General Practice Divisions - Victoria Ltd

AGREEMENT PLAN 2004-2007

and

ANNUAL PLAN 2004-2005

General Practice Divisions – Victoria Ltd
ABN 80 081 371 968 ACN 081 371 968
1st Floor, 458 Swanston Street
Carlton Victoria 3053
Tel: (03) 9341 5200 Fax: (03) 9348 1375
Email: gpdv@gpdv.com.au Website: www.gpdv.com.au

CONTENTS

Outcomes and Indicators in **bold blue** are those required by DoHA.

GPDV STRATEGY PLAN 2004-07

OVERVIEW

This plan continues to use the same format, and the same Key result Areas (KRAs), as the Strategy Plan 2001-04 and the business plans for that three-year period. As in those plans, the Annual Plan (Business Plan) for the year 2004-05 comprises the content of the column *Activities*, thereby linking our proposed work for 04-05 to the three-year strategy plan in a matching format. We have noted that the year 2004-05 has been described as a Transition Year and that the format of the plans will be revised and a new format introduced for the plans from 1 July 2005.

We have tried in this plan to focus on outcomes, with less detail about processes and minor activity, and to use performance indicators that relate to the outcomes rather than the activities. We hope that this has resulted in a less cumbersome document and that reports will also be shorter, more focussed and easier to read.

KRA 1: Leadership

We have placed the Leadership KRA first as it shows our approach to the role of GPDV and contains important outcomes and indicators specified by DoHA. Many of the outcomes within this KRA also relate to activities in programs that are listed under other KRAs. During the contract period GPDV will further develop our present approaches to our leadership role, which the PHCRIS surveys of divisions show are highly valued by Victorian divisions. To gain a picture of the opinions of divisions and other stakeholders about GPDV's performance we will continue to use the PHCRIS data and will discuss with DoHA, DHS, RWAV, ADGP, SBOs, divisions and other significant stakeholders how best to assess their view of GPDV. It is probably not possible to use one method for all stakeholders because of the differences between our relationships with Victorian divisions which are our members, the funders (DoHA and DHS), ADGP and SBOs which are part of the Divisions' Network with GPDV, RWAV which is a colleague organisation, and other stakeholders such as RACGP and VicHealth.

KRA 2: Primary Health Care

In the Health System Integration Program GPDV will roll out a major new DoHA program in Aged Care Homes. The details are still being worked out and our plans will be adjusted as DoHA clarifies its requirements and as our consultation with divisions and the aged care sector progress.

GPDV will continue to work with DHS through our funded position in Primary Care and will further develop our close relationship with the Director, Primary & Community Health Branch, while increasing our work with other branches of DHS, especially Public Health and Aged Care.

In the GP-hospital interface we will build on the success of the GPLO positions in hospitals for which GPDV has long advocated.

The future of the General Practitioner Register (GPR) is under review, as DHS proposes to include it in the Statewide Services Directory (SSD). GPDV is negotiating to ensure that the functions of the GPR valued by hospitals and GPs are not lost in the change. With rural divisions GPDV has proposed to DHS that it fund GPDV to provide support and co-ordination to the DHS-funded Rural Clinical Risk Management Program.

In Population Health we will continue the shift in focus from episodic condition-focused care to a systems-change approach that puts emphasis on the effectiveness of the organisations within which clinicians work – in this case the practice. We have amalgamated two programs in our previous plan to emphasise the integration of service delivery and the importance of systems development (see also KRA 3, Divisions' Capacity Building).

The recent improvement in our relationship with the DHS MH Branch will enable us to create stronger links and better co-ordination between state and Commonwealth programs in MH. We will offer the skills and experience of GPDV's MH Reference Group to advise planners at both state and national level on the integration of general practice into the broader MH services.

KRA 3: Capacity Building & Research

GPDV's experience of the formal accreditation process has demonstrated the value of this form of external review as a tool to improve the management of organisational systems and processes. Following the endorsement of external accreditation by the minister's response to the Divisions' review, GPDV will support Victorian divisions in undertaking accreditation with one of the existing independent companies. We will continue to present our extremely successful Star Boards series of workshops for divisions' Chairs, board members and CEOs, and will continue to develop these workshops to meet changing demand from divisions as they become more sophisticated in their structures and processes.

Strategies and activities to raise divisions' capacity to support practices in the development of improved systems and processes are included under KRA 2, Program 2 *Improved population health through systematic general practice.*

Involvement of divisions in research has grown only slowly, but the increasing recognition of the need to base activity on evidence is expected to encourage divisions to be more active in collaboration between GPDV, Divisions, the university sector and other relevant parties. GPDV's priority will be to foster more understanding between Universities and divisions of what each has to offer to the other. The closer relationship will be the basis for an increase in divisions' capacity to conduct research, to support GPs interested in research and to advocate for the inclusion of general practice issues in the research agenda.

KRA 4: Information Management

GPDV will start the contract period with a restructure of our approach to IMIT. The past four years have showed us that it is unrealistic to expect one person to be able to deal with all the demands of IM and IT at the state level. GPDV will therefore give responsibility for IMIT to the staff who are responsible for particular program areas, reflecting the need to integrate IMIT across all our activities and programs rather than seeing it as a separate activity. This will integrate IMIT more fully into all aspects of our work and promote the approach that sees IMIT as a tool to achieve objectives, not as an objective *per se*. The proposed new approach is attached at page 31.

The separation of IMIT from other activities in its own KRA may be partly responsible for the continuation of the IMIT Consultant position beyond its useful time both at GPDV and in other SBOs. We will be recommending a different approach during the consultations about the new planning template.

KRA 5: General Practice Workforce

GPDV continues to take the view that workforce is a universal rather than regional issue, and that the general practice medical workforce cannot be considered in isolation from the rest of the general practice workforce and the primary care workforce. Although the GPDV 2001 Workforce Project identified several areas that required work, resources and

practicality require that GPDV focus on aspects of workforce in which we are likely to be able to achieve our objectives. For the 2004-07 contract these areas are Nurses in General Practice; and GPs for Aboriginal Health.

The definition and development of the role of the practice nurse will be a key factor in the future of general practice. Our work on practice nursing will encourage practices to take up the subsidies provided for the employment of practice nurses, and will promote the role of practice nurses in the introduction of systems changes in practices, building on the work done in 2001-04 and the work proposed in KRA 2, Program 2.

Our MoU with VACCHO is the foundation of our planned work with Aboriginal Health Services. Our work with VACCHO recognises that the first priority for AHSs is the recruitment of GPs to work in the services. To this end GPDV is supporting a proposal by VACCHO for funding to develop an effective database to clarify the workforce needs of AHSs, for which no current information is available. To remove disincentives to GPs we will also support divisions to help their local AHS to gain and maintain practice accreditation.

DoHA has proposed that SBOs become involved in the national GP vacancy database to be established under the *MedicarePlus* OTD Initiative. During 2004-05 we will work with RWAV and Victorian divisions to establish a Victorian GP vacancy database, using RWAV's existing systems. Any potential ongoing role of GPDV in workforce recruitment will no doubt be determined by the proposed review of relationships between SBOs and RWAs.

We have worked with AMWAC and contributed to their current review of workforce, and hope that it will result in much improved data that will permit GPDV and divisions to contribute fully to the debate during the contract period about the future make-up of the general practice workforce.

KRA 6: Consumer and Community Engagement

GPDV recognises that organisations that involve community and consumers voluntarily are more likely to do so effectively than those that are made to include representatives unwillingly. GPDV's approach will be to show divisions the many benefits of engaging their communities and to build their understanding of the variety of ways to do this. We will make use of the successes of divisions in thisrea, our close links with the Health Issues Centre, our growing links with Victorian peak organisations for specific conditions, such as Diabetes Australia (Vic) and the Asthma Foundation of Victoria, and, through the GP Aged Care Initiative, will develop links with the Council of the Ageing (Vic).

KRA 6: Infrastructure and Administration

The central feature of this KRA is the maintenance of our accredited status with QICSA and the effective use, to improve our performance, of the Continuous Quality Improvement that is the key feature of the Quality Improvement Council's model. Through our maintenance and improvement of our organisational systems and processes GPDV will provide an example to encourage divisions, both in Victoria and interstate, to follow.

