GP Liaison Officers
The St Vincent's Experience

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When we were kings…

- St Vincent's GP liaison service established early 1990s
- Hospitals ruled supreme
  - Casemix and a brave new world
  - Divisions of GP
  - Community? What community?
- Acronyms yet to enter the lexicon of Health
  - EDS, PAC, HITH, EPC, HDM and HARP

Motivations for a GPLO

- Links with GPs make good business sense
  - Improve credibility and relationship with GPs to ensure an ongoing referral base
  - Improve the efficiency of discharge processes to reduce LOS
- Links with GPs make good clinical sense
  - 2 way information flow
  - Better continuity of care

What has been achieved? (Structural)

- GP hotline for outpatients
- GP hotline for ED
- Directory of services and clarity of different referral processes
- GP Notification of admissions
- Electronic discharge summaries linked to GPDV– timely and legible

What has been achieved? (Cultural)

- Development of relationship between SMS and GPs
- GP Awareness
  - Senior Medical Registrar “flagging” process
  - Regular RMO in-services (David’s piece of string)

What has been achieved? (Cultural and Structural)

- Shared care in mental health and diabetes
- GP HITH program
  - Real partnership model
  - Trust
- EPC
  - Breast services enhancement program
  - EPC Project
    - “GP Aware”
    - Real involvement with care planning process and discharge planning (and not just notification of discharge)

hospital

GP

= Better Care

The challenges ahead

- Embedding culture change
  - Rotating staff
  - Variable leadership from SMS
  - Some clinical areas easier; aged care vs. short stay surgical
- Resources; prioritising increased requests for help and advice with 0.2 EFT
- Representing the interest of all GPs that share patients with SVH (and do the divisions really do this?)
- Dependence on the personality,enthusiasm and drive of the GPLO
- The potential and the landmines of IT solutions