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GPDV achievements 2005-2006

Highlights of the year

Taken at the Queensland Lead Teams Workshop in November 2005

Divisions' development

Lead teams

In 2005 the Commonwealth Department of Health & Aging (DoHA) awarded GPDV a significant national contract to develop and provide a two-day workshop for board members and CEOs of divisions of general practice throughout Australia. GPDV consultants delivered the workshop in five states and the Northern Territory between November 2005 and June 2006. The Lead Teams workshops proved extremely popular, attracting representatives from 76% of Australian divisions.

Division accreditation

Eight Victorian divisions achieved accreditation in the last 12 months bringing the total to 14. Others are actively preparing for a first accreditation review and it is expected that all Victorian divisions will have achieved accreditation by March 2007.

Partnerships in health

DHS invested substantially in the relationship between GPs and DHS services through extension of the Small Grants Program, extension of the Hepatitis C Program, funding for a study of partnerships between GPs and palliative care services, use of divisions to roll out a program of clinical attachments in palliative care, support for Lifescripts, funding to three divisions for a pilot program in diabetes prevention, and funding to GPDV to support GP representation on DHS committees. DHS also committed funds to a number of other partnership projects to be undertaken in 2006-2007.

Small grants

Primary Health Branch has increased the funding to divisions eightfold since 2001. Almost half of the funds are for small grants to promote joint work between divisions and primary care partnerships. Since 2001, divisions have conducted 59 projects in partnership with PCPs demonstrating a high level of commitment in general practice and in state-funded primary care to working in partnership. Eighteen small grant applications were successful in 2005–2006. The amount available was increased from $10,000 to budgets up to $20,000 each.

Public health

The Immunisation and Public Health Program helps ensure divisions and GPs are integral contributors to the prevention of communicable diseases. GPDV has strongly represented the key role that general practice plays to the Department of Human Services, and has over this year been able to reinforce the agreed protocol for communication with general practice about urgent health alerts. With uptake of the hepatitis C resources across all Victorian divisions, the program has been so successful that it has been extended for a further two years. In addition, GPDV continues to play an integral role in planning for the Victorian Pandemic Influenza Strategy.

Lifescripts

A significant highlight of the year has been the overwhelming interest in the Lifescripts initiative. As divisions received only minimal funding to implement Lifescripts, voluntary uptake by 27 Victorian divisions has been a great achievement.

A further highlight has been the allocation of small grant funding from the Victorian Department of Human Services to 14 Divisions and other key stakeholders to support Lifescripts implementation.

PEPA 2 clinical attachments

GPDV worked closely with DHS to communicate with Victorian divisions on the organisation of clinical attachments for the Program of Experience in the Palliative Approach (PEPA). There were 75 possible places available in Victoria and all 75 places were filled—an achievement unmatched in any other state. DHS attributed the success of the Victorian PEPA 2 clinical attachments to the capacity to organise communication with GPs through GPDV and Victorian divisions.

GP partnerships with palliative care services

DHS funded a study to run in parallel with the PEPA 2 clinical attachments to explore the state of the partnership between general practice and palliative care services. This study involved semi-structured interviews with divisions of general practice and palliative care services. The study culminated in a Forum attended by division staff, palliative care nurses and physicians, as well as DoHA and DHS. The study identified successful models of partnership and recommended trials to apply these models more widely.

GPDV & quality

Re-accreditation

In June 2006 GPDV successfully underwent a re-accreditation review by QICSA against the Quality Improvement Council's 5th edition of *Health & community services standards*. A very positive report from the QICSA Review Team found that GPDV met all of the QIC standards and awarded 'leading practice' ratings for its performance against three of the standards.

Standard 1.1 Leadership and management

Standard 2.2 Focusing on positive outcomes

Standard 3.3 Incorporation of and contribution to good practice.

In its report summary the review team found, 'As a peak body, GPDV is fulfilling its role as a leader in the field, gaining national and local recognition. Internal processes are transparent and rigorous particularly in risk management and financial accountability where constant evaluation is taking place to improve systems…Interviews validated the contributions which GPDV has made to the Divisions Network and the high regard in which the organisation is held by stakeholders.'

Commitment to research

PHCRED Fellowships

Michelle Wills was successful in obtaining a Primary Health Care Research, Evaluation & Development (PHCRED) Fellowship through the Department of General Practice at The University of Melbourne. Michelle's research will focus on the knowledge of and attitudes to viral hepatitis (especially hepatitis C) of nurses in general practice.

Michelle Wills

Lenora Lippmann completed her PHCRED Fellowship on the role of the General Practice Liaison Officer. See p.13 for a summary of the findings.