Although the completion of this plan ahs been delayed by the lack of information from DoHA about funding levels and by the late provision of details about new programs, GPDV expects that in 2004-07 all our reports and subsequent Annual Plans will be lodged on time.

Finance

The budget is attached in the format required by the financial reports.

Budget FY 2004-05

	Core Funding	PMHCI	GPII	Aged	TOTAL	
INCOME						
Estimated carry-over from 2003-04 (1)	132,300	12,449	500	0	145,249	
DoHA Funding for 2004-05	1,223,801	145,240	50,000	94,545	1,513,586	
Other Commonwealth funding (non-DoHA)	0	0	0	0	0	
State/Territory Government funding	183,400	0	2,000	0	185,400	
Sponsorship	8,000	0	0	0	8,000	
Interest received	5,000	0	0	0	5,000	
Sale of assets	0	0	0	0	0	
Other (2)	23,000	0	0	0	23,000	
Total Income	1,575,501	157,689	52,500	94,545	1,880,235	1,880,235
	Core Funding	**PMHCI**	**GPII**	**Aged**	**TOTAL**	
EXPENDITURE						
Salaries/payroll	857,587	84,752	28,627	67,857	1,038,823	
Staff training and professional development	17,000	3,000	1,000	1,000	22,000	
Accrued staffing liabilities (3)	21,315	2,119	716	1,696	25,846	
Board - payments to Directors	125,000	0	0	0	125,000	
- other	23,500	0	0	0	23,500	
Funding provided to Divisions	61,200	0	0	0	61,200	
Project funding	6,000	0	0	0	6,000	
Consumer representation	0	0	0	0	0	
Rent	165,154	10,893	3,125	5,909	185,081	
Travel and accommodation	31,000	4,000	2,000	2,000	39,000	
Meetings/forums/conferences	55,715	9,000	2,000	2,000	68,715	
Communications	65,033	0	500	0	65,533	
Asset purchases	12,000	0	0	0	12,000	
Provision for unfunded liabilities (4)	36,500	1,250	1,250	0	39,000	
Administration/overheads	85,056	21,544	7,276	12,336	126,212	
Other expenses (5)	19,000	6,500	2,500	2,000	30,000	
Total Expenditure	1,581,061	143,058	48,993	94,798	1,867,911	1,867,911
Net Surplus/Deficit	**(5,559)**	**14,631**	**3,507**	**(253)**	**12,325**	**12,325**
	Core	**PMHCI**	**GPII**	**Aged**	**TOTAL**	

For (Numbers) see notes on next page

Notes

1. The proposed carry-over from 2003-04 includes in Core

    - the Primary Care position funded by DHS
    - the GPR funded by DHS
    - the HMR program funded by ADGP

2. *Other Income* includes HMR and income for use of GPDV premises.

3. Accrued staff liabilities - provision for Long Service Leave/terminations/etc

4. Provision for replacement of equipment.

5. *Other* covers external consultants, GP representatives, Reference Groups

KEY RESULT AREA 1: LEADERSHIP

Leadership activities are included in all KRAs. Here we outline those related directly to the Outcomes specified by DoHA, although even for these there are activities under the programs in other KRAs

The DoHA goal for SBOs is:

To lead and represent Divisions in their relationships with DHS and Commonwealth government departments, other service providers, consumers and Aboriginal and Torres Strait Islander people.

GPDV's leadership goals are :

1. To facilitate effective consultation and collaboration among Victorian divisions and between them and other stakeholders.
2. To develop policy positions in order to influence all policy of importance to General Practice.
3. To represent and advocate on behalf of Victorian Divisions to government and other service providers.

Leadership activities are incorporated across all programs.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Effective leadership is provided for Divisions **Effective representation is provided for Divisions.** **GPDV is regarded by both GP and non-GP stakeholders as an effective peak body for general practice in Victoria.**	**DHS incorporates GPs and Divisions concerns in the development of policies and programs** **Level of Divisions' satisfaction with GPDV's leadership and representation in Victoria**. *(Use PHCRIS results of annual survey of divisions as data source)*	1. Represent Victorian divisions in relation to state policy and program development; Refine GPDV's statement of consultative processes for policy/position development and promote/publicise this to member divisions 2. Represent Victorian divisions to non government stakeholders to achieve greater inclusion of general practice/divisions in health agendas and programs	**1. Representation at state level** • Implement GP Representatives Program (detail in program plan includes processes for nomination and selection, % of reports received, monitoring of outcomes achieved) • Staff-level participation in DHS working groups and committees • Meetings with Minister, Executive and Operational levels of DHS, as req'd; • Submissions to DHS, as required **2. Representation to non-government stakeholders.** • Promote GPDV services to GP and non GP stakeholders, including : Victorian GP Alliance (RACGP, AMA, RDAV); VHA; Primary & Community Health Network, Vic Health Promotion Foundation, Vic PHCRED Partnership; CHC GPs Group; Aged care sector; • Participate in reference groups and working groups; make submissions, as opportunities arise.

		3. Develop and maintain MoUs with appropriate stakeholders 4. See KRA #6 (Consumer & Community Engagement) for strategies re leading and representing divisions in their relationships with consumers	**3. Implement MoUs** • At July 2004 these are with RWAV,VACCHO, Royal Eye & Ear Hospital, Divisions Program Coalition • Revise MoU with Womens & Childrens Hospital following separation of hospitals
GPDV takes a lead role in implementing national strategies and priorities in Victoria.	**National programs and policies identified by the Department are effectively implemented. Assessment by DoHA, RWAV, ADGP, DHS and other stakeholders**.	Assist Victorian divisions to adopt national priorities and strategies and represent Victorian divisions in relation to national programs.	(For details of statewide coordination and development of implementation plans of **national programs**, see plans for specific program areas). Represent issues to DoHA through: • meetings with state office, • statewide forums/workshops, • VACGP, • Relevant branches in Canberra, • Maintain alliance with SBOs and ADGP, including national networks for program areas; • Adapt national strategies to state context to assist divisions
Improved relationships between Divisions and Aboriginal and Torres Strait Islander health services.	**Existence of formal arrangements (such as a Memorandum of Understanding) for regular consultation between GPDV, NACCHO, VACCHO and other Victorian stakeholders.**	Continue to implement MoU with VACCHO *(See* KRA 5, GPs for Aboriginal Health)	Revise implementation plan for 04-05; Promote VACCHO in GPDV newsletters; include in orientation programs, workshops, etc.

Click here to return to Contents Page

KEY RESULT AREA 2: PRIMARY HEALTH CARE

Goals:

The Department of Health and Ageing's goals for SBOs in Primary Health Care are:

1. General practice is a lead contributor to the development and implementation of:
   - an integrated primary health care system; and
   - state and national population health approaches.
2. Key elements of the National Primary Mental Health Care Initiative are implemented through active promotion and liaison between key stakeholders.
3. Improved outcomes for consumers through the promotion of primary mental health care and partnerships in service delivery

Against this background, GPDV's goals are

1. To lead the sustained and effective engagement of Victorian divisions in primary health system reform to achieve increased integration between General Practice and other sectors of the system.
2. To influence Victorian government policies and programs to achieve improved GP / Hospital communication.
3. To provide state level leadership in the coordination of national programs which offer incentives to GPs for enhanced prevention and care of chronic illness.
4. To lead Divisions' efforts to increase GP participation in population health screening and GP interventions designed to minimise the risk of illness and the spread of illness

These goals will be achieved through three programs in primary health care

1. GP Health System Integration
2. Improved population health through systematic general practice
3. Mental Health

Click here to return to Contents Page

Primary Health Care – Program 1: GP Health System Integration

Includes previous Programs 1 (GP Health System Integration) & 2 (GP/Hospital Communication)

Rationale

GPDV recognises that General Practitioners need to work collaboratively with other health providers to provide effective patient care.
As a result of the frequency of their contact with the majority of the Australian population and the generalist nature of the health issues they address GPs are well placed to recognise where the current health systems fail to meet patient needs.
General Practitioners, through Divisions, have a positive contribution to make to efforts by the Commonwealth and Victorian governments to improve the health system as a whole.
This GPDV program seeks to lead the sustained and effective engagement of Victorian divisions in health system reform to achieve increased integration between General Practice and other sectors of the system.
The Primary Care Partnership strategy continues to be a major Victorian government initiative to improve the responsiveness and coordination of the primary health system.
Through the State Government's HARP strategy and the work of the National Safety and Quality Council GP/Hospital communication is the focus of many efforts to improve patient continuity of care and reduce adverse events.
Since the advent of the EPC residential care items GPDV has worked closely with the Commonwealth Health Department to identify the range of issues associated with the provision of medical care to residents of aged care homes. The advent of the *MedicarePlus* initiative will provide divisions with resources to begin to address some of these issues.

