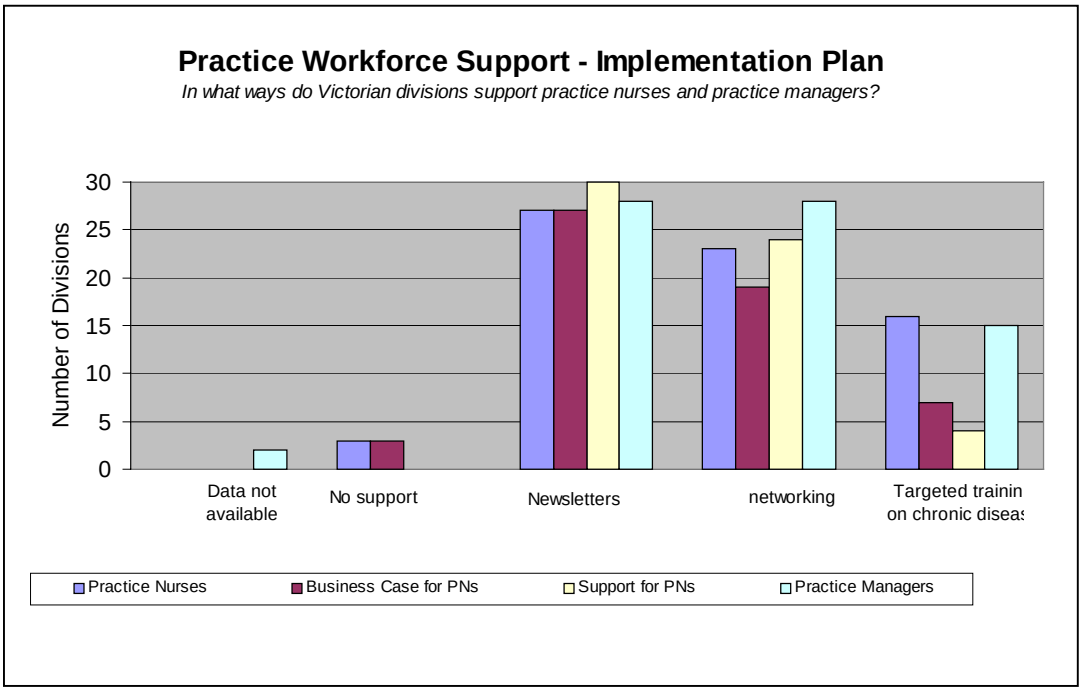
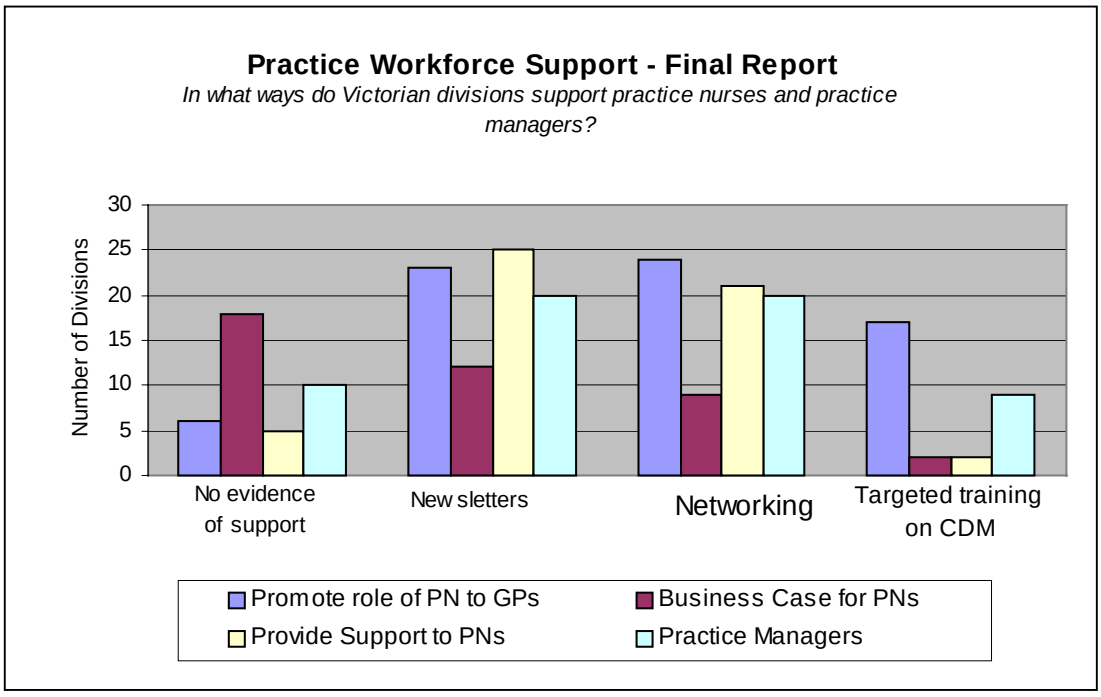
5.4 PRACTICE WORKFORCE SUPPORT

