Forum Background Paper
August 2007

DHS position statement on general practice

The DHS position statement on working with general practice builds on work that has been taking place between divisions and the state health department over a number of years. DHS has employed a part-time GP advisory in its Primary Health Branch since before the establishment of GPDV (which was in 1998). The late Dr Peter Waxman held that position for a number of years until recently, and was an advocate for a state health department policy on general practice that would provide a formal statement on the importance of general practice to the health sector. He saw such a statement as crucial to improving the way that (Commonwealth-subsidised) general practice and the rest of the (State-subsidised) health sector work together, to achieve better coordinated and better quality care for patients.

The purpose of this background paper is to stimulate discussion about possibilities of divisions and DHS and its funded services working together. This paper provides:

- information about some of the current work linking general practice and DHS, or DHS-funded services
- examples of current and developing work linking general practice and state health systems outside Victoria
- discussion of some key aspects of the draft position statement on which DHS seeks comment.

What's already happening? General practice-DHS links in Victoria

There is a range of programs and projects where DHS funds divisions and/or GPDV, either directly, or as part of a locally-negotiated arrangement (e.g. through PCPs or HARP projects). These are too numerous to list within this background paper. Examples include:

- projects that focus on quality of GP care for specific groups (e.g. people with lymphoedema; refugees, palliative care patients; people with and at risk of HIV, STIs)
- projects for integration/better coordinated care (e.g. GPLO support; early intervention in chronic disease in CHS; diabetes prevention; Aboriginal Health Promotion and Chronic Care; "small grants for GP participation in service coordination" on Lifescripts).

For more information about links between DHS and general practice – including DHS policy directions and GPDV responses – see the attached document *GPDV & State Health Collaboration (April 2007).*

What's possible? Developments in other states

The primary care service system varies significantly from state to state. In particular, the community health services sector appears to operate much more strongly in Victoria than elsewhere. The different circumstances might mean the same strategy cannot easily work in different states – or may not be necessary – but it is worth considering different approaches to see if some aspects might be useful or transferable. Some examples are listed below.

The current **South Australian** health policy includes the establishment of *GP Plus Health Care Centres.* Two of these have opened, eight more are planned across metropolitan Adelaide and two will be established in the country. The health department's documents suggest – as the name does – that the GP is central to the health system, and has a role in reducing preventable hospital presentations and admissions.[1] Services at each centre "will vary, depending on the needs of the local communities", they will be open "extended hours" and may include chronic disease self-management programmes, physiotherapy, nursing & midwifery services, health education, specialist clinics, minor medical procedures, allied health, drug and alcohols services, community mental health, counselling, Aboriginal health.

The initiative might appeal for a number of reasons

- Provides access to allied health services for GPs' patients
- The 'branding' puts the GP at the centre of the service, suggests an alternative to hospital, and might be useful in helping the community to understand the importance of out-of-hospital health.

On the other hand it may send a somewhat confusing message to the public, as the centres are promoted as a "one stop shop" but not all of them have GPs located within them.

In consultation with divisions, the Department is also exploring a model of care where **GPs with special interests** can treat patients referred by their usual GP. This has the potential to avoid long waiting lists to see specialists, provide high quality care (GPs are credentialed by the appropriate hospital or College for the special interest area), provide professional backup to GPs. Many specialists may view this model favourably for the same reasons, and it also allows them to focus on patients at the more complex end.

The SA Health Department funds local **immunisation** coordinators in every division in the state. The GPII funding contributes to this work – and funds the SBO coordination, through a staff position, workshops etc. – but the bulk of immunisation funding to the divisions comes from the state government.[2]

This year, a pilot program is being run by the immunisation section of the SA Department, supported by divisions and 25 residential aged care facilities, to improve immunisation in aged care.[3]

The state health department has also recognised the potential of **practice nurses** to contribute to prevention and early intervention activities for people at risk of chronic disease. The *GP Plus **Practice Nurse** Initiative*[4] aims to increase the number of practice nurses working in metropolitan general practices. The initiative provides funding to divisions to recruit, orient and train practice nurses, and subsidises their employment for 3 months, after which the practice can choose whether or not to directly employ the nurse.[5]

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[1] Government of South Australia, *South Australian's Health Care Plan 2007-2016*, p.11, www.health.sa.gov.au, downloaded 24/7/07.