Key Principles:

- Divisions are the appropriate points of contact between primary care provider groups and General Practitioners at the local level.
- GPDV is the effective point of contact by statewide health bodies with Divisions of General Practice.
- GPDV is committed to integration of General Practice across the whole health care system, in both public and private sectors

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Increased influence of general practice on primary health care policy, planning and service delivery in Victoria	**Extent to which GPDV has been able to influence decision-making of DHS in relation to primary health care policy, planning and service delivery. (Measures include additional funding obtained or negotiated by GPDV and feedback from state/ health authorities about GPDV's contribution).** **Process indicators** Number of general practice representatives on statewide committees Number of presentations made by GPDV to key stakeholders **Impact Indicators** Number of state funded programs/initiatives where linkage with general practice specified	On behalf of Victorian divisions, provide advocacy to set up – a) appropriate working parties/reference groups and b) include funded GP representation on key issues Provide education and data to key stakeholders re: the role of general practice, role of divisions, and the benefits of investment in divisions and general practice. Develop partnerships with other state health bodies to present joint positions to DHS Through state, commonwealth, & GPDV forums/committees, ensure linkage between state and commonwealth initiatives affecting primary care	Work with DHS to promote the role of divisions and GPs in health system reforms Provide and support GPDV representatives on relevant State and National committees Develop closer links with DHS Public Health Branch Participate in Victorian Primary Health Network Coordinate GPDV Forums which enable linkage between State and national initiatives affecting primary care Contribute to the deliberations of the VACGP on key issues

PRIMARY CARE PARTNERSHIPS			
GP roles are integrated within primary care service systems in Victoria Divisions are actively engaged in Primary Care Partnership processes. GPs actively participate in PCP Service Coordination and integrated health promotion	**Process Indicators** Number of divisions actively involved in local protocol development **Impact Indicators** Number of PCP catchments where collection of GPs name is routinely undertaken. Number of PCP catchments where feedback to GPs is routinely provided. Percentage of GPs using the statewide referral tool by division Percentage of divisions actively participating in local integrated health promotion.	In collaboration with DHS and DoHA facilitate divisions' involvement in the PCP developments. Support divisions in their involvement in local protocol involvement Identify structural barriers to GP collaboration with other parts of the health system and assist in the development of strategies to overcome such barriers.	Coordinate project partners undertaking DHS funded Small Grants for Service Coordination with General Practice Implement project on workforce development for divisions on service coordination, including: • development of training materials • negotiation with divisions about session requirements • delivery of tailored training and presentations • consultation with & communication to stakeholders including PCP staff, DHS regional office staff and key agencies Regular liaison with DHS & DoHA and advise on GP engagement issues Provide secretariat support to DHS GP Engagement Working Group Convene statewide workshops for PCPs and Divisions as funding permits and ensure that PCP issues are included in GPDV workshops/networks eg CEO, IM-IT, Practice Support etc. Maintain regular information updates to divisions via email

GP/HOSPITAL COMMUNICATION			
Divisions and hospitals are working together to • Build relationship with each other • Improve transitions of care • Minimise the need for acute care • Shift care to the most appropriate setting.	**Process Indicators** Number of General Practice Liaison Officers funded by DHS Number of GPLO workshops DHS funds **Impact indicators** Number of divisions reporting productive relationships with their major hospitals(inc sub-acute, ambulatory care services) Number of major hospitals that include GP role in RMO education Number of major hospitals that send out to GPs • Admission notifications • Death notifications • Discharge summaries • Outpatient appt arrangements • Medication change information • Notifications of ED presentations Number of major hospitals with GP advice/hotline arrangements (phone, website, etc) Number of major hospitals that provide GP education(speakers, clinical attachments, etc) Number of major hospitals that have • GP accreditation arrangements • shared care programs Number of major hospitals with HARP projects where GP referrals comprise 20%+ of all referrals.	Work with DHS to ensure GPLOs are well informed and can share successes Contribute to the range of DHS strategies that affect GP hospital communication Promote linkage between the Victorian initiatives in improving GP hospital communication with those of the Commonwealth and other States. Promote adoption by DHS of PKI *(See KRA4: IMIT)*	With DHS convene GPLO workshops Collate resource material re GP Hospital communication on GPDV website Work with DHS to develop evaluation framework for GPLOs With Victorian steering group coordinate National GPLO workshop in Brisbane. Through Conference Steering Group, assist in the organisation of the national Integration Conference in Brisbane.

A reliable comprehensive GP database is available to all Victorian health services	**Process Indicators** Number of health services subscribing to the GPR or GP component of SSD Health Service satisfaction with GPR Health Service satisfaction with GP component of SSD **Impact Indicators** Number of health services using GPR or GP component of SSD for communication of patient information to GPs, including feedback on referrals made Number of GPs with contact details on SSD	Develop, maintain, and promote the use of the General Practitioner Register (GPR) Negotiate with DHS and SSD contractor for effective incorporation of GP data into SSD	Work with DHS to develop transition arrangements for the GPR to the SSD Work with divisions and hospitals to maintain the accuracy of the GPR and SSD data. Assist divisions and hospitals in the effective utilisation of the GPR and SSD.
Rural GPs, divisions, and hospitals, and DHS have information on adverse events in rural hospitals and take action to prevent future adverse events	**Process Indicators** Number of GPs participating in CRM program Number of hospitals participating in CRM program **Impact Indicators** Number of GPs, divisions, hospitals receiving CRM recommendations Number of actions taken by divisions, hospitals or DHS in response to CRM recommendations	With DHS funding, coordinate the rural divisions' Clinical Risk Management program to promote • learning from each other • linkage with DHS • common data definitions • development of common resources • joint action on recommendations	Negotiate coordination arrangements with DHS and participating rural divisions Convene project officer network meetings Visit participating lead divisions Organise Reference Group Chairs' teleconferences Develop linkages with relevant authorities in areas where authoritative guidelines difficult to source

AGED CARE HOMES			
Joint plans & systems exist between Aged Care Homes and their local divisions to provide medical care for residents	**Process Indicators** Number of divisions participating in Aged Care Homes workshops in which GPDV has a role. Number of divisions contacting GPDV for information and support. **Impact Indicators** Number of divisions who have joint planning arrangements in place with residential care facilities Number of divisions who have implemented new systems for medical care provision in residential care facilities Number of GPs providing medical care to residents in aged care homes	Build on relationships with key stakeholders to identify barriers and develop strategies to enhance local medical care provision to residents of Aged Care Homes. Provide opportunities for divisions and key stakeholders to share successful models of collaboration between divisions and Aged Care Homes. Inform and upskill divisions in implementing best practice systems that enhance medical care for residents and RACFs	Evidence Collate evidence of effective practice in supporting medical service provision to residents. Communication Strategy Support e-mail network for divisions Facilitate information sharing through website Provide helpdesk for divisions and other stakeholders re initiatives. Division Support and Education Facilitate local planning for divisions and aged care providers. Provide education and networking opportunities through workshop program Facilitate Board members' Forum to focus on Medicare Plus Aged Care incentives Stakeholder Engagement Establish and support an Aged Care Reference Group to oversee GPDV role in coordinating initiatives. Develop links with the Accreditation Agency to inform divisions of standards and issues arising in accreditation Develop links with Statewide providers of Aged Care Homes including DHS

Primary Health Care – Program 2: Improved population health through systematic general practice

Includes previous Programs 3 (Chronic Illness Prevention) & 4 (Health Promotion through General Practice)

Goal:

To move practices from episodic care to more systematic approaches to illness prevention and management.
General Practice systems are taken into account when state bodies plan population health strategies and programs.

