The Primary Care Partnership Strategy in Victoria—Primary Care agencies building healthy communities through partnerships with divisions

Primary Care Partnerships (PCPs) form a strategic platform for health service planning and integration in Victoria. Division involvement in local PCP governance decisions has been remarkably widespread (almost 100%) and sustained since 2001. Over 75% of PCPs reported that their local divisions are routinely involved in PCP planning and activity implementation (23 out of 27 respondents) (p.3) [(1)]

Divisions say that the positive outcomes for general practice have been:

- ✓ More representation of general practice sector views in local health service planning and design
- ✓ A higher level of understanding of the GP sector by other service providers
- ✓ Improved quality of working relationships between GPs and other providers
- ✓ Improved quality of communication between GPs and other providers
- ✓ Enhanced capacity of GPs to use e-referral processes

How has General Practice been involved in PCPs?

The importance of including general practice in building a primary care strategic platform in Victoria has been recognised by the Victorian Department of Human Services from the beginning. DHS Primary Health Branch has shown this support through:

- Funding a Primary Health Care Consultant position at GPDV;
- Requiring PCPs to develop a GP engagement strategy, with a focus on the area of service coordination;
- DHS development of a GP version of the Service Coordination Tool Templates for referral;
- Funding for Small Grants for GP participation in service coordination.

Service Coordination:

To progress the development of processes and relationships, significant work has been done by DHS through PCPs on improving systems to assist GP participation in partnerships; this is referred to as service coordination.

- What have been the outcomes for consumers?

In 2004 a KPMG evaluation of how service coordination has developed in the first four years [(2)] found:

- 30 minute to one hour reductions in time to complete intake and assessment activities, although some agencies reported increases in time to complete intake and assessment activities due to a more comprehensive approach and improved practices;
- reductions in numbers of service sessions required for some clients due to the ability to move toward single session therapy as service times are longer due to reduced administrative load;
- reduced waiting times for services through better prioritisation of patients.

- What are the outcomes from the involvement of General Practice in service coordination?

Over four years DHS has provided Small Grants for division and PCP/member agency staff to explore GP participation in service coordination and, more recently, integrated health promotion.

- Fifty nine projects have been funded to date with a total allocation of approximately $800,000.
- Twenty eight out of 30 divisions have been involved in at least one Small Grant project.

Small grants have shown that:

- **relationship building and agreed clinical pathways** are needed for GPs to engage in service coordination, and use tools such as the Victorian Statewide Referral Form (SRF) for referral to the DHS primary care sector.
- **face to face networking and facilitated discussion** about issues in service provider communication improve GPs' understanding of and willingness to consider use of the SRF as well as help agencies to be more flexible about receiving high quality referrals in other electronic and legible formats.

Through this ongoing partnership with Divisions of General Practice, PCPs will facilitate further developments. With appropriate resources, PCPs and divisions will be able to:

- support use of Victorian SRF in general practice
- engage GPs and practice nurses in implementation of protocols for referral and feedback, and multidisciplinary, coordinated care planning, with public and private primary care service providers.
- reach shared understanding and agreement amongst key stakeholders about connectivity and e-referral platforms that enable general practice and public and private providers to transfer patient information.
- achieve integration outcomes such as:
  - timely access to allied health for agreed patient target groups
  - systematic assessment and feedback to GPs from service providers about treatment outcomes
  - viable and innovative co-location and multidisciplinary, coordinated care models

(1) PCP Evaluation 2005 – Feedback relevant to the General Practice Sector, Australian Institute of Primary Care, June 2006 (unpublished report – please contact Jenk Akyalcin, Jenk.Akyalcin@dhs.vic.gov.au, for more information)

(2) Analysis of the impacts of Service coordination on Service Capacity in Primary Health Care Sector, November 2004, KPMG. See http://www.health.vic.gov.au/pcps/coordination/pcpimp.htm

Current DHS initiatives in which divisions are involved that build upon the PCP strategic platform.