[2] See description on SA SBO website http://www.sadi.org.au/activities.html

[3] Article in *Sharp and to the Point*, Newsletter of SA Immunisation Coordination Unit, April 2007, Issue 20, p.3, http://www.dh.sa.gov.au/pehs/Immunisation/saicu-newsletter-april07-web.pdf

[4] Adelaide Western General Practice Network information sheet "GP Plus Practice Nurse Initiative – information for general practice". See http://www.gpplusnurses.com.au/about.html

[5] It is worth noting that in Adelaide only 25% of practices employ a practice nurse; in Victoria, 47% of metropolitan practices employ a practice nurse.

Significant new funding is being provided to divisions for **mental health** positions, to be located in divisions, to whom GPs can refer, targeting patients with low-prevalence, high complexity disorders.

QDGP and Queensland Health have developed a document called *Commitment to Partnership* which sets out priority areas for action. Each priority area has a rationale, agreed outcomes, key performance indicators and a senior accountable officer from QDGP and QH.

The *Connecting Healthcare in Communities (CHIC) initiative* will establish partnership councils within each of the 20 Queensland Health District Health Services. Each local arrangement will decide who will be the auspicing body. The partnership councils will plan for and prioritise local health needs, taking into account government priorities.

A number of Queensland divisions have won tenders for local **chronic disease coordinator** positions, which will focus on a particular area (e.g. alcohol and drug issues; sexual health; indigenous health). The funding is approximately $100,000 per division.

QH funded three positions to work across Area Health Services and corresponding divisions to support improved **admission and discharge planning** processes and measurement of agreed performance indicators.

There is interest in developing models that will address (through general practice) the physical health needs of people with **mental health** problems.

What's possible… the Victorian DHS draft position statement

What the paper does and does not do

DHS's draft position statement on working with general practice provides guidance for DHS and funded agencies about

- the importance and relevance of general practice
- how to work with general practice and divisions.

Its first section includes the actual position and the second section outlines the process that agencies and parts of the department should use in working on areas that involve – or should involve – general practice.

The paper does not tell general practice – or divisions – what to do. It does not touch on the role of GPs when they are employees of hospitals as VMOs, and it does not provide an action plan, or give an indication of what will or may happen as a result of the paper's endorsement. It is very much a first step in gaining department-wide endorsement for how general practice should be considered within DHS concerns. For that reason, GPDV plans to have a session at the Sunday Forum for divisions to discuss amongst themselves what areas divisions might choose to work on with DHS. There will be an opportunity to follow up on this initial exploration with external stakeholders (including DHS) at GPDV's AGM and planning forum in October.

Themes

Two of the key points in the DHS document that are consistent with GPDV's positions are about

- the need to bring together state and commonwealth agendas, to achieve better patient care; and about
- the need to recognise that the majority of GPs work in a private practice setting which has an impact that needs to be taken into account by others seeking to work with general practice.[6]

The rationale for working together is reflected in one of the document's "guiding statements"

> *DHS recognises that all parties are primarily interested in the coordination of care and are committed to working in a spirit of ongoing consultation, cooperation and partnership to achieve better patient outcomes (p.6)*

and again in section 5.2

> *Delivering better patient care and improved patient outcomes (right care in the right place at the right time) is a priority for general practice together with both levels of government and is the driver for collaboration across the health sector (p.10)*

The document goes on to say that "divisions of general practice are well placed to identify common themes and directions of both State and Commonwealth." (p.11)

GPDV has long advocated to DHS that the links between GPs in private practice and the state-funded services to which they need to refer their patients is a crucial focus, as the vast majority of GP consultations take place in general practice. (GPs working within Community Health Services play an important role, but focusing exclusively on people accessing services in that setting would leave out most Victorians.) This message is reflected in the current document.

> *DHS is committed to exploring a range of strategies that will strengthen partnerships with private GPs as well as supporting those within the Community Health Services. Improving integration with private GPs is a priority. (p.9)*

The draft position statement sets out the rationale for why DHS must now consider general practice, how and where it fits in, as part of the development of each new initiative or strategy. It would be useful to discuss how this statement will be translated into action by DHS within the department and by its funded agencies, and to discuss what divisions believe that general practice and state health could work together on, to achieve the best results for the community.

[6] 11% of total full-time equivalent GPs work in the public sector (some or all of the time); 89% work in the private sector (some or all of the time) – this would include GPs working as hospital VMOs. *The Medical Workforce of Victoria 2000-2004*, Victorian Department of Human Services, 2006. p.32. www.dhs.vic.gov.au/workforce