Rationale:

To move away from episodic care for chronic illness – evidence from EPC evaluation, GPII Program, and the six pillars of quality chronic disease care (WHO) show that a systematic approach is required for good management of chronic disease (GPIC literature review on chronic illness – good quality care is less a product of the clinician than of the organisation).

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
1. Increased influence of general practice on population health polices and programs *(See also KRA1: Leadership)*	**Extent to which GPDV has been able to influence the development and implementation of population health policies and programs at the state and national level. (Measures include additional funding obtained or negotiated by GPDV, feedback from stakeholders about GPDV's contribution, and participation by GPDV in Victorian or regional initiatives).** **Extent to which GPDV has made linkages between programs addressing population health initiatives** Process • Number of GP and Divisional representatives on committees relevant to population health. • Number of CDM and population health courses available in Victoria for practice nurses Impact • Number of statewide health programs/strategies with articulated GP and divisions role	*Refer to GP Representation Program* • Maintain ongoing relationship with key players in DHS who influence Nurse Policy, Public Health, and Primary Care developments. • Identify and support appropriate General Practice representatives. *(See also KRA1: Leadership)* • Advocate to disease specific bodies and DHS about practice nurse education needs	• Maintain regular communication with relevant sections of DHS and disease specific bodies to keep them informed of developments in divisions and identify opportunities for general practice input into any relevant state reforms or initiatives affecting population health.
2. Divisions have enhanced capacity to support general practice in management of people with chronic diseases/illnesses (especially diabetes,	**Improved capacity of Divisions to support general practice in the management of people with chronic conditions and/or target specific population groups, including the promotion of**	**For all** program elements (chronic diseases, teamwork, IM, business systems, and medication management): • Organise opportunities for divisions to access	• Undertake training needs analysis of

asthma and mental illness) and/or target specific population groups. • Practices are utilising (evidence based) systems to address population health needs	**multi-disciplinary approaches to care in the community. (Measures include all Divisions have programs supporting the management of chronic diseases/illnesses at standards which meet appropriate professional benchmarks).** **Extent to which GPDV has identified opportunities to use information management in the management of chronic diseases/illnesses.** • Uptake of disease specific PIP incentives **Teamwork** • Number of divisions supporting Practice Nurse Networks • Number of divisions supporting Practice Manager Networks. • Number of divisions offering teamwork support to their practices • % of general practices with 0.5 or more practice nurses • % of general practices with 0.5 or more allied health professionals **IM** • Number of divisions with planned IM enhancement approach/strategy to practices • Number of divisions measuring practices' IM maturity.	expertise, showcase lead divisions and enhance communication between divisions and key stakeholders • Support divisions through dissemination of relevant information, advice and advocacy. **Teamwork** *(See also KRA5: General Practice Workforce)* • Promote practice nurse role in provision of systematic care • Work with key stakeholders to provide practice nurses with access to training and education in CDM and population health. • Promote teamwork in general practice as critical to quality chronic disease management **IM** *See also KRA4: IM* • Support and advocate for a national general practice coding system • Promote and support use of tools to measure IM maturity in practices	divisions staff re practice support work to identify areas for further work. • Provide practice support workshops based on TNA • Maintain communication through website; updates and listserve; • Provide briefings and planning assistance to divisions on developments in practice support **Teamwork** • Translate findings from CGPIS research on teamwork into resources and framework for divisions • Use communication avenues for promoting effective use of practice staff networks. • Develop indicators for divisions approach to practice teamwork development; • Negotiate with ADGP and divisions means for collecting consistent data on use of practice nurses and allied health professionals. **IM** • Maintain communication links with national ITIM bodies such as GP Computing Group, HeSA, etc. • Collate findings from existing Division IT/IM surveys of practices and with divisions assess feasibility of use of one statewide survey.

	Business Systems • Better Capacity Better Care Training Program for division staff developed *(*pending *additional funding)* • % of divisions with over 75% of practices registered for PIP(as proxy measure for accreditation) **Medication Management** • Number of HMRs claimed by GPs in Victoria • Number of software providers with HMR referral templates	**Business Systems** • Develop, promote and deliver BCBC training program (if funded) • Support divisions to assist their practices with business systems and processes. • Work with divisions with low accreditation levels. **Medication Management** • Ensure that evidence supporting HMR is available and disseminated. • Provide ongoing education and support for Victorian MMR facilitators • Feed implementation issues to the Pharmacy Guild and ADGP • In partnership with the Pharmacy Guild, promote the appropriate use of medication management reviews to other stakeholders • Work with software providers to ensure efficient HMR referral pathways	**Business Systems** • If funded, recruit, brief and monitor consultant to develop Better Care Better Capacity training program • Establish and support steering committee for project. • Bring together divisions with low accreditation levels to develop a strategy for encouraging increased accreditation. **Medication Management** • Maintain links to evidence supporting HMR program on GPDV website and disseminate to MMR facilitators • Jointly plan MMR facilitator training with Pharmacy Guild of Australia • Maintain effective working relationships with the Pharmacy Guild of Australia and the ADGP QUM representative • Identify opportunities to promote medication management reviews as an add-on service to other state and Commonwealth funded programs • Promote the HMR program to practice nurses and identify the potential practice nurse role • Integrate HMR referral and plan templates into existing GP software programs
General practices within ACCHS are accredited and able to access the range of general practice incentives for quality care.	• Number of AMSs that are accredited in Victoria.	*(See also KRA5: GPs for Aboriginal Health)*	
PUBLIC HEALTH ISSUES			
Continued support to Divisions of General Practice in improving immunisation and better targeting of	**Extent to which Divisions have been supported in relation to immunisation activities including: improving coverage rates for hard-**	Coordinate divisions' involvement in National and State Immunisation Program	Participate in SBO national meetings and liaise with DoHA staff from the National Immunisation Program, GPII Program and

hard-to- reach children	**to-reach children and data cleaning**		GP Branch and HIC to facilitate information flow and effective division involvement in policy and program development and implementation Monitor and disseminate GPII coverage data by division Provide divisions with regular update reports about national and state immunisation programs in Primary Care Update Continue to promote and develop tools and strategies for ensuring practices are able to implement the current 2003 Australian Standard Vaccination Schedule in a manner which does not place the practice or the population at risk due to the lack of funding for recommended vaccines. Update and make available database of divisional immunisation activity in Victoria created by Centre for Community Child Health
Activities to improve the timeliness and quality of immunisation data that is forwarded to the Australian Childhood Immunisation Register continue to be undertaken, so that the data more truly reflect community immunisation coverage rates (and actual disease immunity)		Work with DHS and HIC to ensure that Regional Data Quality Programs successfully implemented in Victoria.	Work with DHS and Stakeholders in Regional Data Quality Officer Program to collate and disseminate data management issues Represent Victorian divisions at the State meetings of the Regional Data Quality Officers. Support regional stakeholder committees to effectively monitor and support the work of the ACIR Data Quality Officers Work closely with DHS to ensure Divisions retain a central role in the Program

