GPDV

GENERAL PRACTICE DIVISIONS

VICTORIA

General Practice Divisions - Victoria

Annual Report 2005

GPDV Membership:

Victorian Divisions of General Practice

Ballarat & District Division of General Practice - 325
Website: www.bddgp.org.au

Bendigo & District Division of General Practice - 326
Website: www.bgodivgp.org.au

Border Division of General Practice - 329
Website: www.bordergp.org.au

Central Bayside Division of General Practice - 313
Website: www.centralbayside.com.au

Central Highlands Division of General Practice - 318
Website: www.chdgp.com.au

Central-West Gippsland Division of GP - 323
Telephone: (03) 5126 2899

Dandenong Division of General Practice - 315
Website: www.dddgp.com.au

East Gippsland Division of General Practice - 328
Website: www.egdgp.com.au

Eastern Ranges General Practice Association - 320
Website: www.ergpa.com.au

General Practice Association of Geelong - 317
Website: www.gpageelong.com.au

The Goulburn Valley Division of GP Ltd - 327
Website: www.gvgp.com.au

Greater South Eastern Division of GP - 311
Website: www.gsedgp.com.au

Inner Eastern Melbourne Division of GP - 303
Website: www.iemdgp.com.au

Knox Division of General Practice - 314
Website: www.knoxdiv.com.au

Mallee Division of General Practice - 332
Website: www.malleedgp.com.au

Melbourne Division of General Practice - 301
Website: www.mdgp.com.au

Monash Division of General Practice (Moorabbin) - 312
Website: www.monashdivision.com.au

Mornington Peninsula Division of GP- 316
Website: www.mpdgp.org.au

Murray Plains Division of General Practice - 331
Website: www.mpdgp.com.au

North East Valley Division of General Practice - 302
Website: www.nevdgp.org.au

North East Victoria Division of General Practice - 319
Website: www.nevicdgp.org.au

North West Melbourne Division of GP - 307
Website: www.nwmdgp.org.au

Northern Division of GP - Melbourne - 308
Website: www.ndgp.org.au

Otway Division of General Practice - 324
Website: www.otway.asn.au

South Gippsland Division of General Practice - 322
Website: www.sggp.com.au

Southcity General Practice Services - 304
Website: www.southcitygpservices.com.au

West Vic Division of General Practice - 330
Website: www.westvicdiv.asn.au

Western Melbourne Division of General Practice - 306
Website: www.westerngp.com.au

Westgate Division of General Practice - 305
Website: www.westgategp.com

Whitehorse Division of General Practice - 310
Website: www.wdgp.com.au

GPDV is a Company Limited by Guarantee, and all the Victorian Divisions of General Practice (and only Victorian Divisions of General Practice) are eligible to apply to be members. All Victorian Divisions have applied and are members.

Table of Contents

Mission Statement

As the peak body for divisions of general practice in Victoria, GPDV supports divisions in their endeavours to ensure a skilled, viable and effective general practice workforce, to improve the health and well-being of the people of Victoria.

Statement of core values

GPDV values the great potential of general practice to contribute to better health for all Australians and believes that –

Improving health

A skilled, viable and effective general practice sector is crucial to improving the health of Australians.

Consultation

Because of the frequency and nature of general practitioners' contact with the majority of the population, general practitioners are well placed to recognise where the current system can best meet patient needs. General practitioners should therefore be consulted at all levels of health policy decision-making.

Continuity of care

Co-ordination between general practice and other components of the health sector will contribute to improved health care delivery and to improved continuity of care. Divisions are the organisations best placed to systematically link general practice with the rest of the health system.

General practice education

General practice education and training is a core role for divisions to ensure the highest quality of general practice.

Access to services

Divisions are well placed to define opportunities for improving access to general practice services at the local level. This may include designing and implementing programs in ways that will be most effective for their target groups; increasing the viability and quality of practices to allow the public better access to services; and addressing general practice workforce issues.

Population health

A focus on population health will result in improved illness prevention and better health outcomes, particularly for those with chronic illnesses. Divisions are well placed to assist practices to implement population health approaches.

Practice quality

Divisions are the organisations best placed to provide ongoing practical support and direction for systems change that will improve the quality and organisation of general practice.

GPDV's strategic roles

GPDV provides a united and representative voice for Victorian divisions on state and national health policies and their interface, and on the implementation of policies as programs.

GPDV provides opportunities for communication, collaboration and networking, consensus building and professional development for people working at all levels in divisions.

GPDV functions as the central contact point between divisions and other organisations for health system development in Victoria.

(Authorised by the GPDV Board on 13/06/03).

Our Organisation

GPDV is the peak body for the 30 divisions of general practice in Victoria.

The national purpose of the Divisions Network is to assist general practice to provide services to the community within the context of a broader primary health care system. As a local resource, divisions provide leadership and generate partnerships that link general practice with the rest of the health care system.

Since 1998 GPDV has received its core funding from the Commonwealth Department of Health & Ageing as a State Based Organisation (SBO) within the network with the purpose of

- providing leadership and advocacy for divisions with the state government to ensure that the state government is aware of opportunities that the Divisions Network provides to implement primary care initiatives relevant to general practice
- supporting divisions in continuing to build their organisational capacity for high quality program delivery.

GPDV is governed by an elected Board of Directors with equal representation from metropolitan and rural and regional divisions.

Our Services

- Consultation with and advocacy for Victorian divisions and general practice.
- Policy analysis and advice using a range of methods including consultation, background papers, submissions and policy issues papers.
- An extensive needs-based program of statewide forums, workshops and meetings aimed at providing divisions with access to policy and decision makers, innovative approaches, current trends and skills training.
- Resource development and dissemination.
- Individual consultancy to divisions.
- Regular communications with members and stakeholders through Newsletters, Updates, hosted email networks and our website.

Our commitment to Continuous Quality Improvement

In 2003 GPDV gained accreditation with the national Quality Improvement Council (QIC) against the QIC Health and Community Services standards. These standards are underpinned by a set of values about the features of a quality organisation which we share at GPDV.

QIC features of a quality organisation

The organisation is:	Services and programs are:
Efficient	Effective
Legal	Competent
Accountable	Safe
Sustainable	Accessible
Participatory	Fair
Reflective	Responsive
Integrated	Inclusive and culturally sensitive
	Coordinated

Consistent with our commitment to quality improvement GPDV has been implementing a three year Quality Improvement Plan. Progress against this plan is monitored regularly by Quality Improvement and Community Services Accreditation (QICSA).

Quality Improvement Council

Chairman's Report

John Meaney
Chairman

It is with pleasure that I present this report to our members, the Victorian divisions of general practice. The past year has been notable for the recognition accorded to GPDV for its fine work and outstanding contribution to the Divisions' Network. This recognition has taken many forms. The work of individuals has been recognised through national awards. Dr John McEncroe, a GPDV Board member for seven years and a former Chairman was awarded the medal of the Order of Australia in the Australia Day honours "for service to medicine as a general practitioner and administrator with GPDV and for service to the community". Everyone at GDPV was delighted to see this national recognition of John's tireless work. Australian Divisions of General Practice (ADGP) honoured our CEO, Bill Newton, with the John Aloizos Medal for his outstanding contribution to the Divisions of General Practice Network. In announcing the award ADGP concluded "Bill has been a consistent and skilled advocate for divisions and for general practice, and has built a peak organisation for Victorian divisions that is regarded with great respect as a mature and dynamic organisation".

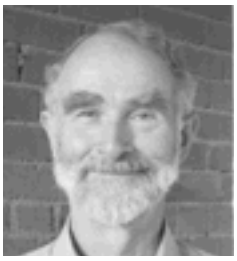
At an organisational level GPDV has consistently built a strong reputation among its members for leadership and representation. The results of the most recent national Annual Survey of Divisions conducted by the Primary Health Care Research and Information Service indicated that GPDV member divisions also recognise the quality of our work. "Victorian Divisions reported the greatest level of satisfaction with their SBO, with 67% reporting that they were very satisfied".

Many factors contribute to this level of satisfaction. Divisions highly value opportunities to come together state-wide to share their knowledge and experiences and GPDV invests heavily in facilitating such opportunities. Across 61 events convened over the past year GPDV staff achieved extremely high ratings from participants for the quality of event design and facilitation. One such event, a forum for Division Chairs on *The Coming Workforce Crisis* led divisions to call for the development by GPDV of a Policy Issues paper on *The Need for a National Primary Health Care Policy* which has now been widely circulated for discussion and comment. We have opened up new areas of involvement in the GP/Pharmacy interface, developing links with the Pharmacy Guild and the Pharmaceutical Society of Australia and a most interesting forum was held to explore future possibilities for these links. We have initiated the involvement of General Practice in the important area of emergency response planning with the Department of Human Services. These are examples of a second factor contributing to member satisfaction: strong representation. The list of GPDV representatives given later in this report highlights the investment made in this important function across a wide range of issues.

I would like to express my gratitude to our CEO, Bill Newton, whose expertise and dedication is invaluable to GPDV and to our staff who are also consistently outstanding in their performance. I would also like to thank my fellow Board members for their wisdom, their wit, their camaraderie and their stamina and to the Board members, CEOs and staff of divisions across Victoria and all GPs involved – thank you for a great year.

Dr John Meaney

Chief Executive Officer's Report



Bill Newton - Chief Executive Officer

For the Divisions Network this has been a year when the changes proposed by the Phillips Review have begun to take some real shape. The year has been dominated by the work of the Review Implementation Committee (RIC) and its many working groups, in which GPDV and Victorian divisions have been well represented.

At the state level GPDV has continued to work on our two core roles – the support of Victorian divisions in the development of their capacity to achieve their objectives and the greater integration of general practice into the state-based health system. Our work in these two core areas is founded on the policy that GPDV has no purpose separate from divisions and that everything we do must be aimed at enabling divisions to work most effectively for their practices and GPs.

At the national level GPDV has joined with the other SBOs and ADGP to work together more effectively since the appointment of the new CEO at ADGP and are well placed to help divisions make the most of the opportunities offered by DoHA's wish to develop the Network into an effective change mechanism across the whole country.

At both state and national levels there has been a growing recognition of the Divisions Network as the only effective way to reach GPs and of the value of divisions as partners in the development of new ways to deliver the health services needed by Australians.

In Victoria this has been demonstrated by the large increase in requests from DHS for our input to strategy and policy papers which indicates recognition by DHS that general practice has a significant role to play in state health services. There has also been a sharp increase in requests for our Working with Divisions workshops for external stakeholder organisations such as the Cancer Council, National Heart Foundation, Eye and Ear Hospital and Primary Care Partnerships which indicates a growing awareness of the value of divisions as partners. At the end of the period we were pleased to hear that DHS has agreed to fund GPDV to cover the cost of providing GP representatives to its committees and working groups, another indicator of the value the state's health department attaches to general practice. This will further raise the profile of general practice within DHS and result in a substantial increase in our capacity to influence its programs.

The steady continuing development of our relationship with DHS at all levels and across many branches of the department is recorded below in this report.

