital prior to December 2017.*
- 3. Neurology department budget for each financial year 2014 to 2019.*
- 4. All documents about the assessment and review of the current multiple sclerosis nurse position.*
- 5. List of all research projects involving multiple sclerosis managed through, or to be managed through the multiple sclerosis clinic at the Canberra Hospital.*
- 6. Official structure of the neurology department at The Canberra Hospital with regards to clinical and non-clinical FTE components of all staff specialists.*

As I am an Information Officer appointed by the CEO of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act. Canberra Health Services provide a decision on your access application by 30 July 2019 as was required. This is an updated decision letter to rectify an error in the original letter regarding the publication of this information on the ACT Health Disclosure log.

Decision on access

Searches were completed for relevant documents and 42 documents were identified that fall within the scope of your request

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant access in full to 13 documents relevant to your request. I have decided to grant access, under section 50 of the Act, to a copy of 29 documents with deletions applied to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The Human Rights Act 2004.

Documents 2-5, 7-9, 11-13, 16-19, 23 and 29-42 of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information about individuals and information that may prejudice the management function of an agency. In accordance with Section 12 of the Act, Health Records cannot be considered under the Act.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;
- Schedule 2.2 (a) (xv) prejudice the management function of an agency or the conduct of industrial relations by an agency; and
- Section 12 Relationship with Health Records (Privacy and Access) Act 1997.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

Ombudsman review

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

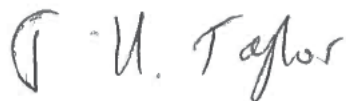
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink that reads "J. Taylor". The signature is written in a cursive style with a large initial 'J'.

Jacqui Taylor
Executive Director - Medicine
Canberra Health Services

9 August 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<p><i>Neurology/Planning documents</i></p> <ol style="list-style-type: none"> <i>1. All documents about the clinical planning and establishment of multiple sclerosis clinic at the Canberra Hospital in or around 2011. Including documents about the official policies of and the scope of clinical work to be conducted in multiple sclerosis clinic at The Canberra Hospital.</i> <i>2. All documents about the clinical planning and development of Autologous Haematologic Stem Cell Transplant Program for multiple sclerosis patients at the Canberra Hospital prior to December 2017.</i> <i>3. Neurology department budget for each financial year 2014 to 2019.</i> <i>4. All documents about the assessment and review of the current multiple sclerosis nurse position.</i> 	<p>FOI19/24</p>

	<p>5. <i>List of all research projects involving multiple sclerosis managed through, or to be managed through the multiple sclerosis clinic at the Canberra Hospital.</i></p> <p>6. <i>Official structure of the neurology department at The Canberra Hospital with regards to clinical and non-clinical FTE components of all staff specialists.</i></p>	
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Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
Part 1						
1.	1 – 2	Separations with a diagnosis of MS (ICD G35) – Year and Calendar month	Undated	Full Release		YES
2.	3	Email from Christian Lueck to Gail Everard – MS nurse MOU	Undated	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
3.	4 - 5	Email from Christian Lueck to Rosemary O’Donnell - Rajat Lahoria and 0.6 FTE	6 April 2016	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
4.	6 - 19	Email from Ann Lehmann to Marina Buchanan-Grey – MS Clinic Nurse	10 October 2012	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
5.	20	Email from Ann Lehmann to Marina Buchanan-Grey – MS Clinic	23 August 2012	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
6.	21 – 22	Email from Byron McCarthy to Christian Lueck – Proposal for an MS Nurse	25 November 2010	Full Release		YES

7.	23	Email from Christian Lueck to Ann Lehmann – MS Clinic discussions	24 June 2010	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
8.	24 - 25	Email from Christian Lueck to Gail Everard – MS nurse	12 April 2010	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
9.	26 – 27	Email from Gail Everard to Christian Lueck – Possible MS nurse at TCH	19 March 2010	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
10.	28	Email from Christian Lueck to Rosemary O'Donnell and Tania Dufty – Roger Tuck	Undated	Full Release		YES
11.	29 – 39	Document – Memorandum of Understanding between Multiple Sclerosis Limited and The Canberra Hospital	10 November 2010	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
Part 2						
12.	40 – 42	Email from Roger Tuck to Christian Lueck – Stem cell transplantation	19 December 2013	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
13.	43 - 45	Email from Roger Tuck to Christian Lueck – Recent articles on HSCT for MS	16 December 2013	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
14.	46	Email from Roger Tuck to Christian Lueck and Frank Bowden – Stem Cell transplantation	17 March 2014	Full Release		YES
15.	47 - 48	Email from Christian Lueck to Aimee Divorty and Pat Holmes – MS Information	12 March 2014	Full Release		YES
16.	49 - 50	Email from Roger Tuck to Christian Lueck – MS criteria	11 March 2014	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES

17.	51 - 56	Email from Roger Tuck to Frank Bowden – Urgent 60 Minutes Stem Cell Transplant Therapy	6 March 2014	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy Health Record as per section 12 of the FOI Act	YES
18.	57	Email from Dr Colin Andrews to Michael Pidcock – Recent Long-term Results from the Moscow Group	5 March 2015	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
19.	58 - 60	Email from Christian Lueck to Sophie Bertram – DLO12/139 – Constituent Call	25 June 2012	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy Health Record as per section 12 of the FOI Act	YES
20.	61	Email from James D'Rozario to Christian Lueck – Issues with MS patients	7 June 2012	Full Release		YES
21.	62	Email from Christian Lueck to Frank Bowden – Colin Andrews	Undated	Full Release		YES
22.	63 - 64	Email from Christian Lueck to Gane Pranavan and Rajat Lahoria – Mitoxantrone	Undated	Full Release		YES
23.	65 - 74	Correspondence from Dr Colin J Andrews to Prof Christian Lueck	13 December 2013	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
Part 3						
24.	75	Salary Budgeting Template 2018 – 2019 Budget Cost Centre 61751 - Neurology Unit	28 June 2019	Full Release		YES

25.	76	Salary Budgeting Template 2017 – 2018 Budget Cost Centre 61751 - Neurology Unit	28 June 2019	Full Release		YES
26.	77	Salary Budgeting Template 2016 – 2017 Budget Cost Centre 61751 - Neurology Unit	28 June 2019	Full Release		YES
27.	78	Salary Budgeting Template 2015 – 2016 Budget Cost Centre 61751 - Neurology Unit	28 June 2019	Full Release		YES
28.	79	Salary Budgeting Template 2014 – 2015 Budget Cost Centre 61751 - Neurology Unit	28 June 2019	Full Release		YES
Part 4						
29.	80 - 82	Email from Rajat Lahoria to Kellie Noffke – MS Nurse ACTH	16 November 2018	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
30.	83 - 85	Email from Christian Lueck to Kellie Noffke – MS Nurse Role	14 November 2018	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
31.	86 - 89	Email from Christian Lueck to Elizabeth Forbes – MS nurse question	19 December 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
32.	90 - 91	Email from Rajat Lahoria to Kellie Noffke and Zivai Maburuse – MS nurse roster	10 August 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES

33.	92	Email from Kellie Noffke to Kathryn McMaster – MS nurse	20 June 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
34.	93 - 94	Email from Wendy Mossman to Kellie Noffke and Christian Lueck – MS nurse line management	31 May 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
35.	95 - 96	Email from Rajat Lahoria to Christian Lueck – Educational support for MS Nurse	10 April 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
36.	97	Email from Kellie Noffke to Helen McFarlane – MS nurse training in Sydney	20 February 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
37.	98 - 99	Email from Rajat Lahoria to Kellie Noffke and Zivai Maburuse – MS Position	9 February 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
38.	100 - 101	Email from Rajat Lahoria to Zivai Maburuse – MS Nurse FTE	9 February 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
39.	102 - 109	Email from Rajat Lahoria to Helen McFarlane – MS Nurse clinic space	24 January 2017	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy, (xv) management function	YES
40.	110 - 115	Email from Rajat Lahoria to Kellie Noffke and Christian Lueck – MS Nurse position vacancy	31 October 2016	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
41.	116 - 121	Email from Rajat Lahoria to Katherine Wakefield – MS Nurse	9 September 2016	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES
42.	122 - 126	Email from Rajat Lahoria to Katherine Wakefield – MS Nurse	31 August 2016	Partial Release	Schedule 2.2 (a) (ii) Individual’s right to privacy	YES

Part 5 – Nil documents.	
Part 6 - Nil documents.	
Total No of Docs	
42	

Separations with a diagnosis of MS (ICD G35)

APC Year and Calendar Month of separation	Hospital Identifier - ACT defined			
	Hospital		Hospital	
	Primary		Primary	
	N	Y	N	Y
	Count	Count	Count	Count
2007-07	10	36	2	3
2007-08	11	33	2	1
2007-09	8	37	3	1
2007-10	8	12	3	6
2007-11	7	36	3	4
2007-12	14	12	2	5
2008-01	6	27	5	3
2008-02	3	32	4	4
2008-03	8	10	2	1
2008-04	7	30	2	1
2008-05	4	39	3	2
2008-06	3	14	2	3
Total 0708	89	318	33	34
2008-07	9	37	4	3
2008-08	5	30	2	4
2008-09	5	35	4	2
2008-10	9	55	6	3
2008-11	6	35	3	2
2008-12	8	24	3	4
2009-01	5	28	3	2
2009-02	17	27	5	3
2009-03	10	40	1	1
2009-04	6	18	2	4
2009-05	7	48	4	3
2009-06	13	24	1	4
Total 0809	100	401	38	35
2009-07	13	30	1	5
2009-08	6	29	2	4
2009-09	6	36	3	5
2009-10	3	25	4	6
2009-11	9	19	2	6
2009-12	6	11	3	6
2010-01	2	30	2	5
2010-02	2	31	4	7
2010-03	4	41	2	9
2010-04	5	31	0	7
2010-05	5	15	2	6
2010-06	10	33	0	5
Total 0910	71	331	25	71
2010-07	4	51	4	7
2010-08	8	31	1	7
2010-09	6	24	2	5
2010-10	4	31	0	6

2010-11	2	45	2	5
2010-12	3	18	1	6
2011-01	6	43	3	4
2011-02	5	51	0	4
2011-03	9	47	3	3
2011-04	6	32	0	3
2011-05	9	47	3	6
2011-06	7	29	1	3
Total 1011	69	449	20	59

** May be a slight underestimate if d:

Lueck, Christian

To: [REDACTED]
Cc: 'Roger Tuck'
Subject: MS nurse MOU

Dear [REDACTED],

Thank you very much for drafting the MOU. Roger very kindly left a copy for me to look at. It looks excellent, but I have two comments:

1. I think it would be important to add in another bullet point on the first page which stated:

"participate in MS clinics by providing consultations and assessments as required"

(wording taken from the Sydney BMRI position description. As you might remember, my concept was that the nurse would sit in clinic alongside Roger on Friday mornings for the MS clinic. I would imagine that she/he would have her/his own list but would be available to see the patients that Roger saw if needed (e.g. new diagnoses, etc.). I think it would also be a good idea to have the nurse do their own nurse-led clinic at another time during the week if you agree.

2. I think it would be a good idea to draft a weekly timetable to give the administrators and prospective applicants a better idea of the job. Could I suggest that after the Friday morning clinic at TCH, the nurse goes to our X-ray meeting and then clinical presentation (between them 12 - 2.00) and then joins Roger on his ward round 2.00 if that is appropriate or peels off to see other patients in the hospital? Roger is also in the hospital on Tuesday. I don't know whether that would be the best day for the other nurse-led clinic, but we could try to organise this. That way, the nurse would essentially spend Tuesdays and Fridays in the hospital. The remaining three days could be allocated to HITH, MS Australia, community as necessary.

Please let me have your comments on these thoughts. If you agree, could I trouble you to redraft the MOU to accommodate them and I will then send it to management for approval.

In the meantime, do you have a cost for this position? We will need to get on and ask the five companies for sponsorship, bearing in mind that we won't be able to appoint until all five agree! How do you want to play this? Are you and Roger going to speak to the various companies or would you like me to do this on your behalf?

Thank you very much indeed for getting the ball rolling. I think this is a very positive step!

Kind regards, Christian

Lueck, Christian (Health)

To: O'Donnell, Rosemary (Health)
Cc: Abhayaratna, Walter (Health); Buchanan-Grey, Marina (Health)
Subject: RE: [REDACTED]

Thanks, Rosemary, (and thanks for the information about the MS nurse, Marina).

Thanks for the 'heads up': I will have a look at the DBS application but this is likely to apply to very small numbers of patients.

[REDACTED]

[REDACTED]

The neurology department is still understaffed in terms of neurophysiology technicians. This means that our salaries and wages expenditure this year is about \$100k below budget. This has been slightly offset against a few overspends, but the overall budget is still about \$80k in 'credit'. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Thank you very much for your consideration. I would be more than happy to discuss this further at any time.

Kind regards, Christian

From: O'Donnell, Rosemary (Health)
Sent: Wednesday, 6 April 2016 10:15 AM
To: Lueck, Christian (Health)
Cc: Abhayaratna, Walter (Health); Buchanan-Grey, Marina (Health)
Subject: RE: [REDACTED]

Thanks Christian

[REDACTED]

[REDACTED] Marina is working on the nurse role within current nursing budget reallocation – Marina would you please advise where this up to & we can discuss

On a positive note I am advised that there is good chance that we will get enhanced funding for Neurology in the 2016/17 budget related to Stroke (inclusive of consultant staff) and we can put this in the mix for Neurology all up .

In addition there is some talk about DBS(Deep Brain Stimulation) on the agenda for the budget which will have a impact on Parkinson's Disease management – are you aware of this and the submission to the HTAC by Peter Mews - new technology committee is all that I have to date

Rosemary O'Donnell

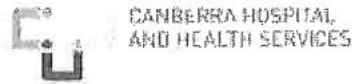
Executive Director - Division of Medicine

PA; Halina Steele

Phone: 02 62443603

PO Box 11, WODEN ACT 2606

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From: Lueck, Christian (Health)
Sent: Tuesday, 5 April 2016 3:43 PM
To: O'Donnell, Rosemary (Health)
Cc: Abhayaratna, Walter (Health)
Subject: [REDACTED]

Dear Rosemary,

[REDACTED]

[REDACTED] Sadly, I haven't heard anything further about an MS nurse. Two companies have written back so far and both have indicated that they are unable to help.

Many thanks.

Best wishes, Christian

Lueck, Christian

From: [REDACTED]
Sent: Wednesday, 10 October 2012 5:47 PM
To: Buchanan-Grey, Marina
Cc: O'Donnell, Rosemary; Lueck, Christian
Subject: RE: Draft - MS Nurse DS SC V0.1
Attachments: MS Clinic Nurse_2010_05_19 (with competencies).doc

Many thanks Marina,

That is great progress, and will speed up our work next week.

For your interest, I have attached the PD for the MS Clinic Nurse who is employed by MS Australia- ACT/NSW/Vic and seconded to the Brain Mind Research Institute at Sydney University. The BMRI is not a hospital setting, so there are some differences from what we are planning for TCH.