			Encourage DHS to effectively evaluate RDQO Program
Continued identification of, and assistance to, Divisions of General Practice with low coverage rates.	**Divisions with low coverage rates that have been assisted and the programs developed to improve coverage**	Continue to identify and disseminate to divisions and local government effective strategies for increasing the quality and level of immunisation to the community, particularly childhood immunisation.	Actively seek from divisions and SBOs good ideas for local, regional and statewide activities and programs to increase immunisation coverage and enhance quality of vaccine management. Disseminate findings through statewide network meetings and regular written Updates. Through statewide workshops and individual division visits. encourage active division responses to improving GP coverage rates and targeting of 'hard to reach' children and families
Continued enhancement of relationships with DHS and Councils. **Better integration of GP activities with those of other immunisation providers**	**Extent to which DHS and Councils have been engaged.** **Extent to which activities of immunisation providers have been better integrated**	Work with stakeholders from DHS and other relevant organisations to ensure that general practice is effectively and appropriately included in and informed about programs and statewide strategies to target the hard to reach	Work with DHS Immunisation Program and others as appropriate to promote partnerships with General Practice in effective strategies for targeting 'hard to reach' children and families
General Practice is effectively consulted and divisions informed of other immunisation related programs and planning e.g. influenza, pneumococcal, MMR etc.		Work with DHS and other stakeholders to ensure that general practice is effectively consulted and divisions retain a central role in immunisation related programs and campaigns	Participate in DHS Immunisation Advisory Committee and work to ensure GP representation and consultation with general practice on the Influenza and Pneumococcal Program.
General Practice (through divisions) is a key participant in preventing spread of communicable diseases and in responding to emergencies.	DHS articulates clear roles and responsibilities for general practice and divisions in public health strategies e.g. Pandemic Flu Statewide Strategy, Bio-terrorism Strategy, etc. Divisions articulate role for general practice in	Work with DHS and Divisions to negotiate agreed roles for divisions and general practice in management of Pandemic Flu Strategy, response to bio-terrorism, etc. Work towards articulated process for DHS to communicate with General Practice through divisions.	Participate in Pandemic Influenza Planning Sub Committee and work to ensure divisions and GP practices have central role in Pandemic Influenza Strategy Work with DHS Public Health and divisions to articulate an appropriate Divisional role in Pandemic Influenza and

	communicable disease prevention and notification. Protocols for communicable disease prevention and notification available for general practice and disseminated through divisions.	Investigate options for supporting improved disease notification from general practice. Work with DHS to develop practice protocols for SARS, Pandemic Flu and disease notification. Disseminate protocols through divisions to general practice.	other communicable disease outbreaks Develop with DHS Public Health and Medical Displan an appropriate role for divisions in the response to emergencies or disasters. Develop an articulated and agreed process between DHS and Divisions for communication to GPs on public health issues Investigate options for funding to improve general practice preparedness through development and dissemination of practice protocols for communicable disease outbreaks

Click here to return to Contents Page

Primary Health Care – Program 3: Mental Health

Rationale:

GPDV is well placed at state and national levels to influence the systems interface between general practice and other health service providers addressing mental illness. In Victoria the Primary Mental Health Care Teams are the government's major initiative to improve primary health system responsiveness.
Through this program GPDV seeks to provide state level leadership in linking the national mental health programs with state initiatives and using the incentives and funded systems of support to achieve practice change.

Key Principles:

Divisions are the appropriate point of contact between primary mental health care providers and GPs at the local level.
GPDV is the effective point of contact with divisions for statewide primary mental health care systems.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Victorian government initiatives are consistent with national policy and informed by best practice in other States and Territories. *(This is an outcome specified by DoHA but not seen as realistic by GPDV. Although we can influence DHS we have no power over the Victorian Government)* **Increased participation of general practice and general practice organisations in mental health care policy, planning and service delivery.**	**Extent to which GPDV has been able to engage with DHS at a senior level and/or influence decision making on primary mental health care.** **Evidence that liaison with relevant stakeholders is contributing to the development of best practice and appropriate partnerships in primary mental health care.** **Impact Indicators** Development of protocols for discharge planning that includes GPs by Area Mental Health Service. **Process Indicators** Extent and outcome of local and statewide mental health committees/consultations that include GPDV representation. **Impact Indicator** Provision of GP advice/ consultation comment to DHS, ADGP and DoHA through appropriate channels.	Collaborate with DHS Mental Health Branch, to promote stronger coordination between GPs and specialist mental health services. With DHS, develop agreed priorities for GP inclusion in mental health care planning in Victoria. Represent Victorian divisions on statewide committees related to primary mental health care, particularly to strengthen relationships between AMHSs and GPs through improved discharge planning. Conduct consultations with GPs to ensure the inclusion of primary mental health care in policy and planning at both national and state levels. Continue to advocate the use of the GPDV Mental Health Reference Group as a GP consultative body to national and state agencies to ensure the inclusion of GP views in policy, planning and service delivery.	Propose Discharge Planning Working Group to MHB Prepare GPLO Funding Proposal for MHB Showcase division shared care projects to MHB Coordinate and convene an annual statewide forum to promote relationships and best practice approaches to primary mental health care. Represent Victorian divisions on • GP / Psychiatry Liaison Sub-Committee • NSPWG strategic development sub committee ED Evaluation Committee

	Impact Indicator Number of external agencies seeking GP comment through the MH Reference Group.		• Mental Health Aptitudes into Training Project (MAP) Advisory Committee • PMHT Evaluation Reference Group • Community Counselling Review Reference Group • Mental Health Workforce Project Reference Group As part of the National Evaluation process for Better Outcomes, conduct consultation with GPs and divisions to gather feedback on Better Outcomes Offer GPDV Mental Health Reference Group as consultative group for evaluation of Better Outcomes Ensure opportunity for MH Reference Group to provide comment to EWG Offer GPDV Mental Health Reference Group to agencies, such as VicHealth, for advice on GP mental health promotion Offer MH Refererence Group to Dept of General Practice researchers
Divisions have an enhanced capacity to implement identified best practice approaches in primary mental health care programs with a focus on education and training and facilitation of better links for general	**Evidence of ongoing and effective liaison with the National Primary Mental Health Care Coordinator**.	Regular liaison with NPMHCI Co-ordinator	• Attend all DLO meetings and Teleconferences • Continue to liaise with ADGP NPMHCI co-ordinator by phone and email

practitioners with specialist mental health services	**Evidence of how GPDV has enhanced the capacity of Divisions to:** • **Develop, identify and coordinate the implementation of best practice approaches to primary mental health care programs including education and training;** • **Institute sustainable initiatives in primary mental health care; and,** • **Adopt multi-disciplinary approaches.** Number of presentations to DHS and DoHA. <u>Impact Indicator</u> Level of funding from DHS/DoHA for GPLO positions in AHMS.	Continue to support divisions MH networks in appropriate ways, such as network meetings, shared resources, professional development of staff relevant to MH programs Continue to implement the communication Strategy for the NPMHCI submitted to DoHA Showcase the development of GP shared care models to DHS and DoHA. Advise and inform DHS and DoHA of the value of the GPLO model for application to AMHS.	• Conduct quarterly Access to Allied Health Services Network meetings • Develop MH website to showcase and share divisions resources for AH projects • Conduct biannual MH Network meetings to showcase best practice • Support ADGP MM+GPI meetings • Liaise with Departments of GP under PHCRED to support best practice MH research in divisions • Co-ordinate appropriate skills development for division staff to support MH programs, such as evaluation design and data collection methods • Support and showcase MH in Resi-Care best practice approaches in divisions Continue to • provide email bulletins to divisions • moderate the Access to Allied Health email discussion list and MindMatters GP Initiative discussion list • include MH section in monthly Primary Care Update • ensure National and State speakers at relevant AH and MH Network meetings Prepare GPLO proposal for MH Branches of DoHA and DHS.
Access for GPs to private and public psychiatrists is improved.	Number of GPs accessing psychiatrists advice.	Disseminate information regarding the Urgent Access to Psychiatrist trials to divisions and GPs. Ensure consultation with GPs and divisions regarding proposed MBS items for access to psychiatrists using the RACGP and ADGP.	Improve GP access to information about private psychiatry services through development of Psychiatrist register.

	Number of presentations to relevant agencies.	Disseminate models of successful shared care to psychiatrists and relevant agencies.	
Increased consumer and community engagement with Divisions in regards to primary mental health care.	**Evidence of the extent to which GPDV has been active in consumer consultation** **Evidence of support and resources provided to Divisions to consider consumer and community views.** Communications strategy includes information on consumer and community engagement with primary mental health care issues.	Facilitate consumer and community input into division mental health activities.	Consult with mental health consumer organisations Provide information and resources to divisions regarding relevant mental health consumer organisations Invite representation re consumer and carer issues at Network Meetings and GPDV Mental Health reference group meetings
Divisions programs are designed to prepare GPs for all the requirements for taking up the new mental health MBS items.	Number of divisions providing level 1 and 2 training. Number of divisions running Access to Allied Health Projects. Number of divisions promoting Urgent Access to Psychiatrist trials.	Continue to resource divisions to implement all components of the *Better Outcomes in Mental Health* care.	Monitor the development of new MBS items Ensure information dissemination to divisions about new MBS items Facilitate consultation with divisions about implementation of guidelines for new MBS mental health items. Promote effective training and allied health linkage models to divisions.
Primary mental health care teams are responsive to GP referral and education needs.	The level of PMHCT responsiveness to GP referral and education needs. Number of GP liaison positions established in PMHCTs. Extent to which framework for Primary Mental Health Team evaluation incorporates GP issues	Work with stakeholders involved in primary mental health care teams to facilitate services that are responsive to primary care issues Promote effective models for GP engagement with PMHTs. Actively encourage DHS to set in place structures and accountability for PMHT to fulfill their charter.	Regularly audit developing practice in relation to PMHCT engagement with General Practice.

