PCP-GP Engagement Teleconferences
May 2001

Summary

During the week of May 7th GPDV held four teleconferences with divisions to share information and discuss issues in relation to GP engagement in PCPs. Twenty-seven divisions (out of 31 in the state) participated in at least one teleconference. This is the picture that emerged from them.

DIVISIONS ARE ACTIVELY INVOLVED IN PCPS

Many divisions are taking a lead role in ensuring that the PCP is engaging general practice appropriately. The majority have division staff and/or GP reps involved on one or more of the PCP committees and working groups. Most divisions are yet to involve individual GPs to a great extent. The current focus of divisions is to ensure that planned consultations, projects and pilots will include GPs and practice staff.

Divisions are also working to ensure that the PCP service coordination model and tools will meet GP needs; and that PCP health promotion strategies are meaningful to general practice. Some examples of the division involvement are:

- Division subcontracted to do GP Engagement Strategy component of Community Health Plans – eg Central Bayside, West Vic, Ballarat
- Chairing PCP committees – eg Bendigo, South Gippsland
- Development of protocols for GP involvement and payment (see attached example from North East Valley)

INVOLVEMENT OF GENERAL PRACTICES — THE NEXT STEP

There is a shared view that PCP programs and products are not ready for broad GP involvement. PCPs need to have a concrete 'offer' for GPs to take up and these are still being planned. Some consultation with individual GPs is occurring as part of preparation of Community Health Plans (CHPs). For example:

- Several PCPs have held focus groups to establish GP priorities in service coordination, service planning etc. – eg. Central Bayside (see attached focus group questions), Mornington, Knox, Yarra Valley, Sherbrooke, Dandenong etc
- In preparing their CHPs, PCPs are defining the points at which GPs should be consulted on draft Initial Needs Identification and Care Planning tools etc., and the resources and mechanisms for doing so.

Pilots or small projects could provide a helpful way to engage GPs and explore models/protocol development/communication systems etc in service coordination and health promotion. Examples for consideration include:

- Co-location of allied health and general practice
- Joint GP and other primary provider education sessions
- Recognising the need to involve practice staff – using existing division practice staff network (PCP could sponsor meetings), recruiting practice staff in piloting protocols, service directories, etc

Existing division programs/activities could form the basis of PCP pilots/projects. Eg.:

- PCP and division share employment of an EPC project officer to enable better service linkages to support multidisciplinary care
- Pilots/projects to provide a practice nurse/case manager within targeted general practices to assist GPs to use care planning and case conferencing EPC items with other PCP agencies
- Building on existing division service directories, shared care programs, inter-agency protocols etc.