Best wishes

[REDACTED]
Regional Manager
ACT & Southern NSW

- **MS Australia – ACT/NSW/VIC**
 [REDACTED]
 - **Gloria McKerrow House**
 117 Denison St,
 Deakin. ACT 2600
 - email: [REDACTED]
 - web: www.msaustralia.org.au/actnswvic
-

From: Buchanan-Grey, Marina [mailto:Marina.Buchanan-Grey@act.gov.au]
Sent: Wednesday, 10 October 2012 2:25 PM
To: [REDACTED] Lueck, Christian
Cc: O'Donnell, Rosemary
Subject: RE: Draft - MS Nurse DS SC V0.1

Thanks [REDACTED]

I spoke again with Rosemary this morning to work through this and I think we have the way forward. As you have outlined, MS Australia can be the principle employer with a Service Level Agreement for a temporary 12 month contract for the MS Nurse with CHHS to undertake clinical services. This way the MS Nurse will have permanent employment, the funding arrangements for this position do not affect CHHS and the MS Nurse will be covered to access medical records/pathology/provide clinical services etc on campus. I'm looking into the SLA further and should hopefully have some further information prior to our meeting.

Regards,
 Marina

Marina Buchanan-Grey
 Ag Director of Nursing
 Division of Medicine
 Canberra Hospital & Health Services

Level 2, Building 24, Canberra Hospital
 Office: 02 6244 2012
 PA: 02 6244 2619
 Fax: 02 6244 4630

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18/10/2012



From: [REDACTED]
Sent: Tuesday, 9 October 2012 1:20 PM
To: Buchanan-Grey, Marina; Lueck, Christian
Cc: O'Donnell, Rosemary
Subject: RE: Draft - MS Nurse DS SC V0.1

Thanks Marina and Christian,

My understanding from our meeting was that employment of the Clinic Nurse by MS Australia and secondment to TCH would make it easier for the Hospital to deal with the multiple roles that we expected the Clinic Nurse to undertake. We also spoke of using current MS Nurses employed by MS Australia as back up for some of the Clinic Nurse roles when the Clinic Nurse was on leave, and my understanding was that this would work if the original position was seconded. I am also very keen to ensure that the Clinic Nurse works closely and collaboratively with the MS staff employed by MS Australia to ensure seamless support for people with MS.

However, from my point of view, it is really a matter of coming up with the model which gives us the most flexibility to cover the broadest range of roles, and I am certainly not locked into the concept of MS Australia being the employer if it would cause difficulties for TCH.

It will be helpful to have Kath Wakefield to attend our meeting, so that planning for this role can continue while you are on leave, Marina.

I have commenced discussions with representatives of the pharmaceutical companies, but will delay further contacts until we have clarified these matters. I am available for a phone meeting as Christian has suggested, or otherwise, we can put this matter on the agenda for our meeting next week.

Best wishes

[REDACTED]
Regional Manager
ACT & Southern NSW

-
- **MS Australia – ACT/NSW/VIC**
 [REDACTED]
 - **Gloria McKerrow House**
 117 Denison St,
 Deakin. ACT 2600
 - email: [REDACTED]
 - web: www.msaustralia.org.au/actnswvic

From: Buchanan-Grey, Marina [<mailto:Marina.Buchanan-Grey@act.gov.au>]
Sent: Tuesday, 9 October 2012 11:56 AM
To: Lueck, Christian; [REDACTED]
Cc: O'Donnell, Rosemary
Subject: RE: Draft - MS Nurse DS SC V0.1

Christian,

Thanks for your email. I think I'm even more confused! I have spoken with Rosemary who had thought the same as me as per my email outline below but it seems that both you and [REDACTED] have a different view, which is absolutely fine. In terms of sorting out the governance, I need to have a clear understanding of what this position will be undertaking which I know we will be discussion further next week. I can go back and have a look at the contract possibilities which I had started to look at.

At our meeting next week I will be bringing Kath Wakefield who is the ADON for Ambulatory Services in the Division of Medicine. Kath will be covering my leave as I am away for four weeks from 19 October so it will be good to have her involved in the discussions.

Regards,
Marina

Marina Buchanan-Grey

Ag Director of Nursing
Division of Medicine
Canberra Hospital & Health Services

Level 2, Building 24, Canberra Hospital
Office: 02 6244 2012
PA: 02 6244 2619
Fax: 02 6244 4630

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From: Lueck, Christian
Sent: Tuesday, 9 October 2012 10:56 AM
To: Buchanan-Grey, Marina; [REDACTED]
Cc: O'Donnell, Rosemary
Subject: RE: Draft - MS Nurse DS SC V0.1

Thanks, Marina and [REDACTED]

Any confusion is completely understandable - this has been going on for a long time! - and it is a good thing that we get things sorted out now. I am sorry if things were not clear to everyone after the last meeting.

Marina, if the hospital were to be the employer there is no real reason for MS Australia to be the "middle man", is there? My understanding after our meeting was that MS Australia would receive monies from the pharmaceutical companies and hire the nurse as this would get around the potential issues of tenure which might arise if the hospital were to be the employer. It also gets around any claim that the hospital is "being bought" by pharmaceutical companies (a claim which, incidentally, should be negated by getting all the competitors to contribute equally).

The problem with doing this, as I understand it, is that what we really want is a nurse to spend much of the working week in TCH (details of timetable to be discussed when we meet next week if that's OK). Rosemary indicated that there were potential problems with governance in this situation and the problem is how to deal with any issues so that the nurse can participate in the day-to-day functioning of the TCH Neurology department, see in-patients, work in HITH and run an outpatient clinic (just like Sally Wherry in PD).

I think [REDACTED] is at the point with MS Australia where we can begin soliciting the companies for funds. What we need now is to sort out the logistics of the contract and what will be expected by TCH of the MS Australia-employed nurse in order to comply with any governance issues from TCH. Marina, are you able to sort out the latter by any chance?

18/10/2012

Many thanks to all of you for all your help. I am very excited by the prospect of getting an MS nurse. If it would help, I am more than happy to discuss over the phone before we meet on Thursday week.

Kind regards, Christian

From: Buchanan-Grey, Marina
Sent: Tuesday, 9 October 2012 10:40 AM
To: [REDACTED]
Cc: Lueck, Christian; O'Donnell, Rosemary
Subject: RE: Draft - MS Nurse DS SC V0.1

Hi [REDACTED]

When we met with Rosemary and Christian, my understanding from the notes I took on the day and the discussion we had was that the Health Directorate would be the employer and that I would work out what the arrangements would be with regards to transferring the funding from MS Australia to pay for the position. The position was to be on a 12 month temporary contract renewable annually dependant on funding arrangements. The arrangements I have worked through thus far would be that the HD can employ the nurse on a 12 month temporary contract, we can arrange for one month or quarterly invoicing to MS Australia to pay for this position and the finer details of clinics etc will still need to be discussed with Christian to flesh out the actual position. Is this arrangement problematic for MS Australia? I apologise for any confusion that has been caused. I have copied in both Christian and Rosemary in case there is anything further either wishes to add.

Regards,
 Marina

Marina Buchanan-Grey

Ag Director of Nursing
 Division of Medicine
 Canberra Hospital & Health Services

Level 2, Building 24, Canberra Hospital
 Office: 02 6244 2012
 PA: 02 6244 2619
 Fax: 02 6244 4630

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From: [REDACTED]
Sent: Friday, 5 October 2012 3:27 PM
To: Buchanan-Grey, Marina
Cc: Lueck, Christian
Subject: RE: Draft - MS Nurse DS SC V0.1

Thanks for this Marina, and for the previous email with costings.

One thing which we need to clarify here, is which of our organisations will be the employer of the proposed MS Clinic Nurse.