Divisions have enhanced capacity to access the services of the Primary Mental Health Care Australian Resource Centre (PARC)	**Evidence of the promotion of PARC to Divisions and liaison with PARC.** **Number of Divisions accessing PARC.** **Evidence of liaison and provision of Division information to PARC.**	Promote PARC to divisions under the Mental Health Communication Strategy	Promote PARC via the electronic email Mental Health lists Promote PARC through MH Orientation to individuals and collectively Encourage divisions to contribute articles and news stories to PARC *Update* Promote PARC on GPDV Mental Health webpage
Divisions and GPs have an increased awareness of the Primary Care Psychiatry Scholarships for GPs.	**Evidence of the promotion of the Primary Care Psychiatry Scholarships for General Practitioners to Divisions.**	Promote the Primary Care Psychiatry Scholarships to GPs through divisions	Inform divisions of Primary Care Psychiatry Scholarships for dissemination through division newsletters and meetings using email, MH Network and GPDV website

Click here to return to Contents Page

KEY RESULT AREA 3: DIVISIONS CAPACITY BUILDING & RESEARCH

The Department of Health and Ageing's goals for SBOs in Divisions' capacity building and research are:

1. To build and sustain capacity in Divisions.
2. To contribute to a stronger research and evidence-based focus in Divisions and general practice.

GPDV will build on several years of existing experience in supporting the development and maintenance of strong organisational growth in Victorian divisions.

Rationale -
Effective organisation = one that has adopted Continuous Quality Improvement Principles and Practice
Accreditation – assurance that an organisation has embraced CQI principles and have met particular standards

Quality principles and practices – organisations have in place –

1. systems for capturing, managing and using data to inform decision making
2. understand and use systems thinking
3. use cross-functional teams
4. employee empowerment to identify problems, opportunities for improved care and to take necessary action
5. an explicit focus on internal and external stakeholders.

Embedded are –

1. Research and development
2. Additional divisions' responses to health inequalities
3. Governance
4. Finance management
5. Human resources management
6. Program evaluation and research
7. Information management support for general practice
8. GP/CPD and professional development
9. Division engagement with GPs
10. Community and consumer engagement

Click here to return to Contents Page

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Divisions have enhanced capacity to function as effective organisations, to support general practice and to manage change.	**Programs in place to assist and support divisions both individually and on a statewide basis.** Percentage of Victorian divisions which are – a) preparing for accreditation b) have achieved accreditation Percentage of board members of Victorian divisions that have participated at least once in GPDV Star Boards workshops. (Currently 50%)	Provide ways for divisions to assess their level of development as CQI organisations and their level of compliance with relevant national standards Facilitate targeted opportunities to support further development of divisions as CQI organisations and in compliance with national standards (Strategies to develop divisions' capacity to support practices in the development of improved systems and processes are included under KRA 2, Program 2 *Improved population health through systematic general practice)*	1. Promote the business case for use of CQI principles and practice. 2. Design a system for divisions to use to assess their understanding and use of CQI principles 3. Identify training needs within divisions re: CQI principles & practice 4. Provide information to divisions about the suites of national standards within relevant and established accreditation and review systems. 5. Facilitate networking and support for divisions seeking to meet national standards through accreditation 6. Continue to improve and present to divisions' boards and CEOs GPDV's successful Star Boards Education & Training Program.
GPDV facilitates opportunities for greater research and development in general practice.	**Extent and impact of collaboration between GPDV, Divisions, the university sector and other relevant parties.**	Identify and broker opportunities for research and development in general practice. Promote the learning from research and development in general practice by divisions. Identify the gaps in knowledge re general practice and communicate to universities.	• Provide an annual orientation workshop for the university sector. • Continue GPDV membership of the Victorian PHCRED Partnership. • Participate with ADGP and SBOs in joint action to foster GP Research Networks. • Advocate to Universities on behalf of divisions to facilitate increased general practice in research. • Support GPDV staff undertaking PHCRED Fellowships • Maintain links with GP Research Networks in Britain and New Zealand.

Click here to return to Contents Page

KEY RESULT AREA 4: INFORMATION MANAGEMENT

The Department of Health and Ageing's goal for SBOs in Information Management is:

To enable divisions and GPs to manage clinical and business management information more effectively.

GPDV goals in this area are:

- Co-ordinate and support divisions in the development of IM and the introduction of systems improvement in general practices
- Represent Victorian divisions in collaboration with DHS and state level organisations in the co-ordinated development of compatible IM systems
- Assist in the development of appropriate data collection by divisions.
- Essential information is shared and secure

Key principles :

- Effective information management systems are a key feature of organisations which are working to quality improvement principles and practices
- Best practice information management incorporates systems for secure electronic transfer of information between general practice and other parts of the health system
- Best practice information management requires agreement across the health system about the nature and type of data collected and its uses.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Health System The state IT/IM Strategy and associated initiatives articulate strategies to enable general practice participation DHS adopts the agreed national encryption standard (PKI) which enables connectivity within the state and between states.	% of DHS IT strategy documents that include reference to GP issues Compatibility of encryption standard adopted by DHS with general practice	Represent divisions at the state level in GP Information Management policy and program development Work with DHS on IMIT issues at program level *(see also KRA2 – Program 1: GP/Hospital Communication)*	Participate in relevant committees and advisory groups at state level Lobby with other SBOs to encourage ADGP to take a national leadership role and support ADGP in that role
Division capacity At the Division level, divisions use effective systems for collection management and analysis of data to improve their own operations. Divisions receive feedback data on their performance	Percentage of divisions preparing for accreditation Percentage of divisions having achieved accreditation Improved performance of Victorian divisions reported by PHCRIS in Annual Survey of Divisions.	Provide support for divisions to meet benchmarks for divisions' IM training, support and accreditation *(See KRA 3: Division Capacity Building & Research)*	Restructure IMIT role of GPDV (see attachment). In conjunction with GPCG, ADGP and other SBOs identify Information Management goals and outcomes for divisions and actively promote their statewide adoption by divisions.

Practice Support **Divisions are supported in the management of information to achieve better practice management and improved patient outcomes**.	*(See KRA 2: Primary Health Care – Program 2, IM)* **Evidence of how GPDV has supported Divisions in the management of information to achieve more effective practice management and better patient outcomes.** • Number of divisions with planned strategy for IM enhancement in practices • Number of divisions measuring practices' IM maturity • Rates of uptake of PIP IM payments (by division)	Lead Victorian divisions in seeking statewide adoption by divisions of agreed outcomes in promoting improved information management Facilitate and promote the development of systems which can be adopted across divisions for the collection of aggregated quality patient data for the purposes of better chronic disease prevention, detection and management *(See also KRA2 Primary Health Care: Program 2)* In conjunction with DHS, other primary care providers and hospitals work to improve the transmission of patient data between general practice, other primary care providers and acute care.	In conjunction with GPCG, ADGP and other SBOs identify Information Management goals and outcomes for practices and actively promote their statewide adoption. Advocate for definitions of data sets Support for tools to measure IM maturity in General Practice *See KRA 2, Primary health care, GP/hospital communication*

Click here to return to Contents Page

KEY RESULT AREA 5: GENERAL PRACTICE WORKFORCE

The Department of Health and Ageing's goal for SBOs is:

- **To contribute to a well-trained and sustainable workforce.**

GPDV's goals, in keeping with our overall aim of supporting the development effective models of general practice which are sustainable, accessible, and supporting a high quality population health approach, are:

1. Divisions support Victorian Aboriginal Community Controlled Health Services in implementing strategies to fill GP vacancies within those Health Services.
2. Divisions maximise opportunities for the development of Primary Care Nurse roles in General Practice.