The striking achievement for Victorian divisions in the year has been the progress in accreditation, with six divisions already accredited at the year's end and all other Victorian divisions registered for accreditation with one of the three providers endorsed by DoHA. GPDV has been consistent in our support for accreditation of divisions, having ourselves experienced the benefit of achieving external accreditation in June 2003, and we have advocated successfully at the RIC and to DoHA for external accreditation to be a recognised as a key performance indicator for divisions. The success in accreditation has been matched by Victorian divisions' continuing enthusiastic uptake of our Star Boards governance training program, with the result that 60% of Victorian divisions' current board members have now participated. In June our experience in this area was recognised when DoHA contracted with GPDV to roll out our governance training program nationally.

Our work with Victorian divisions over the years has always been made much easier by our very good working relationship with the staff of the Victorian State Office of DoHA. This year has been no exception and we are grateful to them for their help and support.

Bill Newton

Highlights of the Year

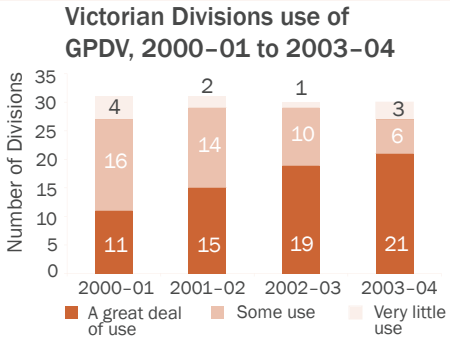
John Aloizos Medal

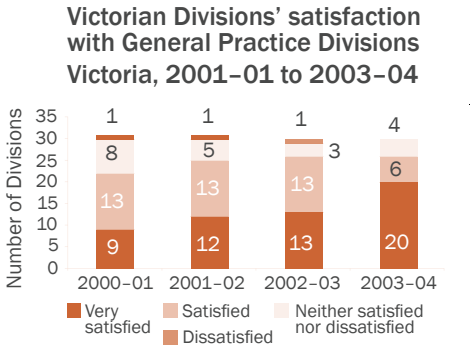
Bill Newton was awarded the Divisions Network's highest honour at the ADGP Forum in 2004, receiving the John Aloizos Medal for an exceptional contribution to the Network. In accepting the award, Bill said that the award was recognition of the work of the staff and board at GPDV and of the united and co-operative Victorian divisions. Dr. John Aloizos, in presenting the medal to Bill, said that Bill had been instrumental in forging collaboration between primary health care providers to enhance health services provided to the Victorian community. "He has led systemic changes in areas such as the General Practice Register to help support better information flow to general practice".

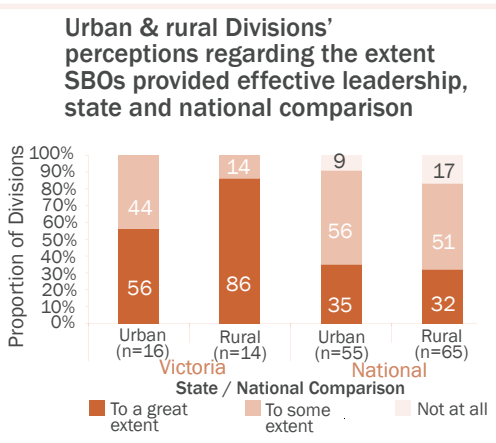
Bill Newton

John McEnroe

John was also a finalist in the John Aloizos Medal in 2004.







Order of Australia Medal John McEncroe

Dr John McEncroe, board member and former Chair of GPDV, and board member and former Chair of Inner Eastern Melbourne Division received an Order of Australia Medal in the 2005 Australia Day Honours list for his services to general practice and the health of the community. John has been on his division board since 1995, and the GPDV board since 1998. In the past three years he has worked particularly closely with DHS through its Hospital Admission Risk Program (HARP), trying to improve the communication between the acute sector and General Practice. His other major involvement is with General Practice Training and he is currently chair of the Victorian Metropolitan Alliance, the largest of the regional training providers.

GPDV recognised for strong levels of member satisfaction

Once again the data from the national Annual Survey of Divisions conducted by the Primary Health Care Research & Information Service at Flinders University confirms that GPDV is highly rated by member divisions and validates the commitment of GPDV to continuous quality improvement. The results of the 2003-04 survey published in 2005 show seventy percent of Victorian Divisions made 'a great deal of use' of General Practice Divisions Victoria (GPDV) whereas only 33% of Divisions nationally indicated they made 'a great deal of use' of their SBO. Sixty-seven percent of Victorian Divisions were 'very satisfied' whereas only 25% of Divisions nationally were 'very satisfied'. Eighty-six percent of rural Victorian Divisions were 'very satisfied' with their SBO whereas only 26% of rural Divisions were 'very satisfied nationally.

The proportion of Victorian Divisions that perceived that their SBO provided effective leadership at state level 'to a great extent' was much greater for Victorian Divisions (70%) than for Divisions nationally (33%).

GPDV staff awarded Primary Health Care Research and Evaluation Development (PHCRED) Fellowships

Lenora Lippmann was awarded a PHCRED Fellowship in the Department of General Practice, The University of Melbourne, and is analysing the role of Victorian public sector GP liaison officers and their achievements in relation to the initial expectations of hospitals and Divisions.

Lenora

Belinda Caldwell's PHCRED Fellowship at Monash University Department of General Practice, focused on researching "Practice Visiting as a methodology for enhancing practice capacity for chronic disease care".

Belinda

Year at a Glance

2004

9 July: Bill Newton CEO and Rosemary Fenech. Aged Care Panels Consultant met with the Victorian Minister for Aged Care, Gavin Jennings to brief him on the GP Aged Care Panels Initiative.

14 July: First *Introducing Divisions* Workshop presented to other health service providers, covering what divisions are and do, and protocols for working with divisions. 90 participants attended the four workshops.

4 August: Bill Newton joined the newly established national Divisions Review Implementation Committee as a Committee member. Bill is the Chair of the Structural Efficiency Working Group, a member of the Funding Agreement Working Group and the Funding Formula Working Group. Susan Webster is a member of the Governance Working Group and the Program Planning and Reporting Framework Working Group.

15 August: GPDV Forum: The Coming Workforce Crunch, which identified the need for a planned response to the looming workforce crisis in General Practice and the development of a national primary health policy.

26 August: Melbourne Division's Practice Nurse Recruitment & Induction Kit, which was developed with support from GPDV, was launched by the Federal Minister for Health, the Hon. Tony Abbott.

27 & 28 August: GPDV and Australian Practice Nurses Association (APNA) Conference.

30th September: Rosemary Fenech was invited by Aged Care Australia of Victoria to be a panel member at their Executive Development Forum to speak about the GP Panels Initiative and the role of divisions to leaders in Aged Care. GPDV was provided with opportunities throughout 04/05 to reach VAHEC members also, with an article in the Winter '05 VAHEC news, provision of two 'orientation to divisions' workshops and presentations to aged/acute interface and residential task force meetings.

18 November: Workshop with allied health state peak bodies: Australian Physiotherapy Association, Dietitian Association of Australia-Vic Branch, Australian Diabetes Education Association, Speech Pathology Australia, OT Australia, Audiological Association, and Chiropractors' Association to inform them of the new Medicare allied health items and to discuss their implementation, to ensure a smooth process for GPs.

21 November: GPDV Forum: The Need for a Primary Healthcare Policy. Victorian division chairs advanced the debate on the need for and issues that a primary healthcare policy should address.

26 November: Joint GPDV and RACGP Mental Health Forum, on State engagement with general practice and building relationships across the specialist and primary care sectors in mental health. The Forum recommended that the Commonwealth Government, in consultation with the States and Territories, develop a Primary Mental Health Care Policy to:

- articulate the directions of the Third National Mental Health Plan, and
- identify the areas where joint funding, identified patient health out comes and agreed performance measures can be applied.

2005

20 February: GPDV Forum: Pharmacy Interface: Cooperation or Competition? Attended by the Pharmacy Guild of Australia - Victoria Branch and the Pharmacy Society of Australia - Victoria Branch.

4 May: GPDV Policy Issues Paper No. 22: *The Need for a National Primary Healthcare Policy* published and disseminated for consultation.

15 May: GPDV Forum: Division-based Responses to Emergency Situations and Public Health Alerts highlighted for DHS the opportunities to involve General Practice in state-wide emergency response planning.

Future Workforce Challenges Forum August 2004

Launch of RN Division 1 Practice Nurses Recruitment and Induction kit by Federal Minister Hon. Tony Abbott August 2004

APNA Workshop August 2004

Joint GPDV and RACGP Mental Health Forum - November 2004

Victoria The Place To Be Department of Human Services

Board members

Wendy Bissinger

Wendy has worked in general practice since graduating in 1983 and has a Masters of Public Health in health promotion and planning. Wendy has been involved with divisions for the last 6 years, initially as a peer educator and GP advisor (Eastern Ranges and Knox) and then board level (Knox).

DHS Immunisation Advisory Committee
Rural Workforce Agency Victoria (RWAV) Board
DHS Emergency Access Reference Committee (EARC) – Aged Care sub committee
GPDV GP Panels Reference Group
DHS GP Engagement Working Group
Board member since 2003

Rob Grenfell

Rob has a Masters in Public Health and is a Public Health Physician. Rob currently practices in general practice in Horsham and is the solo GP at Natimuk. Rob brings to his work as a board member his knowledge of the issues facing rural general practice and rural divisions as they work with their members and practices to improve the quality and continuity of care for their communities.

Rural Workforce Agency Victoria (RWAV) Board
DHS GP Education Program – Hep C
Board member since 1999

Nola Maxfield

Nola is a procedural rural doctor from Wonthaggi in South Gippsland, a partner in a large GP training practice for 18 years. Nola is a long standing board member and chair of her local Division in South Gippsland. Nola has experience of representation at a national level, with previous involvement in the Rural Doctors Association of Australia, and membership of the Australian Health Care Agreement Working Party on Private Health Insurance/Hospital issues.

Victorian Advisory Committee on General Practice
Board member since 1998

John McEncroe

John practices in Hawthorn, and was elected to the Board of the Inner Eastern Melbourne Division in 1995, was its Chair for six years and continues as a board member. In the past two years he has worked particularly closely with DHS through its Hospital Admission Risk Program as the GPDV representative, to improve the communication between the acute sector, and General Practice. His other major involvement is with General Practice Training, and he is currently chair of the Victorian Metropolitan Alliance, the largest of the regional training providers. John was awarded the OAM in the 2005 Australia Day Honours list for his services to general practice, divisions and the community.

DHS Hospital Admission Risk Program
Eye and Ear Hospital MoU Steering Group
Board member since 1998

John Meaney

John Meaney, Chair of the board at GPDV, has been in General Practice in Dandenong for 30 years. He is past chairman of Dandenong District Division and continues on the Division board. He has represented GPDV on various bodies, including Victorian Advisory Committee on General Practice, HARP Preselection Committee and working groups involved in Primary Care Partnerships, the development of Enhanced Primary Care Items, hospital integration, after-hours and workforce issues.

GPDV Mental Health Reference Group Chair
RACGP Professional Peer Support Group Committee
Victorian Advisory Committee on General Practice
Board member since 1998

Sharon Monagle

Sharon works part-time in general practice in Beaumaris, and has a long history of involvement in the Divisions Program, both rural and urban, having been an active committee member, Board member and employee of divisions. She is currently a member of Central Bayside, Monash and Dandenong Divisions. Sharon is completing a Masters of Public Health and also works part-time as GP consultant for Southern Health.