The recommendation that I put to the Executive of MS Australia-ACT/NSW/Vic was that:

- MS Australia -ACT/NSW/Vic would negotiate external funding for this contract position

18/10/2012

- MS Australia –ACT/NSW/Vic would hold the funding and would be the employer
- a duty statement and conditions would be negotiated with TCH,
- the Clinic Nurse would be seconded to the hospital for the agreed role.

My understanding was that this was one of the options that we canvassed at the last meeting with Rosemary O'Donnell, and that there were no barriers to this approach.

Please advise if this understanding is not correct, or if circumstances have changed.

Best wishes

**Regional Manager
ACT & Southern NSW**

• **MS Australia – ACT/NSW/VIC**

• **Gloria McKerrow House
117 Denison St,
Deakin. ACT 2600**

• email: [REDACTED]

• web: www.msaustralia.org.au/actnswvic

From: Buchanan-Grey, Marina [mailto:Marina.Buchanan-Grey@act.gov.au]

Sent: Friday, 5 October 2012 3:14 PM

To: [REDACTED] Lueck, Christian

Subject: Draft - MS Nurse DS SC V0.1

Dear [REDACTED] and Christian,

Attached is a draft duty statement and selection criteria for the proposed MS Nurse position. Could you both please review and provide feedback as tracked changes?

Kind regards,

Marina

Marina Buchanan-Grey

Ag Director of Nursing

Division of Medicine

Canberra Hospital & Health Services

Level 2, Building 24, Canberra Hospital

Office: 02 6244 2012

PA: 02 6244 2619

Fax: 02 6244 4630

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DUTY STATEMENT

Position Number:	TBA
Classification:	REGISTERED NURSE LEVEL 3.1
Title:	MULTIPLE SCLEROSIS NURSE SPECIALIST
Division:	CANBERRA HOSPITAL & HEALTH SERVICES
Branch:	DIVISION OF MEDICINE
Section:	NEUROLOGY
Sub Section:	NURSING
Immediate Supervisor:	???

Approved duty statement Date: Initials:

Responsibility Statement

1. To provide a patient centred approach for patients and their families living with Multiple Sclerosis (MS) that incorporates individualised care coordination across health settings. This includes diagnostic tests, outpatient treatments, inpatient visits, community care and other resources as required to achieve access to timely and appropriate referrals, appointments and treatments.
2. Develop, implement and evaluate individual patient management plans in consultation with the Specialist Neurologist, the patient's General Practitioner and other members of the multi-disciplinary team.
3. Provide clinical assessment and education to ensure that the patient and their family have access to support and information regarding MS.
4. Provide leadership and motivation to others involved in the care of MS patients including the provision of clinical excellence and education at appropriate levels for staff of any discipline.
5. Provide education and clinical support for nursing staff working with MS patients in the ward environment and assisting with the medication management of MS patients
6. Undertake personal professional development to stay abreast of national and international changes that may impact on the care of patients and provide advice that may impact on the strategic plans for MS.
7. Contribute to the collection of MS specific information on treatment and outcomes across the region, and ensure that the care for patients with MS in the Health Directorate is in accordance with best practice standards
8. Undertake/participate in research projects and quality improvement activities as required.

SELECTION CRITERIA

QUALIFICATIONS/OTHER REQUIREMENTS: Registered or eligible to register as a Registered Nurse with the Australian Health Practitioner Regulation Agency. It is essential that the applicant holds or is working towards a relevant tertiary qualification. Holds a current driver's licence.

1. Demonstrated expertise and knowledge in the clinical care of patients with Multiple Sclerosis, both in the hospital and community environment with an understanding of the issues confronting people with chronic degenerative neurological conditions.
2. Excellent interpersonal, oral and written communication skills and a proven ability to provide strong leadership to and work effectively as part of a multidisciplinary team to achieve the coordination of complex care for patients and their families.
3. Experience in the practical application on the quality cycle and research work to improve patient care and clinical outcomes.
4. Demonstrated ability to educate staff, patients and families, utilising different methods, skills and tools as required.
5. Ability to build productive relationships with internal and external stakeholders.
6. Demonstrated ability to consistently display commitment to, compliance with and leadership in high quality Customer Service, Equity and Diversity, Occupational Health and Safety and Industrial Democracy principles, practices and relevant legislation relating to these areas and an understanding of and commitment to the organisation's value.



Position Title:	MS Clinic Nurse
Location:	Brain Mind Research Institute (BMRI), Camperdown, NSW
Tenure:	Permanent
Department:	Client Services (Community Services Team)

Position Purpose:

Working within an interdisciplinary community team framework to provide services to individuals with multiple sclerosis and other neurological conditions, this position is responsible for:

- Providing clinical nursing assessment, intervention strategies, evidence based information and advice.
- Providing evidence based primary clinical therapy and treatment to individuals in consultation with the Neurology Team.
- Providing newly diagnosed information and support to clients and families and facilitating referral pathways to Multiple Sclerosis Limited's services.
- Providing information, education and consultancy to health providers to enhance their understanding of MS and its management.
- Providing immunotherapy support services to clients prescribed disease modifying drugs.
- Liaising with BMRI Clinical Trial Manager and participating in clinical research programs such as observational studies and MS data collection to increase knowledge of MS.

Organisational Relationships:

Reports to:	Manager, Community Services, with supervision from Dr Barnett and BMRI MS Clinic neurologists
Direct Reports:	None

Key Responsibility Areas:

Key Area of Accountability	Specific Tasks & Responsibilities
Mission, Vision and Values	<ul style="list-style-type: none"> • Actively develop and promote the desired culture of MSL by ensuring all interactions, documentation and communications are conducted in a manner that supports the organisation's Vision, Mission and Values. • Actively promote and comply with MSL's Code of Conduct.
Nursing Services	<ul style="list-style-type: none"> • Provide clinical nursing assessment and management advice and review of clients with progressive neurological conditions, including MS. • Promote and support client self management by adopting a person-



	<p>centred planning approach to all client interactions and empowering clients to actively participate in treatment planning, goal setting and to take action on agreed plans.</p> <ul style="list-style-type: none"> • Undertake holistic needs assessments and identify, promote and make referrals to relevant internal or external services in order to meet client needs. • Provide information, advice and consultancy services to relevant stakeholders in relation to MS, symptom management (including continence management) and individual planning, • Develop and maintain appropriate and accurate records, reports and documentation including electronic client records • Participate in MS Clinics or other clinics by providing consultations and assessments at clinics as required. • Provide immunotherapy support, including training and education in the use of disease modifying drugs and self injection techniques, side effect management and individual follow up. • Facilitate access to and deliver education programs, primarily to health professionals, to increase their knowledge of MS and its management. • Contribute to the development and review of education programs and information resources (including providing specialist content input). • Undertake data collection, benchmarking and other research and knowledge gathering activities as required to achieve and monitor best practice MS management. • Identify service gaps in the community, advocate on behalf of clients for service access and build community capacity to support client needs. • Participate in discipline specific and organisational projects as required.
Relationships	<ul style="list-style-type: none"> • Develop and actively maintain effective and mutually beneficial partnerships, networks and relationships, including relationships with pharmaceutical companies and local health and community service providers in order to facilitate client access to service provision and enhance the organisation's relationship with the community. • Work as a collaborative and supportive team member.
Continuous Quality Improvement	<ul style="list-style-type: none"> • Maintain quality standards and systems and participate in Continuous Quality Improvement activities, including identifying opportunities for improvement and promoting recommendations for improvement to management. • Maintain personal competency consistent with the competency standards for this position.
Compliance	<ul style="list-style-type: none"> • Comply with MSL's policies and procedures and all legislation applicable to work role. • Uphold privacy and confidentiality requirements in accordance with legislation, policies and procedures.