Rationale

GPDV has always taken the position that workforce is a universal rather than regional issue, and that the general practice medical workforce cannot be considered in isolation from the rest of the general practice workforce and the primary care workforce. Although the GPDV 2001 Workforce Project identified several areas that required work, for the current three years GPDV will focus on two of these areas: Nurses in General Practice; and GPs for Aboriginal Health.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Divisions support practices in developing and trialing high quality, sustainable models of general practice enabling access to all.		• Advocacy • Training • IM support • Practice re-engineering ***(see KRA2: Primary Health Care - Program 2)***	
GPDV, RWAV and other relevant stakeholders work together to effectively address general practice workforce issues in rural and remote areas. **Divisions and other stakeholders are able to develop practical solutions to address urban and provincial workforce pressures**.	**Existence of an effective working relationship (including collaboration and a delineation of roles) between GPDV, RWAV, ACRRM, RACGP and other stakeholders.** **Existence of programs or initiatives for addressing urban and provincial workforce pressures where they exist.**	Maintain and implement MoU with RWAV Support RWAV and divisions in OTD recruitment for rural divisions. Maintain MoU and support RWAV in urban/regional recruitment & retention. Resource CEO & rural CEO networks.	Maintain quarterly meetings with RWAV and rural CEOs Maintain bi-annual whole of staff meetings with RWAV. Work with RWAV and divisions to establish a GP vacancy database for all parts of Victoria to support the *MedicarePlus* OTD Initiatives. Work with eligible divisions to support the Outer Metro Initiative. Maintain GPs for Aboriginal Health joint work with RWAV and VACCHO (see below)

General Practice Workforce – Program 2: GPs for Aboriginal Health

The Department of Health and Ageing's goal for SBOs is:

- **Improved relationships between divisions and Aboriginal & Torres Strait Islander health services (KRA1: Leadership)**

GPDV's goal is to work with VACCHO to implenment our MoU and support divisions in work with Aboriginal Health Services.

Rationale

In its submission to the Review of the Role of Divisions of General Practice in December 2002 the National Aboriginal Community Controlled Organisations (NACCHO) identified the three key areas for strategic engagement between Divisions and the Aboriginal community controlled health sector as:

- The identification of best practice models
- Better engagement between Divisions and ACCHSs.
  - Key areas cited by NACCHO include:
    a) GP accreditation
    b) Use of practice incentives and MBS items.
    c) Continuing professional development in quality Aboriginal health service delivery
- The development and implementation of models to better engage private general practice in delivering high quality primary medical care to Aboriginal people

Since the development of a formal MOU with VACCHO 4 years ago GPDV has maintained its commitment to work within the priorities and parameters set by the Aboriginal community controlled sector in Victoria. These have been and remain consistent with the national goals expressed by NACCHO. GPDV's strategic plan for 2004-2007 reflects these goals.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
Strong collaborative relationships are maintained and enhanced between Victorian divisions and ACCHSs.	CEOs of ACCHSs report effective engagement with divisions.	Further promote divisions understanding and use of agreed protocols for collaboration with ACCHSs.	Maintain and promote MoU with VACCHO Maintain effective communication with divisions about principles and protocols for collaboration through workshops, newsletters and update reports. Provide individual advice to division boards and staff as required.
		Support divisions participation in collaborative planning and activity with ACCHSs at the local and regional level for improved health services for Aboriginal community members.	With VACCHO and RWAV support local and regional meetings of divisions with ACCHSs. Promote good practice models of CPD for general practice staff in providing quality services to Aboriginal communities.

ACCHSs recruit and retain GPs into sessional GP vacancies across Victoria.	Number of sessional GP vacancies in ACCHSs in Victoria	With RWAV, contribute to the development by VACCHO of a high quality data collection about health workforce capacity and needs of ACCHSs including the general practice workforce component. With RWAV, support divisions to maintain and enhance their efforts to support ACCHSs in the recruitment and retention of GPs	Develop and implement a system for data collection from divisions to support the VACCHO quality health workforce data. Develop and implement a system for sharing data with VACCHO and RWAV. Provide regular feedback to divisions about changes in ACCHS workforce needs. Disseminate good practice models for GP recruitment and retention in ACCHSs
Aboriginal aged residential care facilities in Victoria access the GPs in Aged Residential Care program.	Aboriginal aged residential care facilities report that the GP service needs of their residents are fully met.	*See KRA2: - Program 2: Aged Care Homes*	
ACCHSs in Victoria incorporate accredited general practice services	The number of ACCHSs with accredited general practice services.	With VACCHO plan and implement effective strategies to promote ACCHSs and division collaboration in general practice accreditation support activities.	Identify ACCHSs interested in preparing for GP accreditation and ensure effective links with divisions are in place for local accreditation support. Disseminate good practice models for accreditation support by divisions.
		Continue to identify with VACCHO the nature and extent of resources required to enable each ACCHS in Victoria to achieve the goal of inclusion of an accredited General Practice service.	Include in quality data collection activities.
ACCHSs access More Allied Health Services, Practice Nurse and other appropriate health workforce support programs in collaboration with divisions.	Number of Aboriginal Health Workers (AHWs) and other allied health staff funded by MAHS, Mental Health Allied Health and Practice Nurse incentive programs in Victoria.	With VACCHO continue to disseminate information to ACCHSs about relevant national programs and encourage active collaboration with divisions.	Disseminate good practice models Identify barriers to ACCHS participation and, with VACCHO, actively promote recommendations as to how barriers can be overcome.
Divisions contribute to statewide planning about Aboriginal health workforce issues.	Divisions are recognised through GPDV participation in statewide consultation and planning processes re Aboriginal health workforce issues.	Represent Victorian Divisions on the VACKH Indigenous Workforce Issues sub-committee.	Attend meetings as convened. Contribute to the collection and dissemination of quality data about general practice services to Aboriginal communities in Victoria.

Click here to return to Contents Page

General Practice Workforce – Program 2: Practice Nurses

Rationale:
The 2001 report titled *The Role of GPDV in General Practice Workforce Issues* indicated support from Victorian divisions for GPDV to adopt a focus on the role of practice nurses - to encourage debate and to engage relevant stakeholders in considering issues in enhancing the practice nurse role. Divisions' workforce data (the 2003 national PN workforce data survey) shows that approximately one-third of Australian practice nurses have been working in general practice for less than two years, and that the practice nurse workforce is rapidly increasing.

Key Principle
The nursing role in general practice compliments that of the general practitioner, and enables practices to offer more services to patients and to help the GP manage current demand for services. Practice nurses can often be leaders in effecting systemic change in practices, and in implementing continuous quality improvement processes.
Most Victorian divisions have established practice nurse networks to support and provide continuing medical education to practice nurses.

Key Elements of GPDV Strategic and Business Plans 2001 -2004

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
GPs take up PIP subsidies for practice nurse positions in Victoria	Number of Victorian practices receiving a subsidy for practice nurse employment	Through divisions, promote the availability of the subsidies to eligible practices.	Promote the availability of the subsidies to eligible practices through regular GPDV communication channels and in response to specific requests
The overall number of practice nurses employed in Victorian practices increases.	Number of practice nurses in Victoria.	Promote and strengthen the role of nurses in general practice.	Work in collaboration with disease-specific and nursing organisations to ensure that practice nurses have access to continuing professional development opportunities. In collaboration with other stakeholders, explore the development of recognised and credentialled categories of practice nursing. Facilitate the availability of research grants in relation to practice nursing interventions. Provide education and training to Victoria's divisional staff to enable them to promote and strengthen the role of nurses in general practice at the local level.

KEY RESULT AREA 6: CONSUMER AND COMMUNITY ENGAGEMENT

The DoHA goal for SBOs in this KRA **is to ensure that GPDV's and Divisions' activities appropriately reflect consumer and community views.**

GPDV's goal is the continued development among divisions and other stakeholders of an understanding about the differing communities of interest that are engaged with divisions at national, state and local levels. Understanding the nature and complexity of this engagement and using effective methods to support it is an essential component of recommended continuous quality improvement principles and practices for divisions.