DHS Advisory Committee on Access to Elective Surgery
DHS Statewide Elective Surgery Reference Group
Board member since 2001

David Tillett

David Tillett is the Treasurer of the GPDV board and has played a major role in establishing effective systems for financial governance. Recognition of his skills in financial governance and in general practice systems has led to his involvement in presenting at the Star Boards program for GPDV, on risk management for divisions, and on change management and a systems approach to practice management. As a GP surveyor with AGPAL he has developed a strong focus on practice management and accreditation issues.

Board member since 2000

Julie Thompson

Julie is currently Deputy Chair of the Central West Gippsland Division of General Practice and has had a long commitment to her division and to the Divisions Program. She is immediate past Chair ADGP. Julie has a sound understanding of corporate governance. She has held many representative positions on behalf of general practice and divisions over the past 10 years and values consultation and collaboration. Julie has had the opportunity to visit many divisions and has a deep understanding of the issues facing divisions and the practices they support.

Board member since 2004

GPDV Board

GPDV is committed through its policy on the role of the board to achieving effective governance. This report gives a snapshot of governance activities.

"The board is committed to effective contact, liaison and consultation with the division members, particularly the boards. It seeks to be inclusive and accessible to the membership and other stakeholders"

GPDV has ensured regular communication and consultation with division boards through the quarterly Forums, quarterly teleconferences for rural and metropolitan division Chairs, the email listserve for the Chairs and the allocation of a contact board member to each division. In the 2004 calendar year the GPDV board members visited every division board in Victoria and consulted them about current issues for their division.

"GPDV functions as the central contact point between divisions and other organisations for health system development in Victoria."

An active representation program has been maintained and the results have been recognised by the Department of Health & Ageing. "I would like to acknowledge GPDV's good work in linking with the state government and promoting the involvement of GPs and divisions across a range of programs...."

"Governance policies describe the way the board carries out its governance role"

The board has reviewed policies and procedures. Over the year the Treasurer David Tillet has led the board in a detailed examination of the financial governance and risk management systems. The board extensively revised procedures relating to ethics and conflict of interest. All board members now complete a Register of Interests form at the time of election, and it is updated regularly. Interests are declared at the start of board meetings.

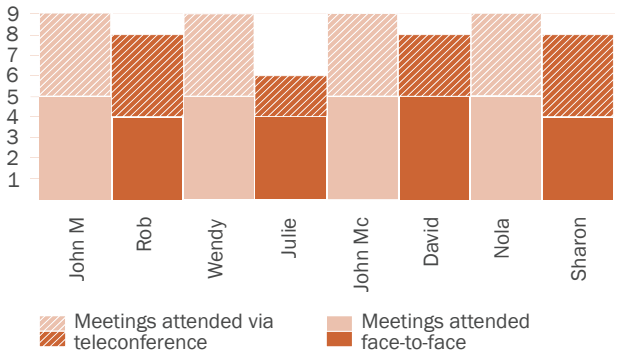
"Overseeing/monitoring the performance of GPDV"

Feedback to the Board from DoHA confirms that GPDV continues to meet the performance requirements of its funding contracts. "Activities in primary care integration, GP hospital communication, aged care GP panels, collaborative programs and immunisation require extensive efforts on the part of GPDV that have produced good results.....Mental health is one of the priority areas for the department and GPDV appears to have contributed strategically to achieving better population health outcomes".

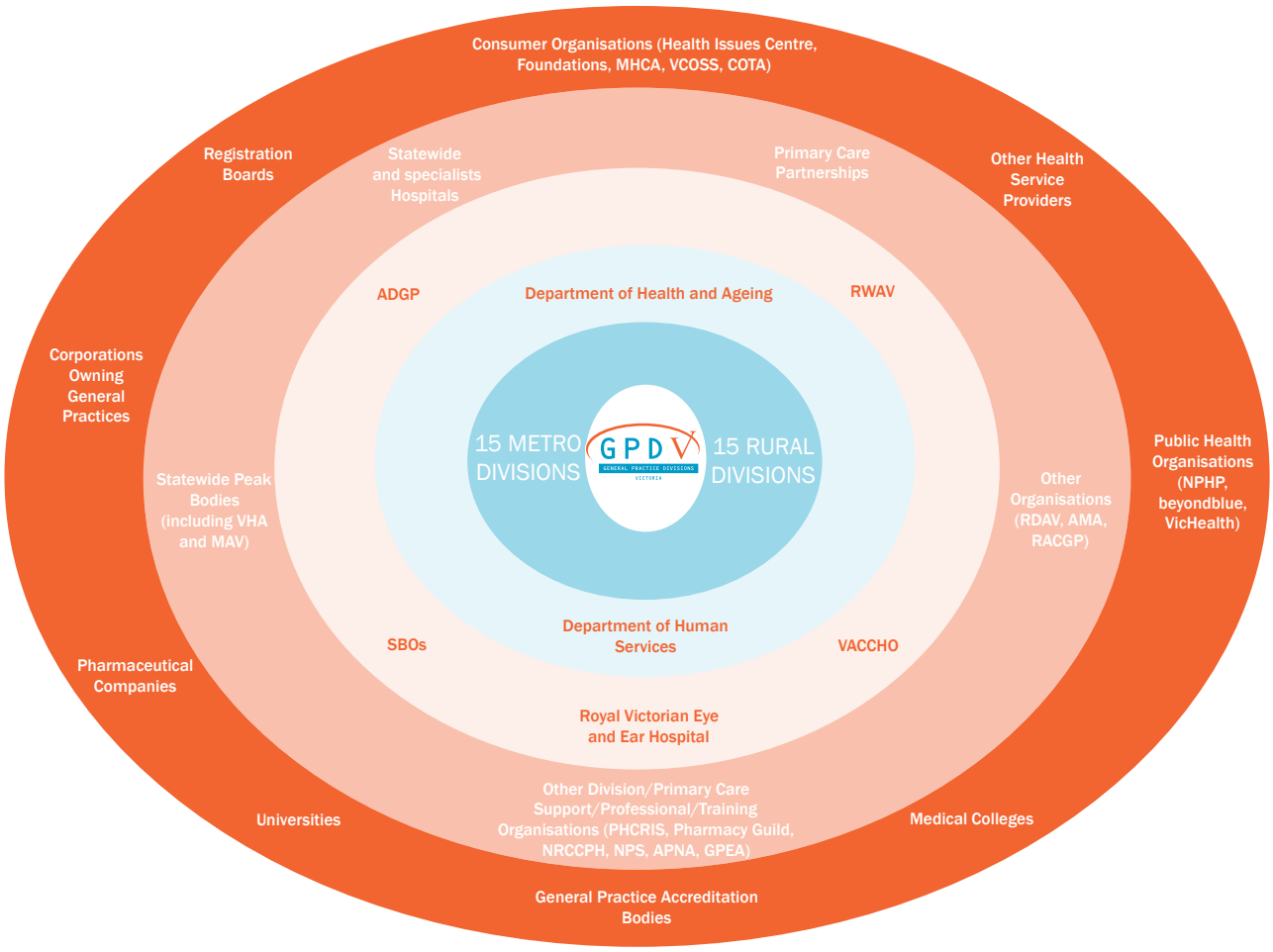
"Overseeing/monitoring its board governance performance"

GPDV Board members have completed a Training Needs Analysis to guide their skill development as board members. Wendy Bissinger attended Star Boards Level 2 and Nola Maxfield attended the Effective Charing Skills workshop. David Tillet presented a session to the Star Divisions Program Financial Governance workshop, covering the responsibilities of directors, and how to analyse financial reports. In addition he presented this session to the board members of the Murray Plains division.

GPDV board attendance 2004–2005
(a total of 9 meetings were held)



Community of Interest



Australian Government
Department of Health and Ageing

GPDV acknowledges the commitment and support of the Commonwealth Department of Health & Ageing from which we receive substantial funding. We value the productive and cooperative relationship extended to us by the staff of the Department's Victorian Office.

Victoria The Place To Be Department of Human Services

The Victorian Department of Human Services (DHS) recognises that general practitioners and divisions of general practice have an important role to play in service coordination, health promotion, integrated disease management, integrated service planning and in the delivery of primary care services in our state. GPDV appreciates the department's partnership approach and financial support for our collaborative efforts to improve health care for Victorians.

adgp

Australian Divisions of General Practice Ltd. (ADGP) is the peak national body representing 118 divisions of general practice and 8 state-based organisations (SBOs) across Australia. ADGP and GPDV work closely together as members of the ADGP/SBO coalition to identify and discuss key strategic health issues and to facilitate coordination, collaboration and communication among coalition member organisations ADGP maintains regular contact with GPDV and works closely with GPDV and divisions in implementing national programs to ensure they meet the local needs of their communities. GPDV particularly appreciates the participation of ADGP senior staff in Victorian forums and network meetings for the Chairs and CEOs of divisions in the past year.

Partnership Agreements

MoU with Victorian Aboriginal Community Controlled Health Organisation VACCHO

This memorandum commits GPDV and VACCHO to work together and co-operatively with the common purpose:

1. To support the development and provision through divisions of general practice of opportunities for general practitioners in Victoria to enhance their awareness of issues in Aboriginal health and of the factors which will ensure effective, high-quality primary health care services in Aboriginal communities within Victoria.
2. To work towards achieving the goal of each Aboriginal community having its own community-based, locally owned, culturally appropriate and adequately resourced primary health care facility in which general practitioners have a role.
3. To support involvement of divisions of general practice in initiatives which encourage Aboriginal people to take up careers as health service providers.

GPDV has promoted the MoU through regular newsletter articles and through orientation workshops for new division staff. A priority in the past year has been to achieve general practice accreditation for the Aboriginal Community Controlled Health Services and recruit GPs. Currently seven of the general practice services in ACCHSs are accredited and all report extensive support from their local divisions to achieve that accreditation. GPDV has showcased division support for the achievement of practice accreditation both at GPDV workshops and joint meetings.When Primary Health Care Access Program (PHCAP) funds became available to ACCHSs for the employment of GPs divisions were well placed to work with the ACCHSs on GP recruitment. GPDV has demonstrated its partnership approach with VACCHO, together with RWAV, though support for VACCHO in the meetings about PHCAP with the funder, Office of Aboriginal and Torres Strait Islander Health (OATSIH). In addition GPDV and RWAV have supported VACCHO as members of the Victorian Advisory Committee on Koori Health Workforce Issues Sub-Committee.

MoU with Rural Workforce Agency Victoria RWAV

The memorandum commits GPDV and RWAV to:

- deliver a co-ordinated program of events and workshops for rural divisions of general practice
- support rural divisions of general practice and GPs to work with Aboriginal Community Controlled Health Services, in a way that is consistent with the MoUs between GPDV, RWAV and VACCHO
- joint advocacy for improved GP data collection and analysis
- work together where possible on administrative processes that will build the capacity of each organisation to support rural general practice.

GPDV and RWAV have worked together at the policy and representation level, for example through joint advocacy about the funding formula for rural divisions, particularly in relation to the mooted change from using the RRAMA formula to the GP ARIA formula to calculate funding as this change of formula would mean a cut in funding to Victorian divisions. RWAV participates in the twice-yearly GPDV rural CEO network meetings and the organisations have worked closely together in their partnerships with VACCHO. Two GPDV Board members are on the board of RWAV and provide a statewide divisions' perspective.

