NE VICTORIAN
DIVISION OF
GENERAL PRACTICE

AGED CARE GP PANELS INITIATIVE

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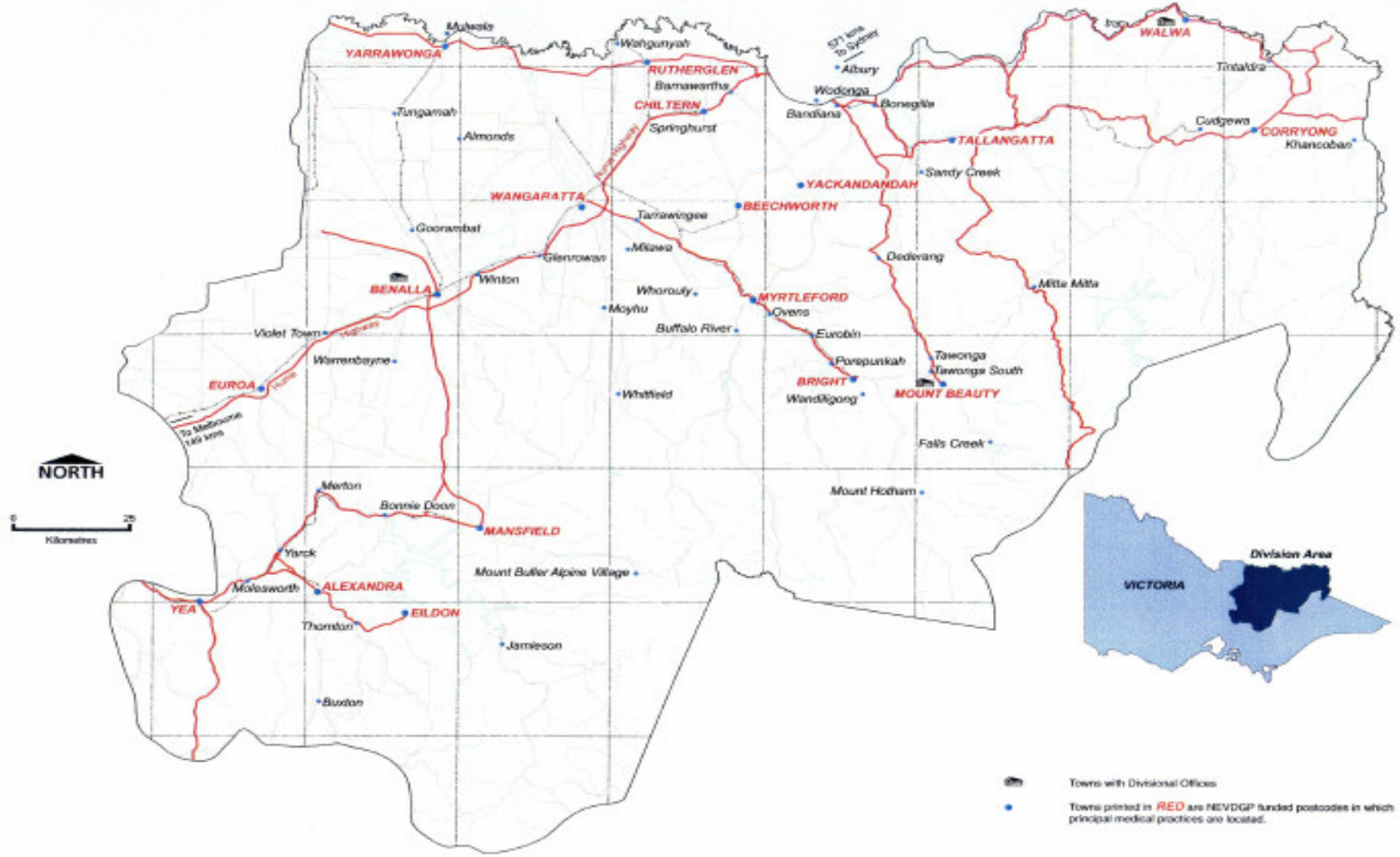
NORTH EAST VICTORIAN DIVISION OF GENERAL PRACTICE



NE VICTORIAN DIVISION OF GENERAL PRACTICE

- A rural division
- Covers 33,000 square kilometres.
- Shares GP Divisional boundaries with the Border, Goulburn Valley and Central Highlands Divisions of General Practice.
- Population approximately 102,000.
- 10 LGAs, 29 Practices located in 17 towns, approximately 120 GPs and 30 ACFs located in 16 towns.
- 11 staff members
- 4 offices