Initiative/Strategy	Contact name for more information	Website address(es) and email address(es)
PCP Strategy The Primary Care Partnership (PCP) Strategy has made significant progress towards the development of a stronger, more integrated community based health and community service sector. Divisions have a significant role in these Partnerships.	DHS - Jenk Akyalcin	www.dhs.vic.gov.au/rrhacs/primarybranch.htm Jenk.Akyalcin@dhs.vic.gov.au
GPs in Community Health Services (CHS) Strategy The GPs in CHSs Strategy reflects the government's commitment to strengthening the valuable role played by GPs who work in or with CHSs. The strategy is a key element of delivering quality medical care through the Community Health policy.	DHS - Julie Jenkin	www.dhs.vic.gov.au/rrhacs/primarybranch.htm www.health.vic.gov.au/communityhealth/gps/index.htm Julie.Jenkin@dhs.vic.gov.au
Including Projects coordinated by GPDV on:	GPDV - Pete Marshall	p.marshall@gpdv.com.au
Collaborative Practice Models for Careplanning - General Practitioners and Community Health Services Funding of $17,000 each has been allocated to 3 small projects in which CHSs, PCPs and/or Divisions will develop and demonstrate the models.	DHS - Diana Herd	diana.herd@dhs.vic.gov.au
GP in CHS Strategy funds to support Aboriginal Health Promotion and Chronic Care (AHPACC) Partnerships Additional funding to the nine AHPACC partnership sites has been provided to support general practice involvement.	GPDV – Lesley Czulowski DHS – Adele Hamlyn	l.czulowski@gpdv.com.au Adele.Hamlyn@dhs.vic.gov.au
GP Health Assessments for Refugees GPDV is funded to work with divisions to encourage the wider use of a consistent refugee assessment approach. This work will focus on the 8 PCPs with high refugee populations that are funded to establish guidelines for care coordination between GP practices and other health providers	GPDV – Annette Dupont DHS – Bernice Murphy	a.dupont@gpdv.com.au bernice.murphy@dhs.vic.gov.au
Small Grants for GP participation in service coordination and integrated health promotion Nineteen small grants of up to $20,000 each have been funded in 05-06. There are two streams: • referral and feedback and/or multidisciplinary care planning • referral pathways to support lifescripts implementation	GPDV – Sonya Tremellen DHS – Diana Herd	s.tremellen@gpdv.com.au diana.herd@dhs.vic.gov.au

Initiative/Strategy	Contact name for more information	Website address(es) and email address(es)
HARP CDM The Victorian Government Hospital Admission Risk Program (HARP) funds preventive models of care involving hospitals, community agencies and general practice focused on people with chronic and complex conditions. Priority is given to high volume and/or frequent users of the acute public hospital system. GP participation is facilitated by divisions of general practice and General Practice Liaison Officers (GPLOs) in hospitals.	DHS - Sue Race	www.health.vic.gov.au/harp-cdm/ Sue.Race@dhs.vic.gov.au
Care in your Community Divisions are represented in three pilot projects to test application of a planning framework for ambulatory care service delivery models and facilities in Victoria. These test sites will show how this approach to planning can enhance established and successful elements of the current health system at local and regional levels, including effective linkages with GPs.	DHS - Paul Butler	www.health.vic.gov.au/ambulatorycare/careinyourcommunity/index.htm Paul.Butler@dhs.vic.gov.au
Early intervention in Chronic Disease (EliCD) in CHS The EliCD initiative provides additional funding to increase and enhance service delivery to people with chronic disease. GP liaison and involvement of general practice in referral and care planning is a critical component of the chronic disease management model advocated, and divisions are participating in implementation.	DHS - Adele Hamlyn	www.dhs.vic.gov.au/rrhacs/primarybranch.htm Adele.Hamlyn@dhs.vic.gov.au
Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership Aiming to encourage Community Health Services, Aboriginal Community Controlled Health Organisations (ACCHOs) and divisions to work collaboratively, to improve health outcomes for Aboriginal Victorians with, or at risk of, chronic disease.	DHS - Adele Hamlyn	www.dhs.vic.gov.au/rrhacs/primarybranch.htm Adele.Hamlyn@dhs.vic.gov.au
Diabetes Prevention—A 'Go For Your Life' Program (DPP) This program aims to identify people with pre-diabetes and provide an intervention to support lifestyle changes to reduce the risk of progression to diabetes. Currently three pilot sites are funded in Victoria. Specific GP engagement funding ($60,000 pa) is provided to partner divisions through PCPs.	DHS - Chrissie Pickin	Requests for more information to: chrissie.pickin@dhs.vic.gov.au
General Practice Liaison Officers (GPLO) Program GPLO roles form part of a broad range of initiatives aimed at bridging the acute/primary care interface in the Victorian Health care sector. A review of the GP Liaison Program was recently undertaken; the report on this review will be available on the website in December 2006. NB. GPLOs (GP and/or Project Officer roles) are funded either wholly by DHS or in conjunction with individual health services. In two cases partial funding comes from divisions.	DHS - Wendy Davis	www.dhs.vic.gov.au/ahs/emergelect.htm Wendy.Davis@dhs.vic.gov.au