Lenora Lippmann

Divisions' development

Star Divisions Program

The Star Divisions Program was strengthened in 2005-2006, reflecting GPDV's strong commitment to the ongoing development of effective leadership and management in divisions. The program has three key strands:

- ✓ Governance development
- ✓ Management and organisational development
- ✓ Knowledge sharing

Governance development

In 2005 the Commonwealth Department of Health & Aging (DoHA) awarded GPDV a significant national contract to develop and provide a two-day workshop for board members and CEOs of divisions of general practice throughout Australia. GPDV consultants delivered the workshop in five states and the Northern Territory between November 2005 and June 2006. The Lead Teams workshops proved extremely popular attracting representatives from 76% of Australian divisions. The program built on GPDV's substantial investment over five years in the provision of 'Star Boards' governance development workshops, which reached over 60% of board members in Victorian divisions.

Dr John Kastrissios, President, QDGP Board at the Queensland workshop, November 2005

Lead Teams workshop

Growth and development in governance

The workshop series provides evidence that divisions' boards have an interest in working to national governance standards as an integral part of effective leadership. GPs attending the workshops responded enthusiastically to the content and took up the challenge set by the consultants by identifying numerous areas for board performance growth and development. These include the development of more robust systems for strategic planning, for division sustainability, for financial governance and risk management, for managing the board-CEO relationship and for board composition and performance review.

Participants showed in their responses that they believe that divisions need to invest in quality improvement in governance through ongoing director recruitment and development and strong systems for performance review. They recognise that they have the responsibility to ensure that the majority of their board members are adequately trained, experienced and prepared to be effective in governance.

Directors in positions of great trust

The Lead Team series may come to be seen as a watershed in the history of the Divisions Network. The workshops reached about 28% of board members, well above the 20% regarded as the 'tipping point' for the successful spread of innovation in a primary care collaborative. It suggests that directors of divisions are increasingly well-informed about the functions of the board. In particular, individual board members are more likely to distinguish between their roles as GPs and their roles as directors, with greater recognition of their roles and responsibilities as leaders and of the position of trust that membership of a board entails.

National governance and leadership workshops

Management and organisational development

Three main strategies underpin GPDV's work in this area:

Divisions consultancy

Division consultants offer services at no cost to all Victorian divisions of general practice, tailored to the needs of individual divisions in response to requests from CEOs and boards. Facilitation, resource provision and support services span strategic planning, board performance review, CEO recruitment, contract management and developing effective systems, processes and procedures for governance and management. In 2005-2006, 38% of all direct service provision to divisions in this area related to preparation for accreditation, while another 40% was general management and governance consultancy.

CEO Network

Quarterly CEO Network meetings provide opportunities for CEOs to meet regularly with Commonwealth and state representatives and take part in professional development sessions. This year included an introduction to proposed changes in industrial relations legislation along with sessions on marketing skills, business acumen and income generation.

Participation in CEO Network meetings

	Q1	Q2	Q3	Q4	Total Divisions for Whole Year
VIC	23	23	25	21	29
TAS	3	2	2	3	3

Promoting accreditation

GPDV continued to support and encourage divisions to become accredited. CQI and Accreditation Network meetings provided input and resources to assist divisions to meet standards in risk management and in governance and to develop sound Quality Work Plans. A further eight Victorian divisions achieved accreditation in the last 12 months bringing the total to 14. Others are actively preparing for a first accreditation review and it is expected that all Victorian divisions will have achieved accreditation by March 2007.

Knowledge sharing

In 2005–2006 an extensive calendar of 45 events drew 989 participants from Victorian and Tasmanian divisions and 564 participants from other organisations.

Significant among these workshops are the orientation workshops which introduce Victorian division staff to the wealth of networking, professional development and knowledge sharing opportunities provided through GPDV. These workshops provide new CEOs and program staff with essential frameworks for understanding the nature of general practice and the work of divisions. Interest in these workshops has grown significantly over the past year with versions adapted and re-developed for other audiences including staff in government departments, in primary care agencies and organisations such as the Cancer Council.

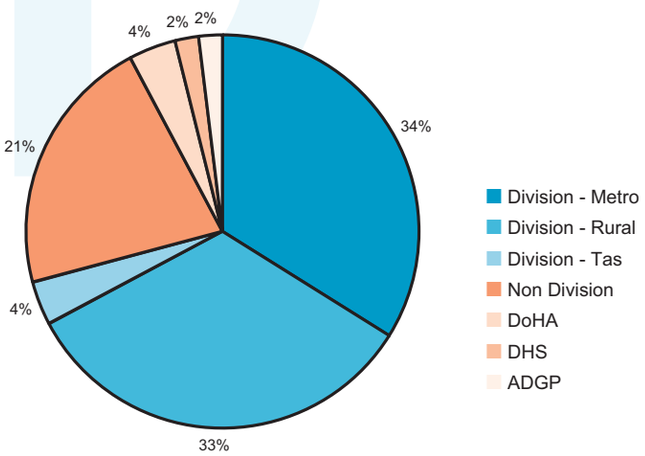
New events this year included:

- Palliative care
- Lifescripts
- Briefing for CEOs on partnership development

(Two series of workshops, the Trusted Adviser workshops and Lead Teams workshops, were seen as special categories and are accounted for in other sections, so are not included in these figures).

