Working with DHS

Bill Newton

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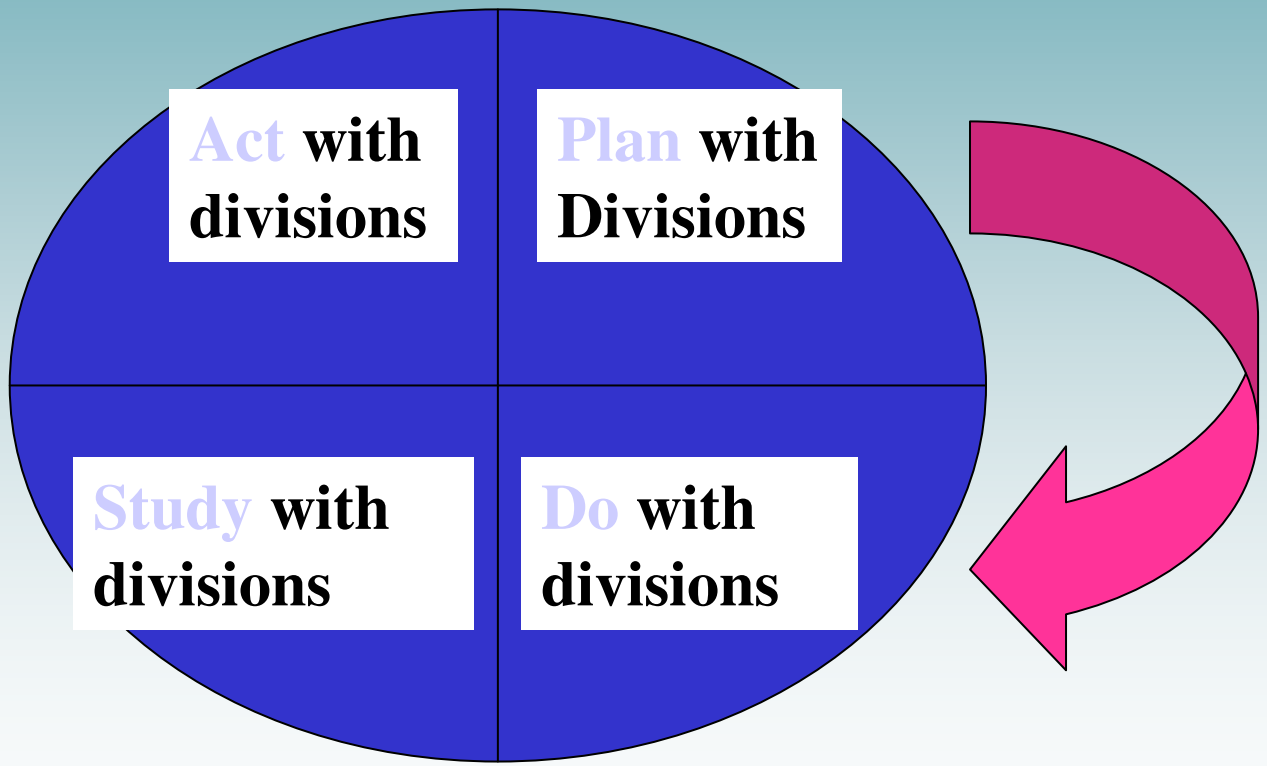
To work effectively with GPs



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Main problems in Victoria

- Increasing demand for hospital services
- Fragmented primary care services
- Increasing demand for mental health services

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Hospital Demand (1)

GPDV position:

- Need to build relationship with general practice & maintain it
- Can't simply deflect workload to general practice
- Substitution strategies require negotiation with local division

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Hospital Demand (2)

GPDV Action - 2004

- Support for Acute-Primary Care Liaison (GPLOs) – $1.54M pa
  - From 7 GPLOs in 2002 to 25 GPLOs now
- Resources for general practice
  - Eg. Divisions fundhold HARP Strategic Projects
  - Training for PNs in future programs
- Represent divisions re: super clinics, co-located AH clinics, interim care facilities

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Hospital Demand (3)

Issues

- Current DHS work is on specific conditions & diseases eg
  - Stroke strategy
  - Eye & Ear Consultation
  - Cancer Care
  - Palliative Care
- Best outcomes when there is a GP Rep

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Primary Care Fragmentation (1)

GPDV position:

- General practice must have a substantial voice/role in any state primary care strategy
- Primary care sector and general practice need to further develop & maintain relationships
- Divisions can and do deliver GP participation in planning, and take-up of agreed roles

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Primary Care Fragmentation (2)

GPDV Action 2004

- PCPs – keep general practice in the picture
  - Small Grants funding rounds x 3: $260,000 in first 2 allocations
  - 25/30 divisions, 500 GPs reached to date
- GPs in Community health –
  - linkages to ahp services rather than more GPs
  - division agreement to proposals
- Shift of GPR into Human Services Directory –
  - ensure functionality retained
- Chronic disease prevention/health promotion
  - Argue GP as primary provider of chronic disease care
- Cultural understanding
  - Workshops on Introducing Divisions

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Public Health (3):

GPDV Action 2004

- Communication strategy re: Communicable diseases info to GPs
- Continuation/support of RDQO program
  - 7/9 divisions fundholders
  - $0.5M pa recurrent
- Advocate GP & division roles eg Pandemic Flu
- Medical Displan

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Primary Care Fragmentation (4)

Coming up in 2005

- GPs in CH 05 funding round
- Service Coordination workshops for div staff
- ICT development & how to ensure general practice participation
- Communication in extreme public health crises
- Advocate DHS support for Cold Chain Mgt
- Ambulatory Care Framework

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Mental Health demand (1)

GPDV position:

- More funding for State mental health services to engage with GPs
- Greater collaboration between State and Commonwealth for co-ordinated care – preferably a Primary Mental Health Care policy
- Increased support for GPs at division and practice level from Commonwealth

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Mental Health demand (2)

GPDV Action 2005

- AMHS Discharge Planning Working Group
  - 2 GP reps, MH DLO
  - State commitment to Discharge Co-ordinator positions in AMHS in 2005
  - Division-based Discharge Planning and Shared Care Protocols are accepted as best-practice models
- AMA policy paper on MH included reference to GPs only after GPDV comment

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Mental Health demand (3)

GPDV Action 2005

- GPDV/RACGP Primary MH Forum set directions– State MH sector engagement with GPs
- GPDV involvement with Primary and Community Health – CH Counselling Review
- Mental Health included in agenda for meetings with State Minister for Health, esp more funding for PMHTs

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