	<ul style="list-style-type: none"> • Attend all mandatory training and education and participate in meetings as requested. • Where applicable, ensure own work practices are compliant with Disability Standards appropriate to your state or territory.
Professional Competency	<ul style="list-style-type: none"> • Undertake professional reflection and improve on own practice. • Provide supervision to students as required. • Participate in the education and orientation of new staff. • Maintain personal competency consistent with the relevant professional competency standards.
Occupational Health & Safety (OHS)	<ul style="list-style-type: none"> • Comply with OHS legislation, policies, procedures and directions, and adopt safe work practices consistent with these. • Take reasonable care of the health and safety of yourself and others. • Identify hazards & risks and take corrective action as required. • Immediately report any hazards, near misses, injuries and illnesses to your Manager or OHS Representative and complete an Incident Report Form within 24 hours of the incident occurring. • Ensure behaviour in the workplace does not discriminate, bully or harass. • Participate in meetings, training and other OHS activities. • Wear personal protective equipment as and when required.

Competencies Required:

Role Competency Framework: Client Services, Level 7

Leadership	<ul style="list-style-type: none"> • Models standards of performance & behaviour consistent with MSL vision, mission, values, service philosophy, service model & code of conduct • Uses resources, time & equipment appropriately. • Works independently under general professional supervision. Plans work, taking into account competing priorities • Serves as a role model to others & maintains consistent personal performance • May represent team & MSL to a range of groups • Makes effective decisions using discipline specific knowledge, policies & procedures. Seeks advice on non-routine issues from other professionals. May provide guidance/supervision to other staff • Complies with relevant policies, procedures & legislation • Works safely & manages risks • Adheres to confidentiality & privacy requirements • Ensures standards of own personal presentation & behaviour align to MSL standards
Communication & Knowledge	<ul style="list-style-type: none"> • Comprehensive knowledge of multiple sclerosis, programs, services, operational & external context • Communicates effectively. Uses conflict resolution techniques • Communicates, influences, negotiates & consults constructively with customers, staff, management & others appropriate to their respective needs • Uses & monitors effectiveness of information systems • Produces quality (clear, logical & concise) written reports & materials

	<ul style="list-style-type: none"> • Establishes & maintains relationships & networks to support the work of MSL • Independently applies professional reasoning skills. Collects & analyses information & prepares associated reports • Performs professional level tasks with competence. Draws on knowledge of practice, professional methodologies & techniques to achieve successful outcomes. Provides guidance in professional practice to others. Resolves service delivery & professional issues
People & Achievement	<ul style="list-style-type: none"> • Achieves own job objectives to required standards • Encourages a culture of team work • Manages own development • Reflects on own practice, recognises personal capability, seeks guidance, coaching, mentoring & undertakes ongoing professional development • Creates an environment of openness, trust, respect & learning • Coaches staff to resolve differences & to build their strengths • Participates in MSL's performance management system • Supports colleagues by observing indicators of physical, mental & emotional well-being. Uses basic counselling skills & referral skills
Customer Focus	<ul style="list-style-type: none"> • Promotes, delivers & evaluates customer focus in service delivery. • Applies sound knowledge of customer needs & the range of services to meet those needs • Uses processes to gain customer & stakeholder feedback • Complies with issues management process • Investigates & addresses customer complaints as delegated or refers appropriately • Presents a positive image of MSL to customers & the community • Embraces diversity, promotes access & delivers culturally responsive outcomes
Problem Solving & Continuous Improvement	<ul style="list-style-type: none"> • Exercises judgment & initiative in dealing with a range of complex, non-routine or specialist problems & tasks, with reference to established standards, practices & procedures & by applying principle & theory with reference to precedent • Adapts systems, standards or practices & deviates substantially from precedent • May resolve data analysis issues • Undertakes review, development & evaluation activities, including review, development & evaluation of policies & procedures, systems, programs, services, standards & work practices • May lead development & review of policies & procedures • Implements quality management system & undertakes continuous improvement activities. • Coordinates projects using the MSL Project Management methodology • Measures & reports on KPIs using MSL tools • Identifies operational issues impacting own area & recommends solutions
Individual & Family Support	<ul style="list-style-type: none"> • Promotes, plans & delivers services which incorporate best practice Chronic Disease Management approaches to improve quality of life health outcomes for people living with & affected by MS • Principles of practice are consistent with Disability Service Standards • May monitor volunteers • Adheres to duty of care principles within scope of practice. • Undertakes client-centred holistic assessment & individualised planning using an inter-disciplinary approach • Under guidance, provides clinical consultation & implements MS specialist clinical interventions • Applies evidence-based tools to measure & evaluate client program outcomes • Supports relationships with carers & families • Advocates for clients & may participate in systemic advocacy • Delivers client & health professional education programs & contributes to program development (including providing specialist content input), evaluation & review • Utilises community resources to support client outcomes • Establishes & maintains professional profile in disability-specific community networks & professional clinical networks • Works within a community development framework to identify service gaps, advocate for services & to build community capacity



	<ul style="list-style-type: none"> • Provides supervision to students with support
--	---

Collaboration and Communication:

Key Contact	Nature of Relationship
Clients	Assistance/support within scope of work role
Families & carers	Assistance/support within scope of work role
Team members	Advice, collaboration and assistance
External service providers	Advice, collaboration and assistance

Key Selection Criteria:

Knowledge, Skills & Experience:

Essential:	<ul style="list-style-type: none"> • Experience in providing nursing services in a clinical setting. • Knowledge of neurological conditions. • Sound knowledge of the health and disability service sector. • Strong interpersonal, verbal and written communication skills. • Networking and relationship management skills. • Experience in working effectively in an inter-disciplinary team environment. • Demonstrated ability to work autonomously as well as in a team. • Organisational, planning and time management skills. • Basic level computer literacy in Word, Excel, PowerPoint and Outlook. • Strong analysis & problem solving skills.
Desirable:	<ul style="list-style-type: none"> • Previous experience in neurological nursing, rehabilitation nursing or community nursing. • Experience in chronic disease management. • Knowledge of continence issues. • Experience in conducting education sessions. • Knowledge of self-management principles. • Knowledge of local disability, health & community sector resources and referral pathways.
Qualifications, Licences & Registrations:	
Essential:	<ul style="list-style-type: none"> • Current registration as a Registered Nurse with the NSW Nurses & Midwives Board (for NSW based positions).



Desirable:	<ul style="list-style-type: none"> • Qualifications in continence management and/or MS nursing • Specify any further registrations where cross-border work is required.
Other Position Requirements:	
Essential:	<ul style="list-style-type: none"> • Ability to identify and meet continuing professional education responsibilities. • Ability to occasionally work outside of business hours.
Desirable:	<ul style="list-style-type: none"> •

Acknowledgement:

I accept the position description as documented above and understand that the position description will be reviewed annually at performance review time. I also understand that the position description may need to be amended periodically due to changes in responsibilities and organisational requirements. Changes to the position description will be consistent with the purpose for which the position was established.

Name

Signature

_____/_____/_____
Date

Document Control:

Developed/Reviewed by:	
Date Developed/Reviewed:	
Approved by:	

Lueck, Christian

From: [REDACTED]
Sent: Thursday, 23 August 2012 1:00 PM
To: Buchanan-Grey, Marina
Cc: O'Donnell, Rosemary; Lueck, Christian
Subject: MS Clinic

Good morning Marina,

At my meeting with you, Rosemary O'Donnell and Christian Lueck several weeks ago, I undertook to provide feed-back on current arrangements for support by MS Australia-ACT/NSW/Vic for hospital-based MS Clinics in NSW and Victoria.