The following chart shows the breakdown of participation by division and non-division as well as the relative balance of rural and metropolitan participation by Victorian divisions.

Participation in GPDV workshops 2005-2006



Divisions' development *(cont.)*

Better Capacity Better Care Program

To support divisions' capacity in their work with practices, GPDV is informed by research conducted by the Centre for General Practice Integration Studies. This research into the features of general practice that support best management of chronic disease has identified four key areas:

- teamwork in practices
- linkages with other health services
- information management maturity
- effective business and financial management

http://www.cgpis.unsw.edu.au/practice_capacity.htm

In addition to this best practice evidence, GPDV is guided by the new Quality and Performance Framework for divisions, which clearly identifies chronic disease management and prevention and early intervention as key areas for work with practices. To assist divisions with the development of quality in this area of work GPDV updated the statistics package within the Primary Care Update, which is sent monthly to the divisions. This enables divisions and their staff to benchmark their performance against other divisions, and between program areas—a key component of a quality approach. Efforts have been made to ensure the data are as up to date as possible, to represent to DoHA and Medicare Australia the importance of quality data for improved performance, and to represent to DoHA the importance of appropriate boundaries between divisions in order to enhance the provision of sound data.

CDM support to divisions

The Australian Government funded GPDV to support the introduction of the new Chronic Disease Management (CDM) Medicare items in Victoria. The CDM Medicare items replaced the old Enhanced Primary Care (EPC) care planning items that have been available since 1999–2000. The six new CDM items provide more flexibility for GPs in the management of chronic disease. The items also provide an increased role for a practice nurse, Aboriginal health worker or other health professional in preparing or reviewing the GP Management Plan (GPMP) or Team Care Arrangements (TCA).

GPDV coordinated the provision of a series of speakers to raise awareness of the new CDM items. With the help of divisions, we recruited a dynamic group of CDM speakers. The team comprised seven GPs, a practice nurse (Ges Hammer) and a clinical case manager (Carole Meade). All of the speakers had experience in using or supporting the use of the items. Dr Trina Gregory and Michael Janssen from Complete Primary Care provided training.

In all, there were 27 events held in 22 Victorian and three Tasmanian divisions from January to August 2006. The events were allocated two Continuing Professional Development (CPD) points per hour. Approximately 680 participants attended comprising GPs (58%), practice nurses (31%) and practice managers (8%).

Participant evaluations showed that the workshops achieved the objectives (rated out of five) to a high degree. The objectives were for participants to express an increased understanding of:

- how to use new items (4.24)
- how other members of the Primary Care Team can assist (4.14)
- how and when to refer to Medicare funded Allied Health Services (4.05).

GPDV CDM Team Members:
Dr John Meaney, Dr Rob Grenfell, Dr Ralph Audehm, Dr Peter Meggyesy, Dr Tim Foo, Carole Meade, Dr John Buckley, Dr Precious McGuire, Ges Hammer.

Better Capacity Better Care poster

GPDV provides an important service in clarifying and marketing relevant changes to the MBS so that division staff, GPs and those with whom they work can better understand and use the available items.

To promote better understanding of relevant changes, GPDV updated the 2002 Better Capacity Better Care poster. The poster incorporates the introduction of the new CDM items, expansion of the suite of Health Assessment Items (Comprehensive Medical Assessments for residents of aged care facilities, and the Aboriginal & Torres Strait Islander [ATSI] Adult Health Check), expansion of the Medication Review Items (new Residential Medication Management Review [RMMR] item) and the Medicare funded allied health items. A key feature of the poster is the introduction of a new row demonstrating the potential role of the practice nurse or Aboriginal health worker.

Seventeen hundred posters have been distributed to Victorian divisions for distribution to general practices. The poster can also be viewed and downloaded from the GPDV website: http://www.gpdv.com.au

Lifescripts

The Lifescripts initiative provides general practice with comprehensive tools to assist patients to make healthier lifestyle choices.

To assist divisions to implement Lifescripts, GPDV facilitated two statewide workshops. The first workshop, held in September 2005, introduced the Lifescripts initiative and resources, discussed the rationale for risk factor management in general practice, introduced behaviour change and motivational interviewing theories and identified opportunities for integrating Lifescripts into division activities. Expert speakers from Kinect Australia, Quit and the National Heart Foundation spoke on risk factor management.

The second workshop, held in May 2006, provided an update on state and Commonwealth Lifescripts developments and enabled divisions to share strategies and success stories for implementing Lifescripts. Highlights included a demonstration of the North East Valley Division's website for Lifescripts and a presentation from Whitehorse Division on building capacity to use Lifescripts within other division programs.

Resources for the Lifescripts Program

Nursing in general practice

The Nursing in General Practice Program, a major new funded initiative, assists GPDV and the divisions to build the teamwork component in the development of practice capacity.