GPDV made a significant contribution to this Key Result Area in the 2001-2004 Strategic planning period and now seeks to further build on these foundations.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
GPDV facilitates opportunities for greater consumer and community engagement with divisions.	**Existence of support and resources provided to all divisions to consider consumer and community views.**		
Divisions are familiar with national standards for community and consumer participation and are supported to perform self-assessment against these standards	% of divisions using recognised tools for self assessment and planning for consumer and community participation % of divisions meeting nationally recognised standards for consumer and community engagement	Support and assist divisions to meet national standards for consumer and community engagement.	Build divisions' knowledge and understanding of national standards through • Discussion at regular CQI network meetings • Provision of appropriate resources on the GPDV website • Modelling approaches to consumer and community participation at all stages of national program development and implementation.
Consumer advocates and representatives can access information about the key roles and activities of Victorian divisions and about methods of engagement with them.	GPDV website holds appropriate resources for consumer advocates and representatives *Orientation to Divisions of General Practice* workshops for consumers are judged by participants to meet their information needs,	Use GPDV website as key location for information for consumer and community advocates and representatives about working with divisions. Continue to provide *Orientation to Divisions of General Practice* workshops designed for consumer and community representatives.	Maintain current resources and update as required Add information about available opportunities for Consumer advocate training and support in Victoria. Develop adapted workshop design for Orientation workshop for staff and representatives from organisations collaborating with divisions. Advertise new workshop publicly to enhance accessibility.

Consumers and community groups are able to effectively contribute to GPDV's planning and decision making processes.	**Structures and arrangements are in place which enable GPDV to consider consumer and community views.**	Maintain GPDV accreditation against the Australian Health and Community Services standards in relation to Consumer rights and consumer participation	Maintain current internal policies and practices. As part of GPDV's CQI plan continue to strengthen procedures for enabling member and stakeholder input to planning of program outcomes and evaluation of programs and services.
Increased media promotion and discussion of health priorities to Divisions, practices and the public.	**Evidence of discussion in the media about national health priorities and the role of Divisions.**	GPDV will support and participate on request in any relevant, fully funded media campaigns conducted by DoHA , ADGP or other appropriate bodies.	As requested.
Through divisions, General Practices are supported to provide effective information to patients about national and local health priorities and GP recommended patient responses**.**	% of divisions supporting the GP practice as a site for dissemination of patient information about health issues and health promoting patient activities.	Provide divisions with current available evidence about effective methods of disseminating information to patients about health issues and priorities and health promoting behaviour.	Incorporate evidence into ongoing workshops and division consultant activities.
		Promote models of division support for practice systems which are focussed on the practice as the site for effective communication with patients about national health issues and health promoting activities.	Collaborate with Womens Health Victoria, RACGP and divisions to promote and support increased provision of health information to women through General practice.

Click here to return to Contents Page

KEY RESULT AREA 7: INFRASTRUCTURE AND ADMINISTRATION

The DoHA goal for SBOs is:

To ensure that GPDV is an effective, efficient and accountable organisation.

This goal is shared by GPDV.

Outcomes	3 year performance indicators	Strategies over 04-07	Activities in 04-05 (Business Plan)
GPDV has an effective infrastructure. **GPDV has an efficient infrastructure.** **GPDV is accountable as an organisation.**	**GPDV submits plans and reports in accordance with agreed requirements, including timeframes, specified in Funding Agreements or Contracts with the Commonwealth.** GPDV maintains its accreditation status with the national Quality Improvement Council.(QIC)	Continue to meet all QIC standards.	Implement QICSA approved 3 year Quality Improvement Work plan. Undergo 6 monthly review by Quality Improvement and Community Services Accreditation (QICSA) of progress against this plan.

Click here to return to Contents Page

ATTACHMENT

IMPLEMENTING GPDV'S STRATEGIC PLAN FOR INFORMATION MANAGEMENT 2004-07

(See KRA 4)

Background

GPDV has employed a dedicated Health Informatics Consultant since 1999, when the position was fully funded by DoHA, to coordinate our role in IM/IT. This arrangement has bee reviewed in the light of current developments:

1) DoHA has been vague or inconsistent about the funding available for IM/IT functions both for divisions and for SBOs. There is no articulated Commonwealth IM/IT strategy for general practice. We do know CDM funding will finish on 30 June which creates budgetary pressures.
2) Despite this uncertainty in funding, IM/IT developments in general practice and divisions have moved on considerably. It is now the norm for practices to use computers for prescribing and billing/appointments, and most practices receive test results electronically. GPs and divisions are now interested in the use of computers for the transfer of patient information, for patient care, and for data aggregation.
3) The Victorian IM/IT agenda has also developed considerably since 1999. DHS has funded medical software providers to include the State-wide referral tool and is keen to encourage GP use of the tool, and hospitals are increasingly interested in notifying GPs electronically of patient admissions, discharges, deaths, outpatient appointments and ED presentations.

Issues

At the operational level GPDV's role has changed as the agendas have become more widespread and sophisticated. This has been manifest in

(a) the turnover in the health informatics consultant role (and its changing title);
(b) the need for more substantial linkages with DHS and DoHA agendas for IM/IT.
(c) our difficulties in recruitment, with significant periods when the position was not filled. The combination of technical and strategic understanding as well as high level communication/interpretation skills has proved hard to find, as has been the case in other SBOs;
(d) The IMIT Network of divisions' IT Officers has tended to demand a focus on the technological issues and hands-on support for practices. This has been at variance with GPDV's analysis, based on the work by Chris Miller in 2002, that it is now time to focus on Information Management, integrated into all programs, rather than technical support services to GPs (this has also been DoHA's view).
(e) Because divisions have handled IMIT differently and some do not have IT Officers, not all divisions participate in the Victorian IMIT Officers' Network.

The IM/IT agenda for the next three years

All GPDV program areas require attention to the IM/IT agenda and issues. For example:

- The Centre for General Practice Integration Studies has shown that IM/IT maturity is an integral element in practice capacity to deliver structured care.

- The DHS small grants process has shown that IM/IT is also an integral element in the implementation of DHS's service coordination strategy.
- The VACGP sub-committee's report on the General Practice/Residential Aged Care Interface identified IM/IT as an integral element in the delivery of medical services to residents of aged care homes.
- The Victorian GPLO network is actively working through GPDV and the DHS Senior Medical Adviser-General Practice to improve the transfer of information between hospitals and GPs using electronic means.
- The New Zealand tour of IPAs showed that sophisticated information management, based on the collection by practices of accurate data, is a key component of a successful GP organisation, such as a division, that contributes to improved health outcomes.

To expect one person to have the expertise to deal with this range of program areas across the State, as well as provide for the still-technically-oriented IT Officers in divisions, is increasingly unrealistic.

Solutions

GPDV will move responsibility for IM/IT co-ordination from one position to a number of staff as follows:

National developments:	Policy Analyst
State Linkages:	Integration team leader and Primary Health Care Consultant
Residential Aged Care:	Aged Care Consultant
Practice Capacity:	Population Health Consultant and Special Projects Consultant
Division Capacity:	Divisions Capacity Team Leader

Result

1. The health informatics consultant position is no longer required.
2. GPDV staff responsible for aspects of IMIT will use existing GPDV meeting and coordination structures to ensure that all are fully informed.
3. If technical expertise is required it will be sought externally as necessary.
4. GPDV will still meet the needs of the IMIT officers in divisions. As divisions deal with IMIT in many different ways, the first step to this will be an assessment of current needs and further consultation on the best means to meet those needs.
5. GPDV will collect from divisions comparable data on GPs' use of IM/IT. This also requires some further assessment of existing surveys of divisions and of the potential for pooling information. As a first step a small reference group of divisions' staff responsible for IM/IT will be appointed to advise on the collection of this information.

This integrated approach to GPDV's responsibilities in IM/IT is based on the fact that IM/IT is a means to an end not an end in itself and will reflect the way GPs work and the way divisions and GPDV support them in that work.