MoU with Royal Eye and Ear Hospital

The objectives of the memorandum are to:

- enhance care standards and practices to the benefit of consumers
- increase service provision efficiencies by improving and streamlining administrative and communication processes between the Eye and Ear Hospital and GPs
- increase appropriate referrals to the Hospital and support for GP management of non-acute ENT or vision-related conditions
- provide health care professionals with increased practice skills and knowledge through education and training
- enhance the quality and continuum of care for consumers by better using community support services.

During 2004–05 a number of working groups were established, each with tasks and a timeline, and interim progress reports have been received. John McEncroe is the GPDV representative on the MoU Steering Committee, supported by Bill Newton and Lenora Lippmann.

Meeting our Strategic Directions

Key strategic direction 1: Provide leadership, advocacy and representation for Victorian divisions on the place of general practice in the health system, particularly to the state health system.

GPDV has continued to be rated highly for leadership, advocacy and representation by the Victorian divisions. Over the year the links between GPDV and the Public Health Division of DHS increased markedly, leading to agreement on a protocol for the dissemination of crucial health warnings to GPs through divisions, and to funding for GPDV to support a Hepatitis C program to increase the capacity of general practice to be effective providers of care for Hep C patients.

Key strategic direction 2: Promote the central role of general practice and systems for effective links with both primary care and acute care services.

This year a key focus of the work on GP–hospital integration was to ensure that the General Practitioner Register was used by hospitals to improve the information flow from hospitals to general practice, while the Register was in transition from GPDV to the DHS State Services Directory. The work in the primary care sector has focused on bringing general practice and primary care together to use the DHS Service Coordination Tools to improve information flow between primary care and general practice. As this is very dependent on IMIT capacity, both for general practice and for the state-funded sector, the work has been concentrated in trials and pilots to establish how the system can best work and be supported. The Broadband for Health program has provided another opportunity to facilitate better communication.

Key strategic direction 3: Support Victorian divisions to build their capacity as effective organisations.

Six Victorian divisions have achieved accreditation (one with ISO and five with QIC), with one other recommended for accreditation following external review by QICSA. The remaining 23 divisions were registered with accreditation providers by 30 June 2005. The 100% take-up rate of accreditation in Victoria places divisions in this state well ahead of the national take-up rate in the past year.

An extensive program of state-wide events over the year reached all Victorian divisions attracting 1306 individual attendances. Events were highly rated by participants for achievement of objectives (4.22/5 on average) and GPDV facilitation (9.12/10 on average).

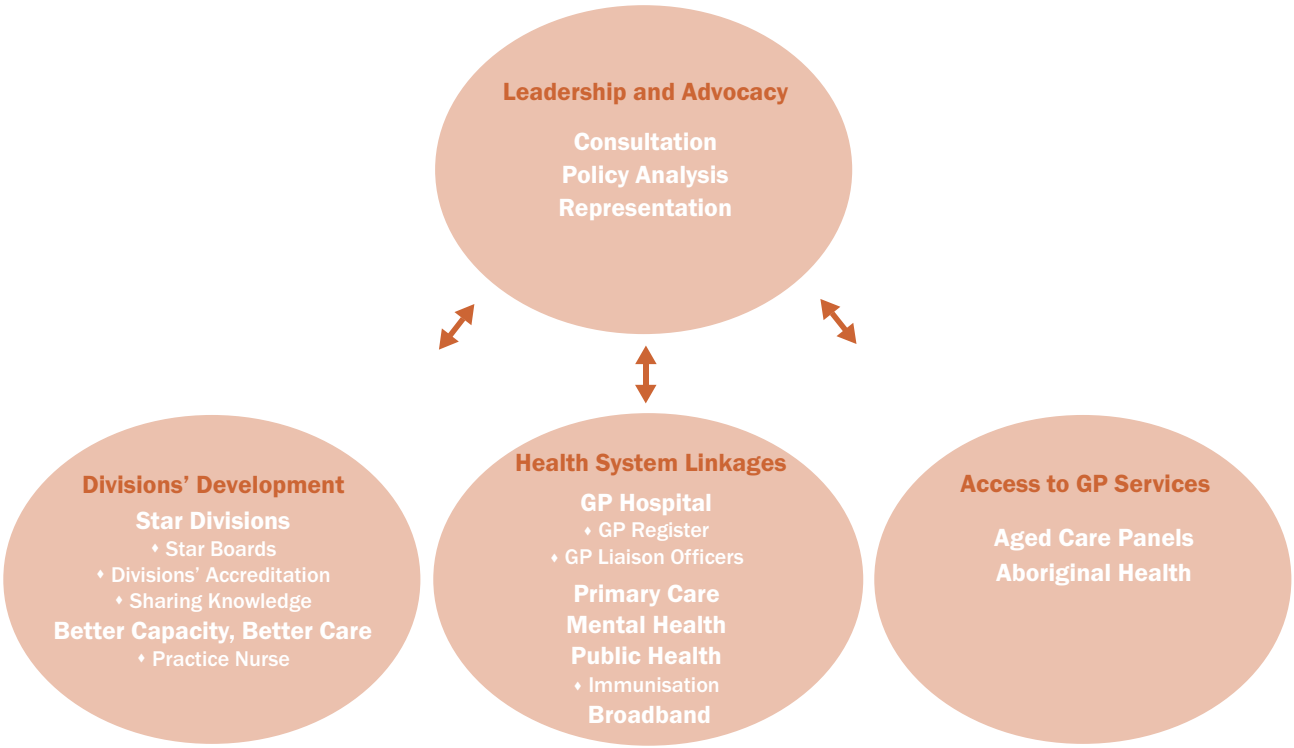
The successful Star Boards program, a governance training program, part of the Star Divisions program, continued with 60% of current Victorian board members having attended at least one Star Boards workshop.

Key strategic direction 4: Focus on practice support and chronic disease management through supporting an integrated systems-based whole-of-practice approach.

The success of the GPDV work in supporting Practice Nursing through the Workforce and CDM programs led to GPDV achieving funding for a Practice Nursing Program. $824,000 will be invested in practical, high-quality training opportunities for general practice nurses in Victoria in 2005–06 to meet training needs identified by divisions.

Key strategic direction 5: Work in partnership with key stakeholders to enhance access to general practice.

GPDV has worked in partnership with the Victorian Aboriginal Community Controlled Health Organisation to support the work of Victorian divisions with their local Aboriginal Community Controlled Health Services (ACCHSs) to gain general practice accreditation and to recruit GPs. This work has been done in partnership with the Rural Workforce Agency Victoria. The work to support the Aged Care GP Panels Initiative has involved GPDV in partnership work with the peak bodies for aged care, in addition to a focus on supporting divisions to do this partnership work at the local level.



GPDV Staff

From left to right: Back Row - Scott Bennett, Vanessa Collinson, Belinda Caldwell, Bill Newton, Robyn Shaw, Diana Capovilla, Sonya Tremellen, Christine Macdonald, Peter Larter; **Middle Row** - Craig Szucs, Michelle Wills, Linda McKenzie, Eliza Sanneman, Rosemary Fenech, Katie Fitzgerald, Danielle Stephenson, Melinda Rolland; **Front Row** - Lenora Lippmann, Helen Threlfall, Susan Webster, Anne Diamond, Rachel O'Neill

Consultation, Policy & Representation

1. Consultation

GPDV staff are in regular contact with the staff of divisions through workshops and networks and are able to consult widely with divisions at the CEO and staff level. The GDPV Board is also committed to ongoing consultation with the boards of divisions and does so through:

- quarterly teleconferences for rural and metropolitan division chairs
- quarterly forums for division chairs
- annual visits to division boards by GPDV board members.

In 2004–2005 the teleconferences covered a wide range of themes, including:

- the new DoHA funding contract
- the DoHA funding formula for divisions
- national contract performance indicators for divisions
- review of Rural Workforce Agencies
- primary health care policy development
- GP Aged Care Homes Panels
- MBS Allied health items.

The teleconferences have also been a valuable source of discussion for input for responses to government submissions, for example on the DHS Dementia Framework.

Four forums were held on the themes of

- the coming workforce crisis (August 2004)
- the need for a national primary health care policy (November 2004)
- the GP–pharmacy interface: Cooperation or competition? (February 2004)
- division-based responses to emergency situations and public health alerts (May 2005).

Over the course of the calendar year each Victorian division board hosts a meeting with a GPDV board member. The GPDV board visits provide an opportunity for direct discussion and consultation on the issues that affect each division and the discussions provide themes for subsequent GPDV policy development and/or representation. For example, in the past year one of the consistent themes arising from the visits to rural divisions has been the ongoing problems in GP–hospital communication.

2. Policy

GPDV's main policy focus this year has been on the need to develop a national primary health care policy. The issue arose out of the forum on the coming workforce crisis, which resulted in a decision to develop a rationale for a national primary health care policy. This also dovetailed with ADGP's decision to develop a national position paper on primary health care. GPDV prepared a draft paper for a Forum in November, attended by Kate Carnell, the new CEO of ADGP. An Issues Paper (No.22) was released in March 2005. We received some feedback from Victorian divisions as well as very useful comments from a number of primary care and consumer organisations.

Over the past year GPDV has made a number of submissions to both State and Commonwealth governments:

- Submission to the Senate Select committee on Mental Health
- Response to DHS's proposed framework for the management of dementia
- Submission to DHS's review of the Health Act
- Submission to ADGP on APAC's proposed guidelines for medication management in the community
- GPDV & RACGP's joint submission to DHS on the review of drugs and poisons legislation
- Response to the DHS Rural Birthing Services Planning Framework.

3. Representation

GPDV has ensured that divisions are represented on a wide range of state and national-level committees. We continue our policy of calling for nominations from all Victorian divisions and have been successful in encouraging DHS to recognise the need to engage GPs who have a constituency to report to rather than to select individual GPs who are not accountable to their colleagues.

The lists on the right include all committees that operated for all or part of 2004–2005.

Consultation, Policy and Representation

ADGP Committees

Dr Chris Pearce is Victoria's representative on the ADGP board. Victoria also has a number of GP representatives on ADGP committees. These representatives are not accountable to Victorian Divisions through GPDV and so do not appear here. A full list appears in the ADGP Annual Report.