The program, funded by DoHA until June 2008, has two objectives:

- to build the capacity of divisions to deliver support services for nursing in general practice, in particular to recruit and retain nurses in general practice;
- to broker, coordinate and fund education and professional development opportunities for nurses in general practice in collaboration with divisions.

In 2005–2006, GPDV strategic approaches included education, the establishment of a practice nurse network, resource development and planning. A highlight has been the brokerage and funding of education and professional development opportunities for practice nurses. In the last 12 months, this training included mentoring, pap smear testing, wound management, diabetes education, team building, chronic disease self management, Koori cross-cultural training, how practice nurses add value to and complement practice work and wound management for rural nurses. 58% of all nurses attending training were from rural divisions.

Access to general practice services

GP services in aged care homes

The Aged Care GP Panels Initiative (ACGPPI) aims to improve access to medical care provided to residents of aged care homes and to enhance the quality of medical care. The main strategy is to establish local panels of GPs who undertake to provide care in aged care facilities. Funded by the Department of Health & Ageing under *Strengthening Medicare*, it began in 2004–2005. A related development is the Comprehensive Medical Assessment Medicare Item, which was introduced as a complementary measure.

The Aged Care Panels Program is a vital program for both the Australian and Victorian Governments, as older people tend to be admitted to residential care later and with higher and increasingly complex needs. The role of divisions in building relationships with GPs and aged care facilities is an essential building block to improving the quality of medical care provided to residents.

Local networks

In the first year of the program, GPDV built on a strong statewide network in Victoria. This network continues to strengthen with regular education, training and networking opportunities provided in quarterly regional and statewide meetings. Over the last 12 months the network meetings concentrated on the relationship between aged care and acute services as well as on marketing and communication. In addition to the statewide meetings, divisions formed regional networks where they undertake local coordination of educational activities and a sharing of resources and ideas.

Quality of GP panels

In 2005–2006, the local panels concentrated on improving medication management systems, IT solutions, provision of education for GPs and aged care staff and advanced care planning. Efforts to improve medication management were particularly successful with MBS data showing that Victorian GPs billed Medicare for 5139 Residential Medication Management Reviews (RMMRs) in 2005–2006. This was 30.3% of the national total, a higher proportion than expected as Victoria has 25% of the national population.

Aboriginal health

In February 2006 the Workforce Sub-Committee of the Victorian Advisory Council on Koori Health finalised a Victorian state operational plan with the aim of developing a more coordinated approach to new programs and initiatives in Aboriginal health. GPDV was a member of the Workforce Sub-committee. The objectives outlined in the state operational plan, and which have the agreement of stakeholder groups, include:

- Increase the number of ATSI people working across all health professions
- Improve the clarity of roles and recognition of ATSI health workers as a key component of the health workforce and improve vocational education and training sector support for them
- Address the role and development needs of other health workforce groups contributing to ATSI health (this includes GPs)
- Improve the effectiveness of training, recruitment and retention measures targeting both non-indigenous Australian and indigenous Australian health staff working within Aboriginal primary health services.

GPDV has maintained its commitment to working within the priority areas agreed to by the Victorian Aboriginal Community Controlled Health Services. GP recruitment and retention in ACCHSs and Victorian divisions' support for General Practice accreditation and improved use of MBS incentives for systematic care of chronic conditions in ACCHSs continue to be the key focus of our work in this area.

Partnerships in health

GP-hospital communication

GPDV has encouraged and assisted DHS's growing interest in the links between secondary and primary care. We ensured that the general practice perspective was recognised in many program reviews including maternity services, stroke care, cancer care, palliative care, dementia and the Auditor General's review of outpatient services. In the primary care sector GPDV worked with many primary care and acute agencies to increase their understanding of general practice and the incentives for better coordination through Broadband for Health, MBS, SIP, and PIP.

In supporting the Aged Care Panels Initiative GPDV worked in partnership with the aged care peak bodies, the Department of Health & Ageing, and DHS to address common statewide issues such as discharge medication charts and planning for new facilities, in addition to supporting divisions in their partnerships with aged care facilities at the local level.

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

During 2005–2006 GPDV produced the last update of the General Practitioner Register (GPR) and, where GPs consented, transferred the data to the Human Service Directory (HSD) which is now maintained by a private contractor to DHS. There have been major technical problems for hospitals in switching over from the GPR to the HSD. GPDV has assisted in identifying the problems and bringing them to the attention of the relevant parties. While the GPR provided a comprehensive and validated database of GP contact details, the lack of a credible database of GP contact details in the HSD has slowed the rate of GP-hospital communication about patients in the past year. We are optimistic that the problems will be rectified in 2006–2007 and that the GP data in the HSD will be incorporated into an integrated hospital and community health statewide patient information system from 2008.

