INNER EASTERN MELBOURNE DIVISION OF GENERAL PRACTICE AND BOROONDARA PCP

SERVICE CO-ORDINATION WITH GENERAL PRACTICE PILOT – 22nd Sept – 21st Dec 2003

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Project description and design

- Purpose: to test the implementation of SCoTT in the general practice setting with a cohort of current patients over a 3 month period
- An expression of interest for participation was sent out to all practices (80) in the IEMDGP catchment
- Practice eligibility criteria included
  - group practice
  - computerised
  - Practice Manager and Practice Nurse

Project description and design

- The pilot practice is a longstanding, community orientated, group practice and has previously been involved in several pilot projects
- Although computerised, the practice does not use *Medical Director* and therefore it was decided the SCoTT would be completed by hand for the duration of the pilot
- An incentive was paid to the practice for their participation in the pilot
- 5 full time GPs participated, including the ‘principal’
- The Division developed a written protocol for collecting information from the patients regarding completion of the Consumer Information Form

Practice protocol

- A protocol was designed in collaboration with the practice for implementation of the pilot
- Pilot targets were negotiated and set with the practice, as an achievable goal
- Entry criteria

Consumer Information form (CIF)

- Current patients aged 65+ who present to the practice
- Current patients aged 75+ who have an EPC Health Assessment completed in their home
- Current patients aged 18+ who have a chronic and complex condition who present to the practice

Summary and Referral form (SRF)

- Only for patients who meet the above criteria, who have completed a CIF and require REFERRAL to a PUBLIC health service provider
- The SRFs are to be used to refer patients to public providers at the following agencies:
  - Local ACAS
  - Local Community Health Centres
  - Local Councils

Results

- A target of 250 Consumer Information Forms (CFIs) was set for the practice to complete. The practice completed 75 CFIs – 30% of the target
- 75% of CFIs were completed by the patient
- A target of 100 Summary and Referral Forms (SRFs) was set for the practice to complete. The practice completed 5 SRFs – 5% of the target
- All 5 of the SRFs were completed by the Practice Nurse. 3 SRFs were initiated by the GP, 2 by the Practice Nurse
- No feedback on SCoTT was received by the practice, from the agencies to which the SRFs were sent

Barriers

- The practice highlighted the following factors as barriers for implementation
  - The CFIs and SRFs had to be completed by hand
  - The forms were time consuming to complete during the consultation
  - The forms are not well set out or “streamlined” and are not easy to read for the visually impaired/ elderly patients
  - There are too many pages to complete
  - The practice’s current referral system works well and suits the practice
  - Historically relatively few referrals are made to the public system from this practice: little confidence was gained by completing the SRFs

Positive outcomes

- Although the quantitative results of the pilot were lower than expected for all parties involved, some positive results were highlighted by the practice:
  - The practice identified gaps in their current information collection, components of which were addressed on the CIF
  - Participating in the pilot demonstrated how well the practice worked together as a team to implement the process
  - If the forms could have been completed electronically, target results would have been higher and the practice would consider using the forms for both public and private referrals
  - The pilot strengthened the relationships between the practice and the Division
  - The patients were easily engaged in the process

What we learnt

- Issues regarding recruitment of practices
- Implementing change in ‘chaos’
- Slippage – timelines, targets, ? support
- Project management
- Goodwill – not enough
- Referral process in ‘leafy’ GP

Any questions

or

comments?