We have analysed the level of support provided by divisions to general practice workforce incorporating both practice nurses and practice managers. As demonstrated in the graph, divisions have provided a range of services, such as writing and distributing practice newsletters or faxes, providing networking opportunities, and organising training on better chronic disease management. The low level of targeted CDM training to nurses is partially explained by the fact that nurses are often invited to GP CDM training events.





(i) Promoting the role of the practice nurse in chronic disease management

Divisions have continued to extend their role in promoting practice nurses to support GPs to take on the CDM incentives. Practice nurse networks have continued to address primarily diabetes and asthma support for general practice. Some divisions have gone much further, by helping practices to establish systems whereby the a nurse plays a key or leading role in CDM.

(ii) Promoting the business case for practice nurses

Divisions have been waiting for more than 12 months for the release of the DoHA-sponsored ADGP business case studies for the employment of a practice nurse. This has caused significant frustration. In the meantime, a couple of divisions have developed their own basic business case marketing models, and others have trialed a business case model from an interstate division (distributed by GPDV).

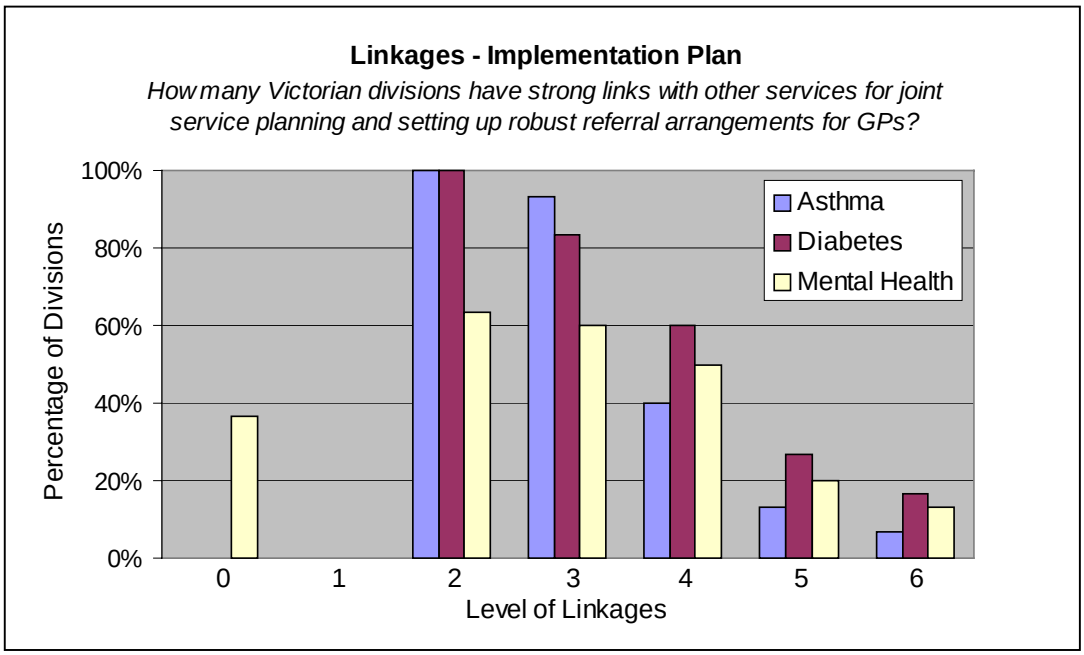
(iii) Supporting practice nurses in their workplace