General Practice Liaison Officer positions in hospitals

Department of Human Services (DHS) funding has led to an increase in the number of General Practice Liaison Officers (GPLOs) in major public hospitals from seven in 2001 to 33 by June 2006.

GPDV has actively supported GPLOs in Victorian public hospitals through:

- facilitation of a statewide GPLO network
- undertaking a study into *The role and achievements of Victorian public sector GP liaison officers*
- orientation for new GPLOs, and
- assistance to DHS in the appointment of consultants to review GPLOs in Victoria.

GPDV also contributed significantly to DHS's review of the role of GPLOs and we await the results in the new financial year.

The role and achievements of Victorian public sector GP liaison officers

The study found that GPLOs focus on the structural issue of continuity between primary and secondary care as it affects a wide range of health service users.

GPLOs affected most GPs using the relevant hospital through the provision of hospital and patient information, and in every setting the GPLOs were seen to have affected at least five major hospital departments.

GPLOs improve the relationship and communication between hospitals and divisions. They improve the flow of information about hospital services to GPs; they improve the flow of useful patient information between GPs and hospitals, which allows better care as patients move between different healthcare settings. They help emergency departments and outpatient departments to improve their processes so they are more efficient and safer, and less frustrating for the public.

But GPLOs are only as effective as the support they get from divisions, hospitals and DHS. This support needs to be financial. It also needs regular communication between hospital senior personnel and the division leaders, active encouragement of hospital staff to engage with divisions and commitment to providing adequate resources (eg for hospital IT systems and Hospital Medical Officer [HMO] training).

This study conducted by Lenora Lippmann under a PHCRED Fellowship was completed in January 2006. A copy of the report is available on the GPDV website.

Partnerships with the primary care sector

Since 2001 Primary Health Branch of DHS has funded GPDV to strengthen the links between divisions and other primary care service providers. The aim is to build better working relationships, communication and coordination.

To achieve the aim, GPDV's main strategies are:

- to advocate for DHS funding to enable division participation in initiatives undertaken through and/or with Primary Care Partnerships (PCPs) and/or member agencies
- to advise DHS on appropriate roles for divisions to be included in implementation guidelines for DHS initiatives
- to support divisions and PCP member agencies to work together on achieving GP participation in service coordination and integrated health promotion.

Primary Health Branch has increased the funding to divisions ninefold since 2001, with approximately $850,000 available in 2005–2006.

Small grants

For the fourth consecutive year Primary Health Branch worked with GPDV to fund DHS small grants. The grants promote greater partnership between general practice and state-funded primary health services through joint projects between divisions and Primary Care Partnerships (PCPs). Eighteen Small Grant applications were successful in 2005–2006. The amount available was increased from $10,000 to budgets up to $20,000 each.

At a GPDV workshop in June 2005, divisions and PCPs strongly advised that greater alignment between Commonwealth and state directions was needed. The Guidelines for the Small Grants in 2005–2006 met this clearly identified need. The two categories of grants were service coordination and health promotion. The service coordination grants focused on improving referral and feedback for chronic disease management and on aligning the GP's use of the Medicare items for care planning with approaches to multidisciplinary care planning used by other service providers. Integrated health promotion focused on integrating division work on Lifescripts (a Commonwealth program) with health promotion activities undertaken in other primary care settings.

Since 2001, divisions have conducted 59 projects in partnership with PCPs, demonstrating a high level of commitment in general practice and in state-funded primary care to working in partnership.

Funded projects by year

	Number of projects funded:	
YEAR	Primary Health Branch	Regional DHS
2002–03	8	2
2003–04	14	2
2004–05	13	-
2005–06	19	1
Total	**54**	**5**

Number of projects conducted by divisions and PCPs

Number of projects conducted	Number of divisions	Number of PCPs
0 projects	2	3
1 project	3	8
2 projects	8	8
3 or more projects	13	12

Trusted adviser workshops

The idea of the trusted adviser as the basis for effective partnerships was the theme of a series of workshops funded by DHS and organised by GPDV. The purpose was to develop the skills for effective partnership between divisions and the primary care sector. GPDV engaged Andrew Hollo (Workwell consultancy) to develop content and to deliver the workshops. One workshop was delivered in each DHS region and more than 152 division staff and CEOs participated. On average, at the end of the workshop participants rated highly their ability to understand partner agencies' needs, to build trust quickly, to handle objections and to offer challenging views and advice in a constructive manner.

Victorian Statewide Referral Form

The VSRF is DHS's standard tool for referrals to state-funded services but was resisted by GPs as too complex and bureaucratic. GPDV facilitated the revision of the form with the assistance of a general practice working group and ensured that a template is included in Medical Director. The revised VSRF is far more GP friendly—it is significantly shorter; all duplication of information has been removed as has the bureaucratic language. Further work is needed to get the template into other software products and encourage its use by GPs.