I have researched a number of different models of engagement by MS Australia-ACT/NSW/Vic and have interviewed nurses working in these clinics who are variously employed by my organisation and by the hospitals concerned, to gain an understanding of their differing roles and the particular circumstances of the MS clinics.

In the majority of cases, the nurses employed by MS Australia simply attend the hospital MS Clinics, by arrangement with the hospital concerned, and provide assistance as required under direction of hospital staff. These nurses generally do not undertake the co-ordination roles that we spoke about during our meeting, or provide support for research, HITH activities or in-patients. However, the BMRI (Brain & Mind Research Institute) at Royal Prince Alfred Hospital has a permanent part time nurse who is permanently employed by MS Australia-ACT/NSW/Vic, but based only at the BMRI. The position is funded through allocations from a number of pharmaceutical companies. This nurse does undertake the range of roles that we identified, with the exception of support for in-patients with MS and the associated ward staff.

MS clinic timetables vary considerably between hospitals, ranging from 3 clinics/week at the John Hunter Hospital, to weekly at hospitals such as Royal Melbourne, Monash, Ballarat and BMRI, to monthly at the Austin Clinic and St Vincents in Melbourne and less frequently at some other rural hospitals. New MS clinics are commencing soon at Frankston and Goulburn Valley Hospitals in Victoria and Nepean Hospital in NSW.

I am currently completing a business case for the Executive of MS Australia-ACT/NSW/Vic which details options for the provision of an MS Nurse at The Canberra Hospital. I have obtained the costings for the MS Nurse position at the BMRI, but would very much appreciate it if you could supply indicative costings for the appropriate ACT Health salary level for an MS Nurse co-ordinating the MS Clinic and likely associated hospital on-costs, which I can include with my overview and recommendations.

Please contact me if you have any queries about my request or the information that I have provided here.

With best wishes,

[REDACTED]
**Regional Manager
ACT & Southern NSW**

• **MS Australia – ACT/NSW/VIC**
[REDACTED]
• **Gloria McKerrow House**
117 Denison St,

23/08/2012

Lueck, Christian

From: McCarthy, Byron
Sent: Thursday, 25 November 2010 9:52 AM
To: Lueck, Christian
Cc: Dufty, Tania
Subject: RE: Proposal for an MS nurse at the Canberra Hospital

Dear Dr Lueck,

The Lead Reinsurer has signed the amendment to the Medical Negligence Policy and it is ok to proceed with the proposal on that basis as advised by the Territory's Broker.

Regards,

Byron.

Byron McCarthy
 A/g Manager
 Insurance and Legal Liaison Unit
 ACT Health
 GPO Box 825, Canberra City ACT 2601
 Phone: 02 62076927
 Fax: 02 62050842
 www.health.act.gov.au

-----Original Message-----

From: McCarthy, Byron
Sent: Thursday, 25 November 2010 9:13 AM
To: Lueck, Christian
Cc: Dufty, Tania
Subject: RE: Proposal for an MS nurse at the Canberra Hospital

Dear Dr Lueck,

Thank you for your email.

I have been in discussions with our insurer ACTIA (ACT Insurance Authority) regarding this proposal. The issue we had was that the MS Nurse does not technically fall within the category of a VHO as the Nurse will not be directly engaged by ACT Health but rather facilitated through MS Australia.

At present there is cover available under the Medical Negligence Policy if we class the Nurse as either a Consultant, Contractor or Agent. The cover for ACT Health however, only extends to when the MS Nurse is exclusively assisting a VMO.

I have sought to have the policy wording changed to reflect assisting any Medical Officer under the employ of ACT Health. I had confirmation from ACTIA just yesterday that the lead reinsurer has agreed to the wording change and we are currently waiting for the remainder reinsurers to respond.

In my opinion, I am quite certain that there will be no issues with the policy wording change and unfortunately we really haven't come across a situation like this before.

I have followed up ACTIA again for you this morning and advised of your meeting with interested parties next week to see if we can obtain an interim approval either today or tomorrow.

Please give me a call if you wish to discuss further.

Regards,

Byron.

Byron McCarthy
 A/g Manager
 Insurance and Legal Liaison Unit

ACT Health
GPO Box 825, Canberra City ACT 2601
Phone: 02 62076927
Fax: 02 62050842
www.health.act.gov.au

-----Original Message-----

From: Lueck, Christian
Sent: Wednesday, 24 November 2010 6:43 PM
To: McCarthy, Byron
Cc: Dufty, Tania
Subject: Proposal for an MS nurse at the Canberra Hospital

Dear Mr. McCarthy,

I understand from Tania Dufty that you are involved in looking at the proposal for an MS nurse to be funded through MS Australia and work from TCH under an honorary contract.

I am under a certain amount of pressure to progress this proposal and I wonder whether you might be able to give me a status update from your point of view. In particular, I am meeting with a couple of the interested parties next week and would like to be able to let them know what is happening. Is there any information about the proposal that I can provide which might help?

If there is anything I can do to facilitate matters, please let me know.

Thank you very much indeed for your help.

Kind regards, Christian Lueck

(Head, Department of Neurology)

Lueck, Christian

From: Lueck, Christian
Sent: Thursday, 24 June 2010 1:15 PM
To: [REDACTED]
Subject: RE: MS Clinic discussions

Dear [REDACTED]
Thank you very much for letting me know. I am sorry that [REDACTED] has been away. I hope that she is alright. I was beginning to wonder what was happening, but I quite understand. I am about to go on leave for three weeks and Roger Tuck doesn't start with us until July 19th. I am sure that it is OK to wait until [REDACTED] is back and we can move forward from there. Please let me know at that point if you anticipate any further delay.
Kind regards, Christian

From: [REDACTED]
Sent: Thursday, 24 June 2010 11:18 AM
To: Lueck, Christian
Subject: MS Clinic discussions

Dear Dr Lueck,

I am writing to advise that [REDACTED] has been on extended leave from her position at Regional Manager at MS Australia-ACT/NSW/Vic. She is planning to return in mid-July.

An unfortunate consequence of this has been that we have not been able to make progress on developing the MS Clinic concept that we discussed with you back in April.

However, I hope that this situation will change soon, and we will be able to report some progress on this matter.

Please feel free to contact me using the contact details noted below, should you wish to discuss anything in the meantime.

With very best wishes,

[REDACTED]
Community Services Manager

ACT/Southern NSW

• MS Australia – ACT/NSW/VIC

• Gloria McKerrow House

117 Denison Street Deakin ACT 2600

• email: [REDACTED]

• web: www.msaustralia.org.au

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24/06/2010

Lueck, Christian

To: [REDACTED]
 Cc: [REDACTED]
 Subject: RE: MS nurse

Thanks, [REDACTED]
 I look forward to hearing from you in due course.
 Best wishes, Christian

-----Original Message-----

From: [REDACTED]
 Sent: Monday, 12 April 2010 10:18 AM
 To: Lueck, Christian
 Cc: [REDACTED]
 Subject: RE: MS nurse

Good morning Christian

[REDACTED] and I are also very pleased to be progressing with you a concept which has the potential to provide efficient, effective care for people living with MS.

I will circulate the information you have put together so far to the nurses we have on staff for their comments while [REDACTED] and I gather material on the Tasmanian MS Clinic model, HR and finance considerations.

As soon as a body of information is together we can schedule another meeting to fine tune and progress the project further.