DHS Committees

Advisory Committee on Access to Elective Surgery	Dr Sharon Monagle*
Advisory Committee on the Home and Community Care Program	Lenora Lippmann
Emergency Access Reference Committee (EARC)	Bill Newton
GP Engagement Working Group	Dr Wendy Bissinger* Dr Jill Grogan Dr Geoffrey Campbell Andrew Howard
Immunisation Advisory Committee	Belinda Caldwell Dr Wendy Bissinger*
Influenza Pandemic Planning Steering Committee	Belinda Caldwell
Hospital Admission Risk Program	Dr John McEncroe*
Palliative Care Committee	Dr Ian Grant
Promoting Partnerships in Palliative Care Services Working Group	Dr Richard McClelland
Resource Kit Development Project Reference Group	Rosemary Fenech
Statewide Elective Surgery Reference Group	Dr Sharon Monagle*
GP Education Program - Hep C	Dr Rob Grenfell* Dr John Lockwood
State Health Emergency Response Plan Working Group	Bill Newton

DoHA

Victorian Advisory Committee on General Practice (VACGP)	Dr Nola Maxfield*/Dr Rob Grenfell* Dr John Meaney*
Review Implementation Committee (RIC)	Bill Newton
Funding Agreement Working Group (sub-committee of RIC)	Bill Newton
Structural Efficiency Working Group (sub-committee of RIC)	Bill Newton
RIC Planning and Reporting Working Group	Susan Webster
RIC Governance Working Group	Susan Webster

Other

3 Centres Collaboration Guidelines on Antenatal Care Review Advisory Groups	Dr Ruth Stewart
ASHM/Alfred Hospital GP Hep C & HIV Training Program Steering Committee and Hep C Clinical Sub-Committee	Dr Larry Osborne Dr Richard Milner
DVA Local Medical Officers Advisory Committee	Dr Shane Conway
MDGP Practice Nurse Recruitment/Induction Kit Reference Committee	Peter Larter
RACGP General Practice and Psychiatry Liaison Group	Dr James Antoniadis
Primary Care Mental Health Training Project (check if national or state)	Anne Diamond
Primary and Community Health Network	Bill Newton
Primary Care and Population Health Committee - Royal Victorian Eye & Ear Hospital	Dr John McEncroe
RACGP Professional Peer Support Group Committee	Dr John Meaney
Refugee Health Initiatives Project Reference Committee	Lenora Lippmann
RWAV Board	Dr Wendy Bissinger* Dr Rob Grenfell*
Victorian PHC RED Partnership Reference Group	Bill Newton
Victorian PHC RED State-wide Committee	Bill Newton
Wound Mngt and Immunisation Training for Practice Nurses Project Working Group	Peter Larter
Vic Advisory Comm on Koori Health: Indigenous Health Workforce Issues Sub-Comm	Susan Webster

* GPDV Board member

Star Divisions Program

Star Divisions is a key program for GPDV which brings together a variety of activities to support divisions' development. The program has three key strands:

1. *Governance development*
2. *Management and organisational development*
3. *Knowledge Sharing*

1. Governance development

GPDV's "Star Boards" governance workshops series continue to be popular events in our annual calendar. Within the last four years at least 60% of Victorian division board members have attended at least one "Star Boards" workshop with equal representation from metropolitan and rural divisions. These workshops have appealed to both male and female board members with women making up 35% of participants, which is higher than their proportional representation on boards (30% of board members are women according to the PHCRIS 2003–04 Annual Survey of Divisions). The series comprises separate Level One, Level Two, Effective Chairing and Financial Governance workshops. Eighteen divisions from Victoria and Tasmania sent 54 participants to these workshops in the past year.

The Governance Cup competition conducted as part of our Grand Final Breakfast at the ADGP Forum 2004 was a most successful event attended by 52 Victorian board members from 22 divisions, in addition to guests from other SBOs and DoHA. During the event governance knowledge was assessed in a very participatory and amusing quiz, and key knowledge gaps were identified. These included accountability, understanding the chain of command, and understanding the commitment needed from board members. Participant evaluations of Star Boards workshops in 2001–04 identified some additional areas of need for further learning: understanding the tools for good governance, risk management, strategic planning and skills such as chairing and the duties of the treasurer. Training needs analyses were completed for the chairs' and treasurers' workshops in 2005, revealing gaps in knowledge and skills in understanding and analysing financial reports, and using financial information for planning.

Dr Geoff Campbell being awarded the GPDV Governance Cup 2004 by Phillip Davies, Assistant Secretary of the Department of Health & Ageing with Bill Newton, runners up Chris Pickett and Steve Sant and competition judge John Mero looking on.

GPDV continued to provide advice and assistance to individual divisions with governance and management issues through the work of divisions consultants. The most requested services from members were facilitating board performance reviews, organisational structure reviews, advice on CEO board relationships and on a range of management and reporting issues.

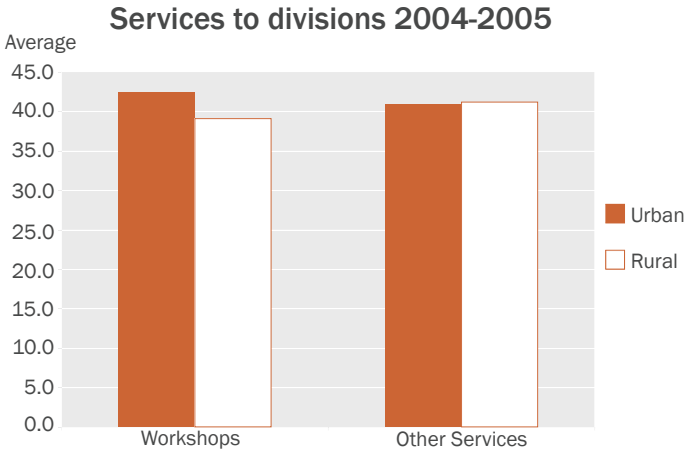
2. Management and organisational development

The CEO Network and the CQI and Accreditation Network facilitated by GPDV are crucial components of our strategy to support organisational development in divisions. Together with GPDV's individual consultancy, resource development, and bench-marking services, they give division CEOs the opportunity for reflection, analysis, design of management improvements, and self review.

The CQI and Accreditation Network provides divisions with a quarterly opportunity to review their management systems, learn from each other and share resources. The network meetings include a focus on appropriate industry standards for all areas of divisions' operations and supports divisions to prepare for and maintain accreditation.

CEO network meetings focus on the work of divisions, and bring CEOs together to hear from federal (DoHA) and state (DHS) representatives, the ADGP, and each other.

Four CEO network meetings were held, with all Victorian and Tasmanian divisions attending at least one, 66% of Victorian and Tasmanian division CEOs attended at least three of the four events, all except one attended at least 50%. Five CQI workshops were held, with 29/30 Victorian divisions attending at least one workshop, 24/30 (80%) attending at least two, and 21 (66%) attending at least three.



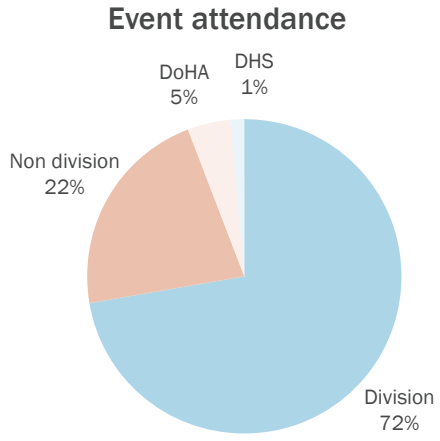
3. Knowledge sharing

GPDV uses a variety of strategies to foster ongoing sharing of personal and organisational knowledge as it develops in our field:

- Bringing divisions together regularly for state-wide events.
- Including other stakeholders in knowledge sharing activities.
- Managing written knowledge across the network.

Our aim is to keep people working in divisions in touch with each other in ways that support a collaborative culture and infrastructure for sharing knowledge. Our strategies encourage the setting aside of time and resources for sharing knowledge and continual improvement in processes for managing knowledge effectively. An extensive collection of resources and information from and for the divisions' network is housed on our website, www.gpdv.com.au for easy access.

On average, more than 80 contacts took place between GPDV and each member division in the past year. (80.3 for rural divisions and 83.6 for metropolitan divisions). Differences were apparent in the figures for attendance at state-wide events, reflecting the additional time and costs for travel to Melbourne and the smaller average staff sizes in rural divisions. We will continue to assess our events program in the light of these figures, and feedback from CEOs, in an effort to ensure our services are accessible to rural divisions.



Stakeholders and divisions came together at state-wide events. The chart shows the aggregate audience for all events convened in 2004-05.

3. Knowledge sharing (continued)

Regular, written GPDV communications including the popular e-bulletin for Chairs and CEOs and the electronic Primary Care Update for program staff are effective tools for knowledge sharing.

Division CEOs are increasingly interested in benchmarking their division's performance against others, both within the Divisions' Network and outside. To meet this need GPDV conducted several surveys and reviews. Division annual reports and financial statements were reviewed and CEOs completed a survey on costs and expenditure in many categories. A training needs analysis was administered to all division staff, and CEOs were asked to assess their knowledge of and needs for support for continuous quality improvement. In each case collective, de-identified results were fed back to divisions to facilitate analysis and review.

In 2004–05 the Continuing Professional Development Network was re-structured to focus on developing divisions' capacity to deliver education that supports quality practice. Explicit links were made between the development of best practice in educational methodology and the implementation of division programs. The network meetings promoted a multi-disciplinary approach to education, and use of data such as PIP and SIP in needs analysis for planning CPD, and the central role of the CPD Coordinator as an educational resource for the program staff in the division. The survey of Coordinators showed that there is an increasing number with educational and/or training qualifications, and a gradual move away from CPD being seen as event management and towards it becoming a quality improvement tool. The workshops focused on practice visiting (November) and aged care (May), and brought together CPD Coordinators with key program staff.

Orientation to divisions workshops are provided in different formats to CEOs, Program Staff, and Administrative Staff. The agendas are structured to address key orientation competencies for division staff. Five events were held reaching 53 new staff from 23 divisions.

Divisions' participation in primary health care research is an area requiring further development. Through the formation of the Research Working Group, which has membership from four divisions, Whitehorse, Central Bayside, Central Highlands and North West Melbourne, together with the University of Melbourne and Monash University, GPDV developed protocols for divisions and universities to work together. In 2005–6 the focus will be on making the protocols work, and identifying some key opportunities for joint research development.

Protocols

To ensure that divisions and universities can work productively together on research, it is preferable that any project be developed jointly. Both divisions and universities need:

- a research project that is funded, or if not funded, an agreement to jointly seek funding so that both the division and the university are remunerated for costs
- to be involved early in the development of projects; for the universities, to enable sound methodologies to be developed; for the divisions to ensure that projects are well grounded in general practice
- a project that is achievable within the resources available
- clarification of common interests, roles and responsibilities, recorded in MoUs, agreements, etc
- joint participation in research working groups
- agreement on, and sound processes for, project management, including financial management of the project
- a focus on developing the evidence base and the business case which will encourage GP engagement
- development of shared progress reports on the work
- division involvement in their area of expertise: engaging GPs; eg through practice visits, division newsletters, secondment of a division staff member to the research work
- development of the "where to next" activities with the division; eg new funding application, final report, an advocacy plan.

To ensure that divisions and universities can work productively together on research, divisions need:

- a project that has relevance to the strategic plan of the division, ie local meaning and value
- communication with divisions through the organisation, ie through the CEO to the board.
- a division selected GP champion to be a key player in the research
- a planned approach to dissemination of results to other GPs in the division
- in addition to a focus on developing the evidence base for GP engagement, divisions need a focus on developing the business case which will encourage GP engagement.

To ensure that divisions and universities can work productively together on research, universities need:

- projects which are relevant to the research themes of the university department
- assistance with engaging GPs and practices within the division's existing structures and activities; eg CPD events
- to be kept up to date with the key areas of concern/interest/activity of divisions.