Orientation to divisions

GPDV ran the *Orientation to divisions* workshops for primary care sector staff at two statewide workshops and two workshops for specific organisations. In total, 35 organisations participated, including community health, PCPs, ACCHOs, NGOs, DHS and DoHA. Participants rated the workshop content and process very highly, and valued the practical guidance contained in the 'Protocols for working with divisions'. This workshop will continue to be offered twice a year, and is available to organisations on request.

Strengthening the links with mental health

GPDV is funded by DoHA to support Victorian divisions' work with GPs in mental health. The focus of the work is on improving the systems and local relationships to promote high quality mental health care in general practice. GPDV represents general practice and divisions to both Commonwealth and state government departments, particularly DHS. A GPDV Mental Health Reference Group supports this role, providing valuable advice and recommendations to the GPDV board and to other peak bodies. GPDV is also represented on the GP–Psychiatry Liaison Committee, convened by the RACGP.

Policy, representation & advocacy

The Department of Premier and Cabinet invited GPDV to provide advice and representation on behalf of divisions and GPs as part of COAG process in 2006. Through this process, we were nominated as a member of the proposed state-wide Mental Health Outcomes Council recommended by the Boston Consulting Group in their report, *Improving mental health outcomes in Victoria: The next wave of reform*, commissioned by the Department of Premier and Cabinet.

We advised, advocated and represented GP and division views to ADGP, DoHA, DHS and other organisations especially on:

- access to mental health training for rural GPs
- contracts, performance indicators and data collection for Better Outcomes Access to Allied Psychological Services projects
- access for GPs working in non-accredited practices to participate in Better Outcomes
- regular liaison with Mental Health Branch, DHS concerning the continued development of Primary Mental and Early Intervention teams, discharge planning procedures, and hospital liaison with GPs.

GPDV participated on several statewide steering committees, including the Centre for Excellence in Eating Disorders (CEED), RACGP GP–Psychiatry Liaison Committee, DHS Counselling Reference Group, the MHS 2007 Steering Committee.

Systems development

GPDV worked with Mental Health Branch, DHS on the continued development of Primary Mental and Early Intervention teams, discharge planning procedures, and hospital liaison with GPs to develop better communication between Area Mental Health Services, divisions and GPs. Since the commencement of the discharge planning program by the Branch, almost half the Area Mental Health Services have submitted protocols. In some areas and there has been excellent liaison with divisions resulting in the development of effective protocols supported by the specialist services and the participating divisions, for example in North West Melbourne, Mornington Peninsula, and Geelong.

Networking, training and development

On 24 November 2005, GPDV convened the Primary Mental Health Forum, held with national and state speakers including Senator Lynn Allison, Chair, Senate Select Committee on Mental Health; John Mendoza, CEO, Mental Health Council of Australia; Jane Westley, Senior Project Officer, ADGP; and Dr Ruth Vine, Director, Mental Health Branch, DHS. The focus of the Forum was on the how the Senate Inquiry was including general practice. GPDV had provided a submission to the Senate Select Committee on Mental Health earlier in the year, based on consultation with GPs and the Forum in November 2004.

We maintained statewide training and networking opportunities for divisions through quarterly workshop meetings with division staff and state-funded clinicians.

There were high rates of satisfaction with GPDV Mental Health Access to Allied Psychological Services (ATAPS) Network meetings and regular attendance by Victorian and Tasmanian divisions.

Broadband for Health

The Broadband for Health (BFH) program promoted the uptake of broadband through information sessions and distribution of communication material to practices through divisions of general practice.

By May 2006, a total of 660 Victorian practices (37.14% of those eligible) had taken up the Broadband for Health incentives. This represented an increase of 101 in 2005–2006, up from 559 (31.46%) at June 2005.

A contributing success factor was the division practice support and IT staff visiting practices and assisting them with completion of the Security Awareness and Conformance Report. A survey of rural divisions conducted by RWAV revealed previously existing high levels of broadband connection which may explain lower than expected levels of BFH take-up in Victoria. It is also important to note that most of the uptake of incentives in the last financial year occurred in June 2005. We can reasonably expect a similar spike in the figures for 2005–2006 but the June figures were not available in time for this report.

A weakness of the program was the lack of information management funding in divisions of general practice. The result was a need for GPDV to deal directly with general practices, a departure from our usual model of working with divisions. The BFH program highlighted the urgent need for practice support in IM/IT.

eHealth integration – state and Commonwealth

As part of this project GPDV promoted the integration of Broadband for Health and state-funded ICT networks (Health alliances) to increase GP engagement in eHealth. DHS has established eight regional partnerships (Health Alliances) of health services to share an information technology intranet. They are managed by Chief Information Officers (CIOs). Before BFH there was no funding to enable GPs to be part of these networks. By June 2006 three of the eight health alliances were approved as 'qualified' providers under the BFH program and a further two were considering this.