Cheers

[REDACTED]
 Regional Manager

MS Australia - ACT/NSW/VIC

[REDACTED]
 Gloria McKerrow House

117 Dennison St, Deakin, ACT 2600

email: [REDACTED] . www.msaustralia.org.au

-----Original Message-----

From: Lueck, Christian [mailto:Christian.Lueck@act.gov.au]
 Sent: Friday, 9 April 2010 3:39 PM
 To: [REDACTED]
 Subject: MS nurse

Dear [REDACTED]

Many thanks to you and [REDACTED] for meeting with me today. I was very encouraged by our meeting and very much hope that we will be able to come up with something "workable" which will be of benefit to the MS community. I saw Roger Tuck at lunch and mentioned our discussion and he was very pleased as well.

I thought I would "strike while the iron was hot" and have penned a few ideas about

what the MS nurse would do. There isn't much by way of fixed timetable from my point of view, but I have listed a few other things.

As I mentioned, I am more than happy to negotiate, and value your input. Please feel free to suggest additions/subtractions. I am also including a draft of a proposal I started work on a while back in case this is of any use. I will also send this to Roger in case he has any thoughts about the role of the proposed MS nurse.

Thank you very much indeed once again. I look forward to working with you.

Kind regards, Chrstian

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Lueck, Christian

From: [REDACTED]
Sent: Friday, 19 March 2010 8:58 AM
To: Lueck, Christian
Cc: [REDACTED]
Subject: RE: Possible MS nurse at TCH

Good Morning Christian

This is an issue that I have been doing some background research on for several months to understand if there is a 'best' model that should be considered. My conclusion is that the best model is whatever is needed in a particular location and is likely to be different from region to region.

I have also discussed the possibility of a clinic or MS specialist nursing support with various pharmaceutical companies, who have similarly expressed support.

Wednesday 31 March at 2pm would suit me well if you still have time available. It would be useful for our Community Services Manager, [REDACTED], to also attend that meeting.

We would love to have you visit Gloria McKerrow House for this meeting.

The possible model you describe sounds like it has good potential, and I am very interested to discuss how we might make it work.

Cheers

[REDACTED]
 Regional General Manager
 MS Australia - ACT/NSW/VIC

[REDACTED]
 Gloria McKerrow House
 117 Dennison St, Deakin, ACT 2600
 email: [REDACTED] . www.msaustralia.org.au

-----Original Message-----

From: Lueck, Christian [mailto:Christian.Lueck@act.gov.au]
Sent: Tuesday, 16 March 2010 4:13 PM
To: [REDACTED]
Subject: Possible MS nurse at TCH

Dear [REDACTED]

I am sorry to e-mail you during your annual leave, but I hope that you don't mind if I do and expect this to sit in your in tray until your return.

I am very keen to meet with you to discuss the possibility of working together to create a specialist MS nurse service to the Canberra Hospital.

The various pharmaceutical companies who make disease modifying agents tell me they are extremely keen to fund such a position here, as they do in many other centres across Australia. For a variety of reasons which I will explain when we meet, the Canberra Hospital is unwilling accept monies from these companies to fund a nurse and act as the "go between".
 I am therefore looking at alternative possibilities.

One possibility which occurs to me is that it might be possible to use MS Australia as the "go-between", and I would like to sound you out about this. Basically, what this would involve is asking the various pharmaceutical companies to fund the position (in my view, asking them to fund 1/4 each would be the least open to external

criticism) and pay the Canberra division of MS Australia. You would then fund this nurse who would work predominantly alongside one of the neurologists here at the Canberra Hospital, developing an expert role in looking after the tysabri and IV steroid patients, looking after other inpatients, running a nurse-led outpatient clinic alongside the neurologist, providing a telephone help line, and (if there is any time left over!), providing some sort of service in the community (e.g. follow up after discharge).

Clearly this person would also work closely with the existing nurses at MS Australia. While funded by you, the nurse would have an honorary contract here at The Canberra Hospital. This would effectively allow him/her to function as one of the Hospital "team" while not actually being funded by the hospital.

I hope I have made this vaguely clear! I am sure it will need face-to-face explanation, and I am sure there will be many issues to consider which I won't have thought of.

However, this seems a way that we can work together to enhance the provision of service to the MS community in Canberra and I would very much like to meet to see whether we can make this work.

Your receptionist indicated that you are back from leave the week beginning 29th March. Could we possibly meet on the Wednesday or Thursday afternoons of that week? I would be happy to come to you.

Thank you very much indeed.

Kind regards, Christian Lueck

(Head, Department of Neurology, TCH - we have met at one or two company-sponsored dinners)

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The views expressed in this email are those of the author and may not necessarily represent the views of Multiple Sclerosis Australia (MS Australia).

Lueck, Christian

To: O'Donnell, Rosemary; Dufty, Tania
Cc: Burnand, Jo
Subject: Roger Tuck

Dear Rosemary and Tania,

I am writing with a view to the possibility that Roger Tuck could be appointed as a psrt-time staff specialist from January, 2010.

If he is funded to work for two days/week, I would envisage his timetable to involve coming into TCH on Tuesdays and Fridays with the following timetable:

Tuesday: 9.00 Clinic
 12.30 Book round (clinical teaching)
 13.30 Multidisciplinary meeting
 14.00 Ward round/administration

Friday: 9.00 Clinic
 12.00 Neuroradiology meeting
 13.00 Neurology/neurosurgery clinical meeting
 14.00 Ward round/administration

[When he is on call, Roger will obviously have to do more than two ward rounds in the week - probably one a day, and he will also need to be available to answer the phone during the day. I am assuming that the additional time that this takes will be made up by shorter ward rounds during the weeks that he is not on call and so balance out. I have discussed this concept with him and Roger would be happy with this arrangement.]

We would need to accommodate one MS clinic per week on either Tuesday or Friday. Roger would need three rooms - one for himself, one for the neurology registrar and one for an MS nurse. He will also need an alternate weekly clinic on the Friday or Tuesday (i.e. at total of 1.5 clinic/week) to see follow-ups from ward discharges. He will only need one room for this.

Roger will also need office space. There is a second desk in the stroke liaison nurse's office on 7A. This nominally belongs to Craig McColl, but to my knowledge he has never used it. Both Dawn Nusa and Roger Tuck would be happy to share this office, and I doubt that Roger would need it for much of the time anyway. He will, however, need an InTACT computer to be installed onto that desk.

We think that we can accommodate his secretarial needs within the existing system as we have backup for letter typing from the pool and the existing ASOs can provide whatever PA services he needs.

Could I ask you and Tania to organise the clinic space and the computer if he is appointed, please?

Many thanks.

Best wishes, Christian



AUSTRALIA
Giving life back

**Memorandum of Understanding
between**

Multiple Sclerosis Limited

and

The Canberra Hospital

Background

MS Nurse

Background

Multiple sclerosis (MS) affects approximately 60/100,000 people in Australia (the incidence increases as one moves South from Queensland to Tasmania)*. Assuming a population of 350,000 for Canberra and some 500,000 for the catchment area of the Canberra Hospital, this would suggest that there are 210 patients in the ACT with MS; the MS society based in Deakin currently has about 400 patients on its books, but its catchment includes all of surrounding New South Wales.

In general, MS worsens over time and is a cause of significant disability. Because it is unlikely to cause death, patients are likely to suffer the effects of the disease for several decades. Once they have had MS for 5 years, approximately 50% of patients are disabled and after 10 years, at least 70% of patients are not working full time.

The disease has no known cure, but disease modifying agents (DMAs) are available to reduce the frequency and severity of relapses. The initial DMAs (interferon beta and glatiramer) are given by self-injection – the MS society in the community has for many years trained patients in how to do this and provided a support service so that input from the Canberra Hospital has not been needed. More recently, however, new classes of agent have been developed which require administration in hospital. Natalizumab (Tysabri®) is already on the market, and Canberra patients are currently looked after in Hospital in the Home. HITH currently has seven patients on its books, all of whom receive an one-hour infusion once a month, but it should be noted that the prescribing rate in Canberra is lower than that of the rest of Australia – the reason for this is not clear, but the rate may well rise in the future. Other similar agents such as Alemtuzumab which will need in-hospital infusion are on the horizon and will increase the demand on HITH services.