Better Capacity Better Care Program

1. Promoting improved practice capacity for chronic disease management

Practice Capacity for Chronic Disease Management has provided a key platform for GPDV's work with divisions over the last year and is an area of division work which is really "coming of age". GPDV has sought to provide the evidence base for enhancing practice capacity through a range of mediums including workshops and communications. We have chosen to assist divisions by incorporating the evidence from both overseas research and research undertaken at the Centre for General Practice Integration Studies (CGPIS) at the University of New South Wales into our approach to supporting divisions in Chronic Disease Management.

Essentially, the research indicates that practice capacity has a significant effect on practice ability to provide best-practice chronic disease care. Practice Capacity can include areas such as

- Teamwork
- Linkages with other providers
- IM/IT Maturity
- Business and financial management

The focus on practice capacity provides divisions with a strong clinical evidence base for practice support in a wide range of areas and is able to translate into practical support measures.

Highlights for the year included

- Running a workshop for divisions on "Building effective teams in General Practice" which was highly rated.
- Working closely with CGPIS to create interest in and promote dissemination of their research.
- Attending, with several Victorian divisions, the National Chronic Disease Forum where the research results were launched.
- Revising the Better Capacity Better Care resource directory on our website to better align with division approaches and provide a much wider range of useful resources.

2. Promoting nursing in general practice

The Nursing in General Practice Program has continued to focus on assisting divisions in their efforts to educate, support and encourage practice nurses at the local level. GPDV has continued to advocate strongly for the need for division support of practice nurses as critical both for addressing areas of workforce shortage and contributing to better quality of care. We were pleased that this year DoHA finally acknowledged the important role of practice nurses by providing substantial funding for their training and support.

BCBC kit cover

BCBC Banner

GPDV assistance to divisions has included

- Workshops
- Information sharing through our email list serve and the monthly Primary Care Update.
- Maintaining the website, including a regularly updated directory of available training for practice nurses.
- Presentations for nurses and GPs at division events .
- Liaising closely with other nursing bodies such as the Australian Practice Nurses Association and the Nurses Board of Victoria.

Highlights for the year have been

- The joint APNA–GPDV two-day conference attended by 20 division staff and 80 practice nurses.
- The launch of the Melbourne Division's Recruitment & Induction kit by the Hon Tony Abbott, Minister for Health.

GPDV assisted Melbourne Division in the preparation of funding contracts in relation to the Practice Nurse Recruitment and Induction Kit and provided feedback about the content of the kit. The kit was disseminated to all Victorian divisions for a state-wide trial. The Commonwealth has now agreed to roll out the kit nationally.

- Advocacy for the need for data on practices' eligibility for the Practice Nursing PIP by postcode, which has subsequently been made available to divisions.
- Receiving substantial DOHA funding for 2005 to purchase training opportunities for practice nurses and to provide to divisions with resources for capacity-building activities.

Access to General Practice Services

GP services in aged care homes

The Aged Care GP Panels Initiative (ACGPPI) has for the first time provided national funding to improve the availability and quality of general practice care for residents of Commonwealth-funded aged care homes. GPDV has received funding to support divisions in rolling out the initiative and to develop state-wide linkages with key stakeholders.

Key strategies

- Support for division ACGPPI staff including regional network meetings and orientation for new staff.
- Facilitation of a program staff e-network and creation of an aged care section on the GPDV website. The website houses divisions' 'GP Aged Care Panel' models and is a repository for resources and tools.
- Quarterly state-wide workshops with division ACGPPI staff incorporating skills-based activities and networking opportunities. Topics have included orientation to the aged care sector, medication management issues in residential aged care, ACGPPI implementation planning and professional development and resources for GP Panels.
- Quarterly meetings bringing together key Victorian stakeholders: VAHEC, ACA, The Aged Care Standards and Accreditation Agency, Resident's Rights Association, Carers Victoria, DVA, DoHA, DHS, GP representatives and Division CEO representative.
- Provision of advice, advocacy and representation of GP and division views to ADGP and DoHA.
- Development of linkages with the relevant Aged Care sections of DHS and the Victorian Minister for Ageing, Gavin Jennings.

Key achievements

Divisions built relationships with local aged care homes, identified local needs and established local GP Panels with Aged Care Homes to examine means for improving arrangements for working together. Local issues are heavily influenced by state-wide and national arrangements and GPDV will continue to advocate for systemic changes required to develop sustainable improvements in the provision of general practice care to residents of aged care homes.

GPs for Aboriginal health

GPDV maintains a strong commitment to working in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to increase the provision of general practice services delivered in Aboriginal community controlled settings.

Key strategies

Our MoU with VACCHO and the accompanying protocols for divisions working with local Aboriginal communities are promoted to all new division staff through GPDV *Orientation to Divisions* workshops and through the GPDV website.

The GPDV monthly newsletter communicated regular messages about issues in working with ACCHSs. Topics included the Primary Health Care Access Program (PHCAP), Mental Health Access to Allied Health project work with ACCHSs, the DoHA Review of ATSI Primary Health Care programs, Koori Maternity Week in Victoria, and the DHS Aboriginal Services Key Indicators Report.

Individual advice has been provided to divisions on request about issues in Aboriginal health and protocols for collaboration.

Quarterly meetings continue between GPDV, VACCHO and RWAV to coordinate efforts to support local ACCHSs. GPDV attended planning meetings for the PHCAP, funded by OATSIH.

The GPDV Practice Accreditation workshop held in October featured a joint session with VACCHO on the role of divisions in supporting practice accreditation. GPDV, along with two division representatives, attended the VACCHO state-wide Practice Managers Network meeting in early 2005 to explore further ways of supporting GP services in ACCHSs.

Key achievements

The most important measure in this area of our work is the extent to which accredited, viable GP services are available in Aboriginal community controlled organisations. In 2001 there were none. In 2005 the Victorian Aboriginal Health Service has achieved general practice accreditation bringing the number of accredited services in Victoria to seven. With support from GPDV, VACCHO has obtained approval for the use of PHCAP funding for employment of additional ACCHS capacity to prepare for GP accreditation of services in Ballarat, Bendigo and Sale.

GPDV Aged Care GP Panels Reference Group	
Dr Wendy Bissinger (GPDV Board member)	Dr John Dyson-Berry, Mallee Division
Mel Blachford, Pharmacy Guild	Caroline Lee, Aged Care Australia Victoria
Jeannene Stewart, VAHEC	David Cooper, The Accreditation & Standards Agency
Gill Pierce, Carers Victoria	Mary Lyttle, Resident's Care Rights Association
Angela Edwards & Margaret Summers, DHS	Jill Linklater & Karen Large, DoHA
Dr Peter Webster, GP	Colin Roberts, Inner Eastern Melbourne Division
Dr Jane Fyfield, DVA	

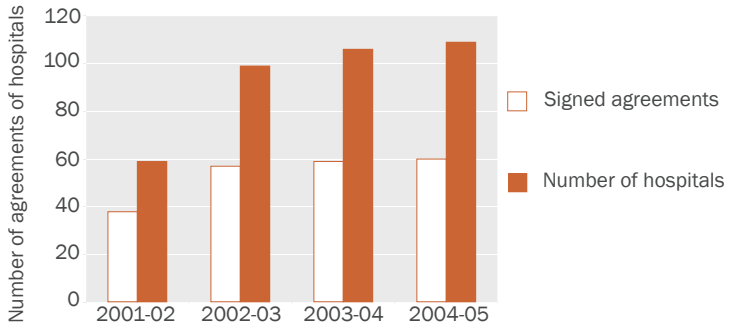
GP–hospital communication

GPDV has maintained its focus on improving GP–Hospital communication with some rewarding outcomes.

1. Provision of up-to-date GP contact details to Victorian hospitals

Since 1999 GPDV has hosted a General Practitioner Register (GPR) database of Victorian GPs' names and contact details. This Register has been an important tool to enable hospitals to communicate with GPs when their patients are admitted or discharged. In the past year GPDV has negotiated with DHS to include secure GP contact information on the DHS Human Services Directory (HSD) so that hospitals can continue to access an up to date, secure state-wide GP database. We were successful in achieving an undertaking from Minister Pike that the GPR would be maintained until this function in the Human Services Directory is fully functional. We have started a process to obtain GP consent to transfer their contact details onto the HSD and are hopeful that the HSD will be satisfactory for hospital use.

Hospital agreements to use the GPR



2. General practice liaison officer positions in hospitals

We have actively supported GP Liaison Officers (GPLOs) in Victorian public hospitals through

- facilitation of a state-wide GPLO network
- undertaking a study into GPLO roles and experiences with funding and support from PHCRED
- advocacy to DHS in relation to funding for GPLO positions.

We have advocated for and assisted the development of a GP liaison function at the Royal Children's Hospital and have worked with the Eye and Ear Hospital to find ways of improving GP–hospital communication. These activities have complemented divisions' extensive work at the local level in this area. As a result of these combined efforts DHS has decided to recurrently fund GPLOs in all major public metropolitan hospitals (except some of the state-wide tertiary hospitals) and plans to extend this funding to regional hospitals in the future.

3. GP voice in Victorian health service planning

GPDV has responded to a range of DHS program developments that impinge on GP–specialist communication. GPDV representation or written submissions have been to the Dementia Framework, the Palliative Care Strategy, the Integrated Cancer Strategy, the Stroke Care Strategy, the development of Superclinics, and Access to Elective Surgery. While sometimes GP views are not adequately reflected in the final DHS documents and strategies, representations continue to be of value as they have led to GPs' views being heard alongside that of specialists and have resulted in more requests from DHS for GPDV representation. This is important to ensure a stronger, more consistent GP and division voice in Victorian health service planning.

Health System Linkages

Linkages with the primary care sector

GPDV is funded by the Primary and Community Health Branch of DHS to strengthen the links between divisions and other local and regional primary care service providers with the aim of building improved working relationships, communication and coordination between providers and general practice.

Key strategies

1. Advocate for DHS funding to enable division participation in Primary Care Partnerships and other DHS initiatives.
2. Support divisions and PCP member agencies to undertake Small Grants projects to explore GP participation in Service Coordination.
3. Advocate for DHS initiatives to recognise and seek the contribution of general practice.
4. Provide *Orientation to Divisions* workshops for the primary care sector.

Key achievements

- Thirteen projects were successful in their submissions to DHS for Small Grants for GP participation in Service Coordination. This is the third financial year in which a Small Grants funding round has been made available. This funding signifies DHS recognition of the success of these projects in engaging both divisions and individual practices in small-scale activities to improve the quality of referral and feedback between GPs and primary care agencies. Twenty-five divisions have been involved in at least one Small Grant to date and, of these, nine divisions have received a grant each year for three consecutive years.
- Two network meetings for Small Grants projects enabled projects to learn from each other. Further, a state-wide workshop enabled divisions and Primary Care Partnership members to pool their experiences from 39 Small Grants projects and develop a shared, consensus view about successful strategies for involving general practice in Service Coordination. The results of this workshop will be disseminated to all stakeholders in the coming year.
- *Orientation to Divisions* for primary care sector staff was provided to more than 90 participants via a state-wide workshop and three organisation-specific sessions. Participants rated the workshop content and process very highly, and valued the practical guidance contained in the "Protocols for working with divisions". Queensland Divisions of General Practice (QDGP) have adapted our materials and their advertised Introductory Sessions have also been oversubscribed.
- GPDV participated in Project Liaison meetings for the Diabetes Prevention and Management Initiative, funded by Public Health, DHS. As an outcome of our involvement GPs in one catchment receive feedback that clearly indicates which components of the Annual Cycle of Care have been addressed with patients, thus supporting GPs to access the diabetes PIP for quality diabetes care.
- We make continuing efforts to support and promote models of integration that build viable roles for general practice and use of evidence-based models of chronic care and disease prevention. In particular we have supported the HARP-funded work in which Dandenong, Western Melbourne and Westgate Divisions are involved, building on their previous Integrated Disease Management demonstration projects, the Gippsland divisions work with the Better Health Care in Gippsland project and work by West Vic Division on Physical Activity Community Enablers.
- The DHS-funded Diabetes Prevention Go For Your Life Program invited PCPs to submit expressions of interest for implementing an intervention in three pilot sites in Victoria. GPDV was delighted to see the culmination of our continuing advocacy – the program brief included a substantial funding allocation to divisions. This funding is for divisions to engage general practice in identifying, referring and supporting patients who have pre-diabetes (impaired glucose tolerance and fasting glycaemia combined) to enter a structured lifestyle-change program.
- GPDV brought together those involved in the DoHA Broadband for Health initiative with the DHS Information Communication Technology initiatives to encourage integration between these initiatives and ensure GP communication needs are taken into consideration.