GPs and public health

Hepatitis C

The prevalence of hepatitis C in the community is higher than is generally recognised and there is scope for improvement in diagnosis, referral and treatment. GPDV provided data to divisions on the incidence of hepatitis C and evidence-based information on the proportion of sufferers who were receiving appropriate treatment. We then designed an education program which was offered to divisions to run for their GP members. The education package included learning modules, information for GPs, speakers for divisions to use and CPD points for participation. The program has had a very high uptake of GPs and is recognised by DHS as a model for successful engagement of GPs, especially on an issue that is not one of the more common problems seen in general practice. The education program continues with the initial 12-month pilot extended for a further two years. The education events offer the opportunity for GPs to interact with local specialists wherever possible thus developing or strengthening linkages.

The Hepatitis C Advisory Committee identified a need for a resource designed specifically for use in general practice. A one-page laminated guide was developed as a quick reference and was distributed to all 30 Victorian divisions' GP members.

Immunisation

In the national immunisation ranking for divisions, eight Victorian divisions are in the top 15 and, in the February 2006 recalculation of national data on the General Practice Immunisation Incentive scheme (GPII) uptake, all but two divisions achieved immunisation rates over 89.3%. However, the immunisation rates in Victoria have been following a national trend, declining slightly over the last 12 months.

The Immunisation Network meetings bring together not only all the divisional immunisation program officers but also other immunisation stakeholders for an exchange of information and ideas. The stakeholders include representatives from ADGP, ACIR and DHS for national and state immunisation updates. Guest speakers are invited from areas such as immunisation research, travel medicine and other specialty areas connected with immunisation. The meetings discuss current issues within immunisation to allow not only information exchange but also to ensure that a state-based approach is developed on issues. This approach ensures that all general practices in Victoria are receiving the same information.

Partnerships with palliative care

PEPA 2 clinical attachments

GPDV worked closely with DHS to communicate with Victorian divisions on the organisation of clinical attachments for palliative care. There were 75 possible places available in Victoria and all 75 places were filled – an achievement unmatched in any other state. DHS attributed the success of the Victorian PEPA 2 Clinical Attachments to the capacity to organise communication with GPs through GPDV and Victorian divisions. GPDV prepared resources and information in a format acceptable to divisions; consulted with Chairs through metropolitan and rural teleconferences about an appropriate model for Victoria, used the network to recruit interested GPs to participate; brokered a $500 payment to divisions to cover administrative costs; and negotiated the removal of the controversial police checks for participating GPs.

Study of partnership between GPs and palliative care services

DHS funded a study to run in parallel with the PEPA 2 clinical attachments to explore the state of the partnership between general practice and palliative care services. This study involved semi-structured interviews with 12 divisions of general practice and 9 palliative care services. The study culminated in a Forum attended by division staff, palliative care nurses and physicians, as well as DoHA and DHS.

The study identified substantial variation in the role played by GPs in the provision of palliative care and in the role of divisions in supporting a relationship between GPs and palliative care services. Excellent local models were identified in Geelong and Frankston-Mornington Peninsula areas. The NHS Gold Standards Framework is also valuable a model for the GP role and for cooperation between GPs and specialist palliative care services.

Recommendations include the need to recognise and reward different levels of GP involvement in palliative care; the need for dedicated funding to divisions to support and develop the GP-palliative care partnership; local trials of partnership development in the palliative care consortia; funding of a special MBS item for the GP role in palliative care and wider support for a modified form of PEPA 2 clinical attachments modelled on the clinical attachment programs in Geelong and Mornington Peninsula.

Dr Deb Harley (GP Association of Geelong) at the Palliative Care Forum

Policy, consultation & representation

Policy development

Primary health care policy

The policy development focus of 2005–2006 was the development of a Victorian contribution to the Divisions Network's position paper on primary health care. In 2004–2005, GPDV prepared a Policy Issues Paper on *The need for a national primary health care policy*. In August 2005 we conducted a forum for the chairs of Victorian divisions and a follow-up consultation meeting in September 2005.

GPDV's main concerns in primary health care policy have been to ensure recognition of the evidence that supports a health system focused on primary care; to support the need for multidisciplinary team development in primary health care without losing the GP's central role in the team and without losing the value placed upon the GP–patient relationship; and to ensure that Victoria has a position on primary health care that is supported equally by the state-funded primary health sector and Victorian divisions of general practice.

ADGP's position paper on primary health care was launched at the national forum in November. Since then GPDV has used the paper as a basis for discussion with a range of Victorian primary health organisations. A focus in 2006–2007 will be to develop an agreed Victorian position on primary health care that may serve as a basis for co-operative action at the state level.

Submissions

GPDV made submissions to the Victorian government and synthesised divisions' input to ADGP on a range of national issues throughout the year.

These included input to:

- the Productivity Commission Workforce Consultation
- the (state) Review of the Coroner's Act
- Department of Human Services Ambulatory Care Planning Framework
- ADGP's nurse practitioner statement
- ADGP's Primary Health Care Position Statement
- ADGP's discussion paper (to present to the Commonwealth Department of Health and Ageing) on the divisional network infrastructure for the General Practice Immunisation Incentives (GPII) Scheme.