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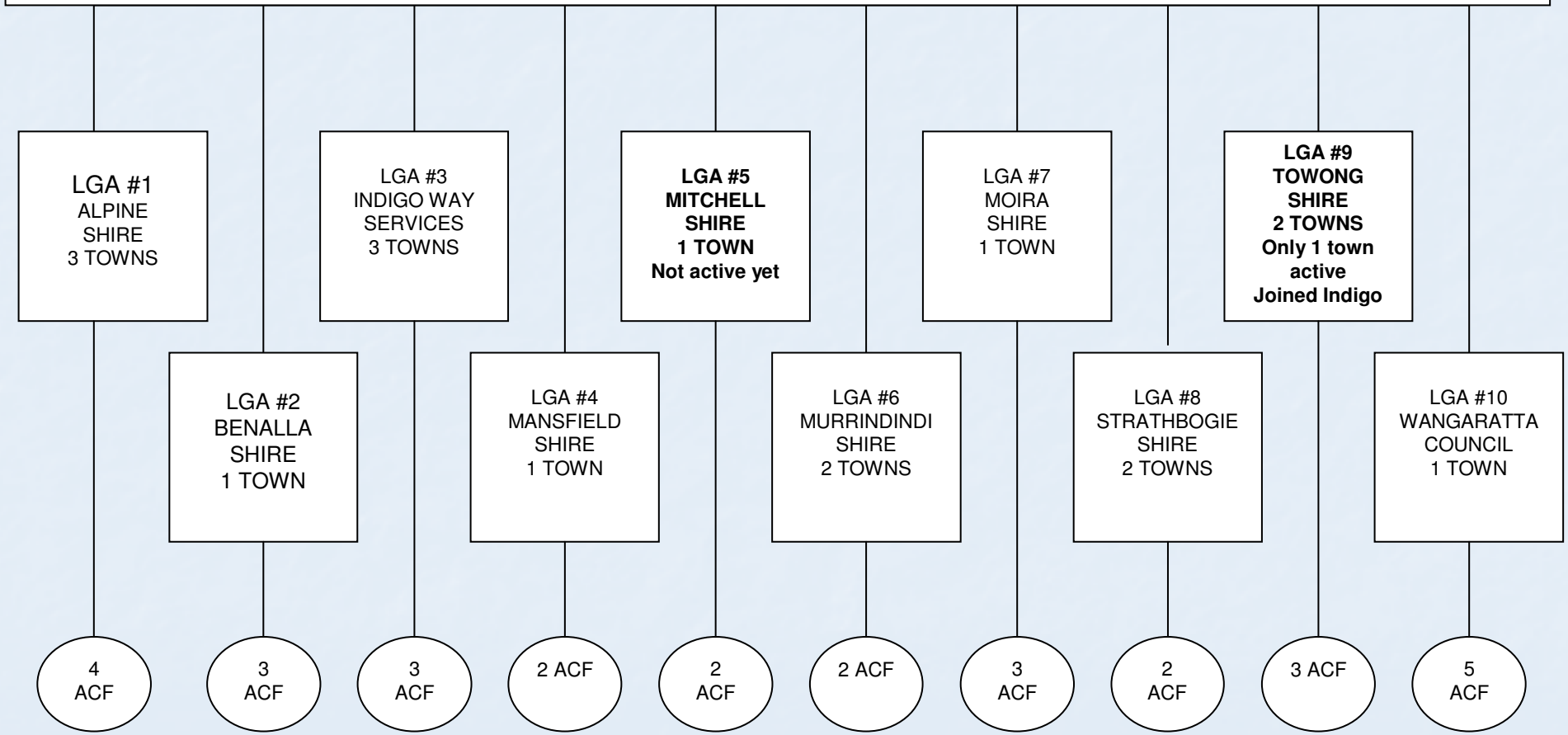
RESEARCH SUMMARY

- Survey results were similar across the board
- Most ACFs were keen on the Panels Initiative
- GP services for residents generally very good
- All residents have access to GPs regularly
- GP input into quality care activity was okay
- Issues identified were common with most facilities and GPs
- The need to develop a model to suit everyone

OVERARCHING PANEL



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MOST ISSUES IDENTIFIED FITTED UNDER 2 HEADINGS COMMUNICATION BREAKDOWNS AND SYSTEMS (OR THE LACK OF)

FACILITIES

- **Inconsistent visiting**
- **Timely care for residents**
- **GPs sticking to scheduled visits**
- **Lack of feedback for residents notes by GPs and others**
- **Notification of other appointments made**
- **No GP visits to Hostel residents**
- **Telephone orders not signed**
- **Lack of time for proper assessment or regular review**
- **Lack of suitable policies**
- **Better understanding of day to day running by GPs**

GPs

- **Reducing calls from untrained staff**
- **Accessing nurses & patients at visit times**
- **Decreasing calls for drug charts**
- **Lack of examination room and equipment**
- **No access to computers**
- **Decreasing paper work**
- **Better management of after hours emergencies**
- **Difficulties with service provision from other players**

FINDING SOLUTIONS TO IDENTIFIED ISSUES

Major links to finding solutions for issues

1. Bringing the key players together

2. Opening the communication channels

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EARLY WINS

1. Better partnerships between GPs and facility staff
2. Regular visit days
3. Scheduled visit times
4. Improved resident feedback to facilities
5. GP visits to hostels
6. Improved systems for signing phone orders
7. Improved systems for accessing unscheduled treatment for residents
8. Increase in CMAs / proper assessment
9. Reduced calls from untrained staff to GPs
10. Improved access to staff and residents for GP visits
11. Increased examination room and equipment
12. Improved access to computers - Introduction of remote access desktops
13. Policies where none existed – i.e. staff management of a deceased resident
14. Inclusion of other key players into some of the panels – Palliative Care, ACAS and Aged Psych.

THE NEXT STEPS

Increase participation of other players

Retain the momentum

Develop stage 2 – Overarching Panel