GP links with the mental health care sector

GPDV is funded by DoHA to provide support to divisions for the development of improved care through general practice for people experiencing mental health problems and disorders. The program also seeks to ensure general practice is represented to and sustains an ongoing relationship with the Mental Health Branch of DHS. A Mental Health Reference Group meets bi-monthly and comprises eight GPs with equal representation from metropolitan and rural divisions. The Group has provided valuable advice and recommendations to the GPDV Board about this program.

Key strategies:

1. Quarterly workshops and bi-annual Mental Health Network meetings with division staff and state-funded clinicians.
2. Provision of advice, advocacy and representation of GP and division views to ADGP and DoHA on a range of issues including:
   - access to high-quality psychiatric advice for GPs
   - access to mental health training for rural GPs
   - contracts, performance indicators and data collection for Better Outcomes Access to Allied Health projects and the Three-Step Mental Health process
   - revision of structure and funding of the Three-Step Mental Health Process
   - access for GPs working in non-accredited practices to participate in Better Outcomes
   - relationship of Chronic Disease Management items to the Better Outcomes Three-Step Mental Health Process.
3. The organisation of a statewide Primary Mental Health Forum in partnership with the Royal Australian College of General Practitioners (RACGP).
4. Regular liaison with Mental Health Branch, DHS concerning the continued development of Primary Mental and Early Intervention teams, discharge planning procedures, hospital liaison with GPs and Emergency Demand measures.

Key achievements:

- High rates of satisfaction from Victorian and interstate division staff with GPDV Mental Health quarterly and bi-annual network meetings. Twenty-nine of the 30 Victorian divisions regularly attended the quarterly network meetings, which included GP and CEO representation and staff attending from the three Tasmanian divisions.
- The Primary Mental Health Forum, held on 26 November 2004, showcased current developments in primary mental health care and developed recommendations to both levels of government.
- Partnership with RANZCP, RACGP and ADGP on GP–Psychiatry liaison which has resulted in stronger commitment to closer collaboration between the three organisations to promote linkages between general practice and psychiatry.
- Establishment of a Discharge Planning Working Group convened by Mental Health Branch, DHS. This led to Adult Mental Health Services throughout Victoria
  - being allocated funding to improve discharge planning processes; and
  - being required to develop a discharge planning protocol with divisions.
- GPDV submission to the National Senate Inquiry into Mental Health which focussed on the recommendations drawn from the Primary Mental Health Care Forum, and emphasised practical strategies to support stronger integration of general practice with the acute and secondary mental health care system.

GPDV Mental Health Reference Group
Dr Kaye Ferguson, Central Bayside Division of General Practice
Dr Larry Osborne, Inner Eastern Melbourne Division of General Practice
Dr Raymond Martyres, Melbourne Division of General Practice
Dr John Meaney (GPDV Board member)
Dr David Pierce, Ballarat Division of General Practice
Dr Stephen Fryman, General Practice Association of Geelong
Dr Alison Bailey, Central Highlands Division of General Practice

Health System Linkages

GP links through Broadband for Health

In July 2004 DoHA announced the Broadband for Health (BFH) initiative to provide broadband access for GPs and Aboriginal Community Controlled Health Services (ACCHS) across Australia. $35 million was allocated to subsidise general practice and ACCHS to meet the set up, installation and usage costs for broadband for 12 months. GPDV was engaged to assist with promotion and communication of the initiative through divisions of general practice.

The "GP access to broadband technology – The current state of play 2003" survey commissioned by DoHA and published in January 2004, revealed that 32% of general practice surveyed had broadband, compared with 59% on dial-up (n = 654). In Victoria, 34% of practices were connected to broadband versus 61% on dial-up (n = 80) confirming a high level of internet usage by practices but not necessarily using a broadband connection.

Key strategies:

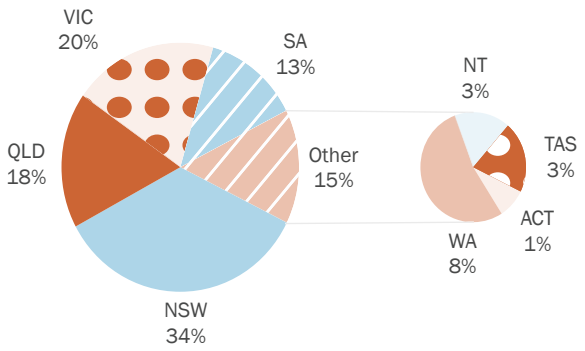
1. Supporting divisions with resources and presentations at network evenings for practice managers and GPs.
2. Establishing a dialogue between DHS and the Broadband for Health Taskforce to explore how existing state health funded health alliance networks can optimise the broadband initiative to assist and increase GP engagement in those alliances.
3. Active liaison with the Pharmacy Guild when the initiative was extended to pharmacy in April 2005.

Key achievements

- Over one quarter of all Victorian practices have claimed the BFH incentive.
- Nationally, 35% of all general practice has accessed the broadband incentive and the break down by state appears in the chart below.
- Recognition of BFH as the key enabler for the national e-health strategy.

The initiative has subsequently been extended for a further 12 months to June 2006.

National BFH uptake by state as at 30 June 2005



GP links to public health

The Immunisation and Public Health program helps ensure divisions and GPs are integral contributors to the prevention of communicable diseases.

Highlights for the year have been:

- In the May recalculation of national data on the General Practice Immunisation Incentive scheme (GPII) uptake, all Victorian divisions except two achieved immunisation rates above 89.8%.
- The Immunisation Network meetings are always highly rated in participant evaluations and continue to be attended by an inspiring group of passionate division program staff.
- The articulation a defined role for general practice in the Pandemic Influenza Strategy (to be ratified in November 2005).
- Development and successful implementation of DHS Public Health communication protocol for communicating with GPs through divisions.

DHS Communicable Diseases section agreed on protocols for the distribution of information to general practice through divisions according to the urgency of the information. The introduction of the protocols has reduced the amount of unnecessary information coming to practices and has improved the accuracy, clarity and accessibility of the information which is delivered.

The Victorian Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections identified a need for increased knowledge among general practitioners about Hepatitis C. In February DHS provided funding to GPDV for a short-term project to develop relevant strategies including:

- Consultation with Hepatitis C key stakeholders to identify perceived gaps in GP knowledge
- Consultation with divisions about educational opportunities for general practice about Hepatitis C
- Development of a concise desktop guide for General Practice to be distributed late in 2005
- Facilitation of CPD activities through divisions commencing in August 2005.

GPDV Hepatitis C Advisory Committee
Dr Rob Grenfell (GPDV Board member)
Dr John Lockwood, Eastern Ranges Division
Maria Karvelas, DHS
Helen McNeill, Hepatitis C Council, Victoria
Jacqui Richmond, Victorian Viral Hepatitis Educator
Dr Joe Sasduesz, Infectious Diseases Physician
Michelle Wills, GPDV

GP links with pharmacists

Research from the Australian Institute of Health and Welfare's BEACH project, involving a survey of 282 GPs between May 2003 and February 2004, found that from 8,215 patient encounters, about 852 (10.4%) involved patients who had experienced an adverse drug event in the previous six months. 7.6% of those patients had been so ill they were hospitalized. With these alarming figures in mind, GPDV runs a small Quality Use of Medicines (QUM) program to support the work of Medication Management Review Facilitators in all 30 Victorian divisions. The facilitators support GPs and pharmacists in the evidence-based Home Medicines Review program, which involves collaboration between GPs, community pharmacies and accredited pharmacists toward better medication management for individual patients. Funding for this program comes from the Pharmacy Guild of Australia.

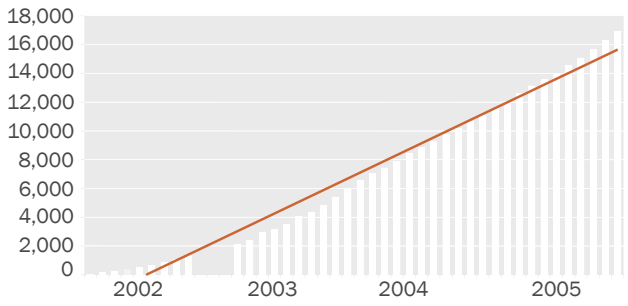
Key strategies

1. Partnership with the Pharmacy Guild (Victoria).
2. Working to provide access to HMR facilitator education and training.
3. Speaking to GPs about medication management at the ADGP forum.
4. Providing comparative HMR uptake data to facilitators for reflection.
5. Answering technical queries from facilitators and assisting them in program design.

Key achievements

The close working relationship with the Pharmacy Guild and their state facilitator has ensured that all Victorian divisions employ a HMR facilitator, and that they are well informed, resourced and network with each other. In other states, data has shown that divisions that do not employ an MMR facilitator have a lower rate of HMR uptake. Achievements for Victorian divisions in this program are reflected in continued increases in HMR uptake across the state:

Cumulative HMR uptake for Victoria



Future Directions

The success of the Divisions Program in Victoria, the continuing development of the capacity and sophistication of Victorian divisions, and the possible new directions and opportunities for the Divisions Network presented by the implementation of the RIC changes suggest that it is again time for GPDV to examine its role and to consult with divisions about how best we can work together in this changing context. It may be that we will decide that we need change little in our work for Victorian divisions, but continuous quality improvement principles require that we avoid complacency by regularly reviewing the way we work.

A significant issue for the future is the role of divisions in service delivery, which at present is mainly limited to the delivery of services through DoHA-funded programs such as MAHS or specifically-funded local or regional projects. The possibilities range from an increase in these specifically funded projects and programs to the greater use of the Divisions Network as the vehicle of choice for the roll-out of new national programs in primary care or for more-integrated programs funded jointly by state and federal governments. The establishment of divisions as appropriate organisations to hold state and federal funds for the regional delivery of services will require skilful negotiation with potential partners and depends upon the willingness and capacity of national and state governments to see the big picture. It also depends on the capacity of the Divisions Network to engage at local state and national levels to ensure that the other players in primary health see the fast-developing capacity of divisions as an opportunity for improvements to the health system rather than a threat to themselves.