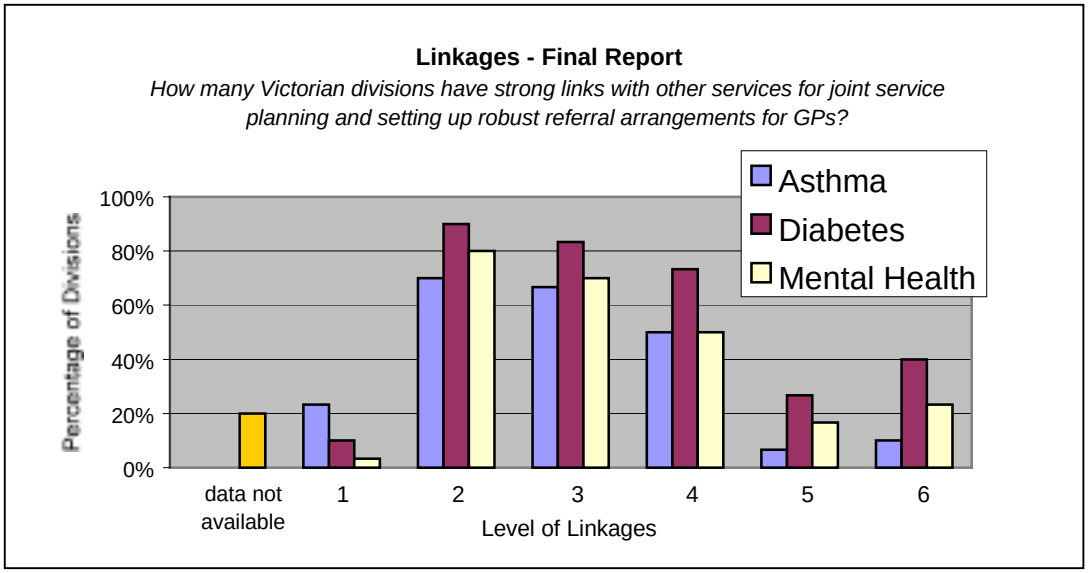
The majority of Victorian divisions now provide direct support to practice nurses. This includes the organisation and (often) leadership of practice nurse networks, the facilitation of access to training, information dissemination through direct-to-practice newsletters or faxes, and face-to-face contact. This support is underpinned by divisions' business reports. The reports demonstrate a commitment to promote and support the role of practice nurses as a pivotal component of the CDM program.

(iv) Practice Managers

Divisions have continued to support practice managers through practice managers' networks, practice communication (direct and indirect), and practice support activities. Divisions have realised the importance of communicating with and supporting practice managers as a way of helping the practice to implement systems, which support quality CDM.

5.5 CAPACITY BUILDING AND LINKAGES





0	Data not available.
1	No evidence of linkages with other agencies.
2	Can identify other relevant service providers.
3	Some preliminary, informal networking, eg, invited to division CPD, + 2 above.
4	Collaborating with other agencies, including PCPs + 3 above.
5	Referral protocols + 4 above.
6	Joint projects with other agencies + 5 above.

Capacity building and linkages refers to the divisions' CDM program activities aimed at developing strategic alliances with their local allied health providers and community and primary health organisations. In particular, this report captures the extent to which these alliances have been built specifically related to asthma, diabetes and mental health (as opposed to other foci such as youth health or residential care or falls prevention for instance).

Comparison between the graphs shows that many more divisions were able to participate in joint, collaborative projects - particularly in diabetes - than they had expected. Close analysis shows that the majority of these were supported by additional state funds (eg Integrated Disease Management Projects, Public Health Diabetes Management & Prevention Initiative and Rural Health Promotion funds through PCPs) with some being funded through national funds (Sharing Health Care Initiative, Foothold on Safety). We believe this demonstrates the critical importance of additional funding to enable divisions to achieve outcomes from their linkages work, such as referral arrangements for GPs.

Overall, more divisions reported linkages work with a focus on diabetes than asthma. This is contrary to the expectations that divisions had when they did their implementation plans. We believe that this is strongly associated with the overall success of the Diabetes PIP/SIP compared with the Asthma 3+Visit. The greater uptake by general practice of the Diabetes incentives provided divisions a stronger platform on which to work in partnership with other agencies in building working relationships and strengthening communication between general practice and other providers.

In addition, more divisions have undertaken linkages work in the area of mental health than first envisaged. This may reflect the additional resources through commonwealth allied mental health funding.