HITH is also frequently utilised for the delivery of intravenous methyl-prednisolone in the context of an acute relapse of MS. About eight patients currently attend HITH every month for this reason.

Having said this, there are many different symptoms caused by the illness and it is possible to help patients deal with these symptoms in many different ways. A list of symptoms and possible treatments is given below:

- Fatigue – occupational therapy assistance, better time management, work modification, medication (e.g. amitriptyline, amantidine, modafinil)
- Depression – counselling, cognitive behaviour therapy, psychiatry, medication (anti-depressants)
- Weakness and inco-ordination – physiotherapy
- Disturbance of balance – physiotherapy, vestibular sedatives
- Visual disturbance – low vision aids
- Sensory disturbance – clinical psychology, medication (NSAIDs, anticonvulsants, antidepressants, opioids, etc.)

- Spasticity – physiotherapy, medication (baclofen, dantrolene, diazepam), botulinum toxin injections, intrathecal baclofen pump
- Urinary problems – assessment by ultrasound; urology input; intermittent self-catheterisation, indwelling catheters
- Constipation – laxatives, enemas
- Sexual dysfunction – counselling, medication (sildenafil, etc.)
- Increased risk of infection (bladder, chest) – physiotherapy, urology, prophylactic antibiotics
- Social issues – patients may need advice on many different matters relating to employment, the decision whether to conceive, etc.

Management of all these issues is simply not possible in existing busy neurological clinics. Many patients would benefit from a short period of hospital admission to optimise their care in a holistic manner, but from experience this is so unlikely to happen at the Canberra Hospital that all Canberra neurologists have essentially given up putting their patients on the waiting list. The existing rehabilitation services are unable to manage these patients on an on-going basis. Accordingly, patients with MS are not being looked after as well as they should be and the care offered to them falls well short of the care offered by many other tertiary centres.

One option which has been very successful in other centres is to appoint a specially trained nurse who deals specifically and only with patients who have MS. Such a nurse would be required to keep his/herself up-to-date with a view to making sure that the Canberra Hospital delivered a first-class, evidence-based service. Specifically the nurse would be required to perform the following functions:

- Linking up with all inpatients with MS (who may have been admitted to many different areas of the hospital) to make sure that their MS care is optimised.
 - Co-ordination of injectable-DMA (e.g. Tysabri®) services in the hospital.
 - Provision of an outpatient clinic to deliver regular review of patients with MS to make sure health-care delivery is optimised. Ideally this should be done in conjunction with a neurologist with a special interest in MS as an “MS clinic”. Patients would be derived from the following populations (those in brackets could be considered once the clinic was established and workload-patterns became clearer):
 - Follow-up after ward discharge
 - Primary referral from neurologists
 - (Referral from General Practitioners)
 - (Patient self-referral)
- In the first instance, it is suggested that the clinic be offered once/week.
- Provision of a working-hours “call-up” facility for patients to ring if they have a problem for which they need advice.
 - Occasional home visit as determined by the MS nurse
 - Education of:
 - patients, family and carers.
 - nursing and allied health looking after in-patients with MS.
 - GPs and community staff looking after MS patients in the community

*Barnett M et al. J Neurol Sci 2003;213:1-6

Memorandum of Understanding



11 October 2010

MEMORANDUM OF UNDERSTANDING BETWEEN MULTIPLE SCLEROSIS LIMITED AND THE CANBERRA HOSPITAL

This Memorandum of Understanding relates to MS nurse position/s operating from The Canberra Hospital.

- The MS nurse will:
 - be a permanent employee of Multiple Sclerosis Limited (MSL), covered by MSL's Workers Compensation and other insurances.
 - have current ACT Nurses Registration and be experienced in the field of multiple sclerosis nursing.
 - report to the Community Services Manager at MSL
 - collaborate at all times with the specialist MS neurologist and other hospital nursing staff at TCH.
 - be bound by the confidentiality and privacy policies and procedures of both MSL and TCH.
 - be paid by MSL and there will be no cost to TCH.
- Specific duties performed by the nurse will include:
 - participation in MS clinics by providing consultations and assessments as required.
 - provision of specialist nurse input to all patients admitted to TCH with MS (whether under neurologists' care or not). The nurse will carry a pager to allow wards to identify the existence of such patients.
 - maintenance of appropriate levels of communication by writing in the inpatient notes.
 - in conjunction with MSL, ensuring that disease modifying agents are appropriately managed (ensuring medications offered where appropriate, dealing with patient training and any difficulties which arise, liaising with neurologists and hospital in the home as appropriate, etc.)
 - co-ordination of natalizumab infusions (TAPP database, liaison with hospital in the home, organization of patient appointments, general administration, etc.)
 - facilitation of the introduction of new therapies (e.g. fingolimod) as they appear.
 - development and maintenance of The Canberra Hospital (TCH) protocols in relation to management of patients with MS.
 - development and maintenance of a database of MS patients attending TCH.

G/MS ACT/MS Clinic at TCH/MOU draft
10/11/2010

Multiple Sclerosis Limited
ABN 66 004 942 287

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- development of incontinence services for MS patients in the ACT
 - liaison with MSL in relation to development of other services for MS patients in the ACT (psychology, psychiatry, pain, etc.)
 - development of education and training programs for general practitioners, community nurses and allied health workers
 - provision of support to the MS community (telephone helpline, etc.) in conjunction with MS Australia
- MSL will provide a mobile phone.
 - TCH will provide a pager, office space and clinic facilities.
 - The MS nurse position will commence on XXXX and will be funded through pharmaceutical company funding. The funding will be reviewed every 12 months, the availability of funds determining whether or not MSL can continue to provide TCH with the nurse.

The undersigned parties agree to the terms of this MoU.

----- Date / /


Regional Manager
MS Australia
Central Region

----- Date / /

Ms Rosemary O'Donnell
Executive Director
Ambulatory Services
The Canberra Hospital

Weekly Timetable

MS nurse weekly timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	HITH, TCH wards, MS Australia, or community, as required	09.00 – 12.00 Nurse-led MS clinic, TCH	HITH, TCH wards, MS Australia, or community, as required	HITH, TCH wards, MS Australia, or community, as required	09.00 – 12.00 MS outpatient clinic, TCH
Afternoon	HITH, TCH wards, MS Australia, or community, as required	13.30 – 14.30 Ward 7A multi-disciplinary meeting 14.30 – 17.00 Ward round/ consultations	HITH, TCH wards, MS Australia, or community, as required	HITH, TCH wards, MS Australia, or community, as required	12.00 – 14.00 Neuroradiology meeting + clinical case presentations 14.00 – 17.00 Ward round/ consultations

HITH: Hospital in the Home, TCH: The Canberra Hospital

MS Clinic Nurse Pay Proposal

MS Clinic Nurse Pay Proposal

	P/Hr	Hrs/Wk	Weekly	Annual
Base 47 wks	\$38.00	38	\$1,444	\$67,868.00
A/Leave 5 wks	\$38.00	38	\$1,444	\$7,220.00
AL Loading 17.5%				\$12,635.00
Total Salary				\$76,351.50
9% SGC				\$6,871.64
Total Remuneration				\$83,223.14
Work cover 5%				\$4,161.16
LSL 1.75%				\$1,456.40
<u>Salary and Oncosts</u>				<u>\$88,840.70</u>
Indirect Admin Costs (multiply x 25%)				\$22,210.18
TOTAL MS CLINIC MSL NURSE POSITION				\$111,050.87