The potential extended roles for divisions in service delivery have a number of implications for divisions, not least the need to avoid direct competition with the practices of their members. With the requirements of the new contracts placing more emphasis on the achievement by all divisions of contractual outcomes, the addition of budget-holding for local or regional services, with or without state-based partners, will demand a level of capacity that might test some divisions across the country. Those divisions that wish to take part in the extended programs, but doubt their capacity as they are now established, have the opportunity of using the work of the Structural Efficiency Working Group (SEWG) of the RIC to consider ways of enabling their members to benefit from the new arrangements by working more closely with or even amalgamating with their neighbours.

Shortages in the GP workforce have continued to be a concern and there is a growing recognition that the current focus on rural workforce must be matched by action to counter the ever-increasing workload of GPs in outer metropolitan areas and low-income areas of all metropolitan areas. The proposed review of the Rural Workforce Agencies is expected to examine all the issues affecting recruitment and retention of GPs in rural areas, and especially the effect on rural recruitment of the current incentives to attract GPs to outer metropolitan practice, but at year's end the review had not yet started. We look forward to the development, following the review's report, of a more comprehensive and less fragmented approach to general practice workforce that also requires the states to play their full part in maintaining the viability of this key sector of the health system.

Divisions' participation in primary health care research is an area requiring further development. The GPDV Research Working Group developed protocols for divisions and universities to work together (see page 18) and in 2005-06 the focus will be on making the protocols work, and identifying some key opportunities for joint research development.

DHS and divisions have identified the need to develop agreement about how divisions can best contribute to Victoria's responses to emergency situations and public health alerts. We will continue to work with DHS and divisions with an initial focus on divisions' involvement in pandemic influenza response planning and on planning for emergency response capacity for the 2006 Commonwealth Games in Melbourne.

Considerable investment is being made by DHS in the achievement of catchment-based population health targets for improving the prevention, early intervention and management of chronic disease through programs such as the prescription of increased levels of physical activity and the provision of timely care for people with pre-diabetes. GPDV will continue to actively promote a greater understanding of the ways in which general practice can contribute to achieving these targets and broker opportunities for planned, structured division involvement.

GPDV's investment of time and resources since 2002 into our work with divisions on practice nursing paid dividends when DoHA provided substantial funding this year for training and support for practice nurses. As the roles of nurses in general practice continues to develop GPDV will actively explore the development of systems for involving them in service coordination for GP patients who use other parts of the health system at the local level.

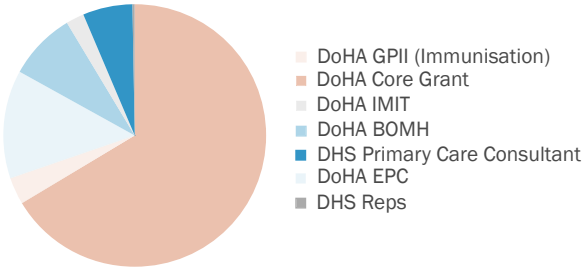
With major developments in progress at the State and Commonwealth level to improve the electronic transfer of patient information between services, GPDV will continue to advocate for the development of common standards. At the State level the inclusion of general practice in any future developments by DHS will be the focus of our work and, through ADGP, we will continue to support the case for the funding of divisions by DoHA for IMIT support for general practice.

GPDV will continue to work in partnership with VACCHO, the aged care sector, and the mental health sector to improve access to comprehensive quality care for vulnerable population groups and will continue to press for funding to provide services for those refugees who are not eligible for Medicare.

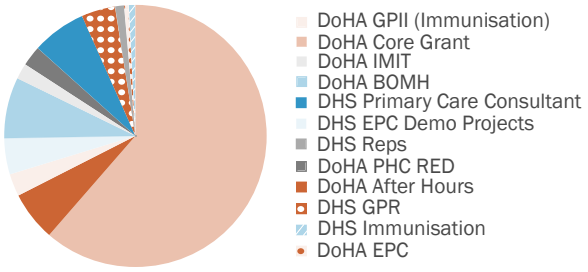
Five Year Financial Overviews

Sources of Income

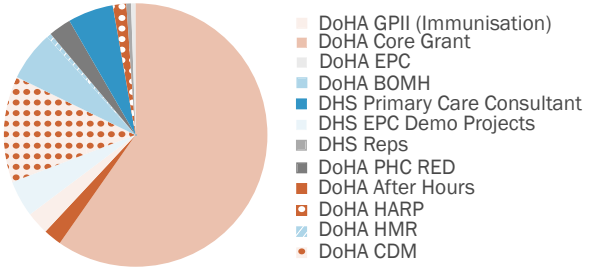
2000–2001



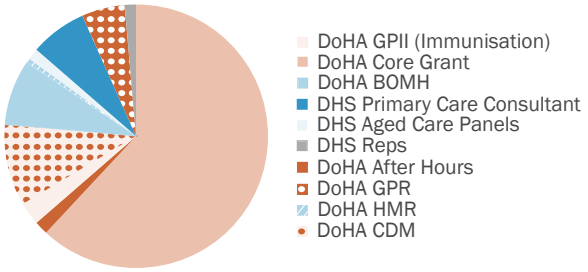
2001–2002



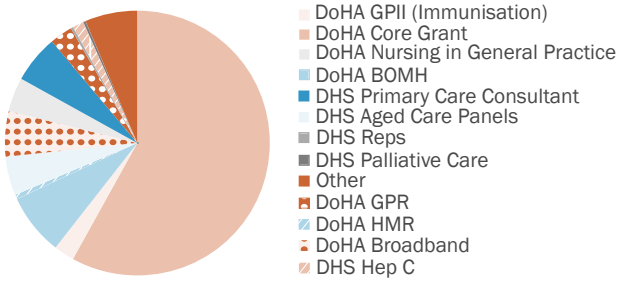
2002–2003



2003–2004

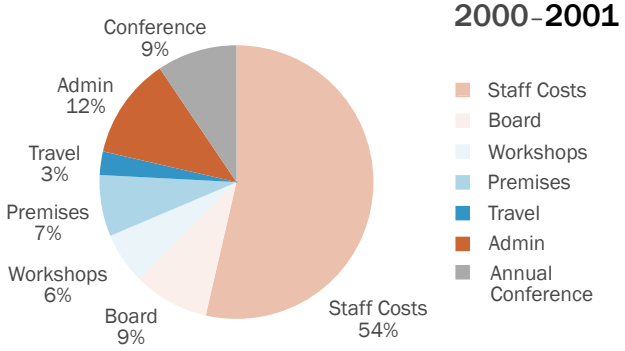


2004–2005

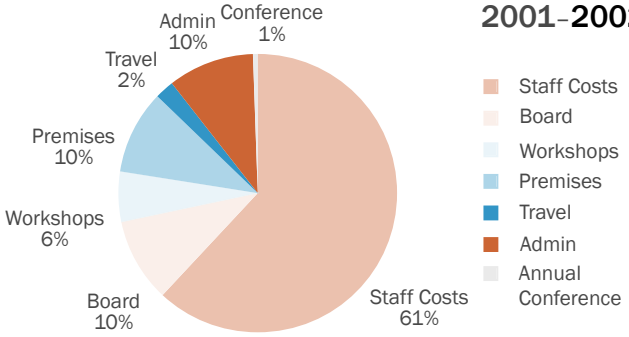


Allocation of Resources

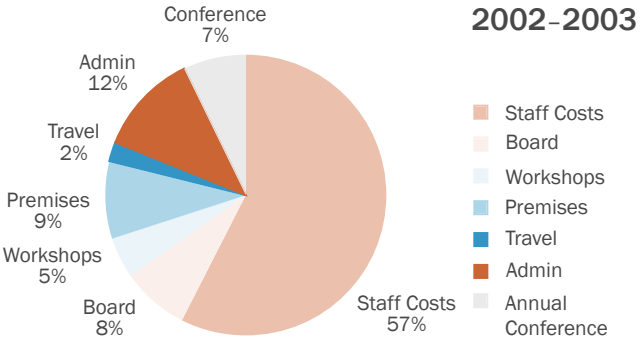
2000–2001



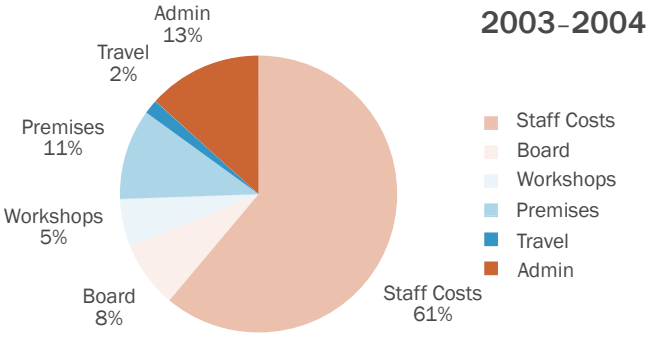
2001–2002



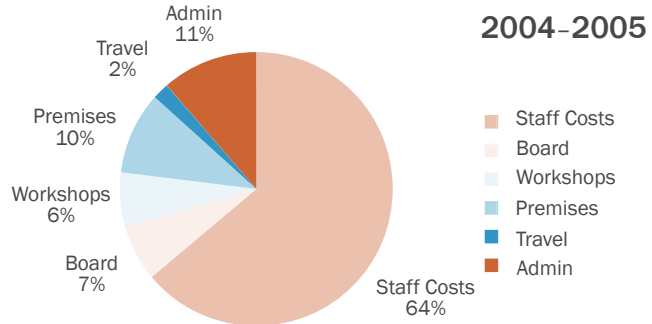
2002–2003



2003–2004



2004–2005



Abbreviations

ACHS	Australian Council of Healthcare Standards
ACGPPI	Aged Care General Practice Panels Initiative
ADGP	Australian Divisions of General Practice
APNA	Australian Practice Nurses Association
ATSI	Aboriginal and Torres Strait Islanders
BEACH	Bettering the Evaluation and Care of Health
CPD	Continuing Professional Development
DoHA	Department of Health & Ageing
DHS	Department of Human Services, Victoria
DVA	Department of Veteran Affairs
GP	General Practitioner
GPDV	General Practice Divisions - Victoria
HARP	Hospital Admissions Risk Program
HMR	Home Medicines Review
ISO	International Standards Organisation
MMR	Medication Management Program
MoU	Memorandum of Understanding
PHCAP	Primary Health Care Access Program
PHCRED	Primary Health Care Research, Evaluation & Development
PHCRIS	Primary Health Care Research & Information Service
PIP	Practice Incentives Program
QUM	Quality Use of Medicine
RACGP	Royal Australian College of General Practitioners
RWAV	Rural Workforce Agency Victoria
QIC	Quality Improvement Council
QICSA	Quality Improvement and Community Services Accreditation (Inc.)
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHEC	Victorian Association of Health and Extended Care
ACA	Australian Consumers Association

Privacy policy

General Practice Divisions - Victoria is committed to a Privacy Policy which outlines existing legal and ethical obligations consistent with current State and federal privacy legislation and addresses the National Privacy Principles determined by the Privacy Commissioner.

The policy sets out how GPDV collects, uses, keeps secure and discloses information. It also acknowledges that individuals have the right to know what information is held about them, and to correct that information should that be necessary.

Further details are available on the GPDV web site.

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