Consultation

GPDV uses a range of consultation mechanisms to ensure that our representation and advocacy is based on Victorian divisions' views. As well as exchanging views at staff level (through emails, invitations to comment, statewide events for division staff including CEO networks, and events for program consultants and coordinators) we provide opportunities for board members to meet, discuss issues and give GPDV their feedback so that we can take the next step, be that making a written submission, informing a GP representative's contribution through a committee, or some other action. Some of the ways we consulted division board members in 2005–2006 were through:

Forum meetings for Chairs or other board members. These meetings involved a detailed exploration one theme followed by a briefer discussion of a 'hot topic', often involving issues that require more immediate action.	*Issues for discussion:* • ADGP's primary health care position statement (Aug); • Primary Care Collaboratives (Nov); • Divisions and health call centres (May) *Hot topics including:* • RRMA funding formula • Review of Rural Workforce Agencies • Pandemic Flu Planning • Supervision of Division 2 nurses in general practice
Separate quarterly teleconferences for rural and metropolitan division chairs.	*Wide variety of issues, including:* • PEPA 2 clinical attachments • GP role in pandemic flu and other emergency planning issues • Early intervention in chronic diseases in community health services • Review of RWAs and RRMA • Primary health care position statement • Activities of the Review Implementation Committee
Visits by a GPDV board member to a division board meeting.	*Wide variety of issues, including:* • GP-hospital links • obtaining funding from DHS • implementation of practice nurse program. *GPDV is currently reviewing the effectiveness of the visits, in consultation with divisions.*

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 formally 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. In 2005–2006, GPDV participated in a total of 42 committees. In 2005–2006, DHS also recognized the importance of the representation function by contributing $20,000 towards the cost of GP representation on its committees.

GPDV representatives on committees

Category	No. of committees
DHS committees	21
DoHA	3
Other	18
Total	**42**

For the second time, GPDV surveyed the representatives and the auspicing organisations that have GPDV representatives on their committees, to investigate the objectives sought in the last 12 months, progress towards them, and effectiveness of representation from both perspectives. The feedback shows that GPDV representatives are regular attendees and effective contributors to a wide range of committees. Auspicing agencies are generally very keen to continue to have GP representation and two committees that had completed their tasks reported excellent outcomes. GPDV will use the details of the survey findings to improve the representation process, including support and training for GPDV representatives.

The full list of committees and GPDV representatives is provided on pages 31 and 32.

Future directions

Primary health care policy

ADGP's position paper on primary health care was launched at the national forum in November 2005. Since then GPDV has used the paper as a basis for discussion with a range of Victorian primary health organisations. A focus in 2006–2007 will be to develop an agreed Victorian position on primary health care that may serve as a basis for cooperative action at the state level.

Access to GP services

Aboriginal health

GPDV will continue our DoHA-funded work with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on collaboration in chronic disease management between divisions and Aboriginal health services. This work is to be complemented and enhanced by funding from DHS to review the issues for improving access to GP services by Aboriginal people. Divisions involved in and selected by AHPACC partnerships will receive allocations of approximately $20,000 to develop a protocol with AHPACC partnership agencies, and to implement and evaluate up to two quality improvement activities identified within the general practice and primary health care settings. GPDV will support the development and implementation of these activities.

Aged care

The aged care beds allocations' process is undertaken at present without division or GP input. GPDV is working with the Department of Health & Ageing to ensure division input into the process. The Panels Program will provide the state and Commonwealth governments with a platform to roll out the development and training strategies in aged care, such as the DHS medication management training planned for the aged care sector in 2006–2007.

Integrating general practice with state health services

Our work to strengthen the primary health sector by the increasing integration of general practice into the state's health system will be enhanced by a number of newly funded programs, among them refugee health, lymphoedema education, clinical risk management in small rural hospitals and support for partnerships between divisions and community health services. Ongoing efforts in integration will include resolution of problems associated with the Health Services Directory and improvement of information transfer for residents of aged care services when they are discharged from hospital. As the Council of Australian Government (COAG) measures in mental health are implemented in Victoria in 2007 and beyond, the relationship between GPs and specialist mental health services will become an area requiring further attention.

Workforce

The introduction by DoHA of a large national program for Nursing in General Practice has given fresh impetus to the development of systems change in practices, and has enabled GPDV to continue its promotion of an integrated approach to practice capacity.

IM/ICT

A significant development this year was the recognition by the Australian Government that the collection of useful clinical information about general practice depends entirely on the development of information management skills and systems in general practice and in divisions. The funding of Regional Health Information Management Officers in SBOs and the continuation of the Broadband for Health Program are vital for supporting IT capacity in general practice and for the development of a capacity to use data aggregation through divisions to demonstrate the value of the network.