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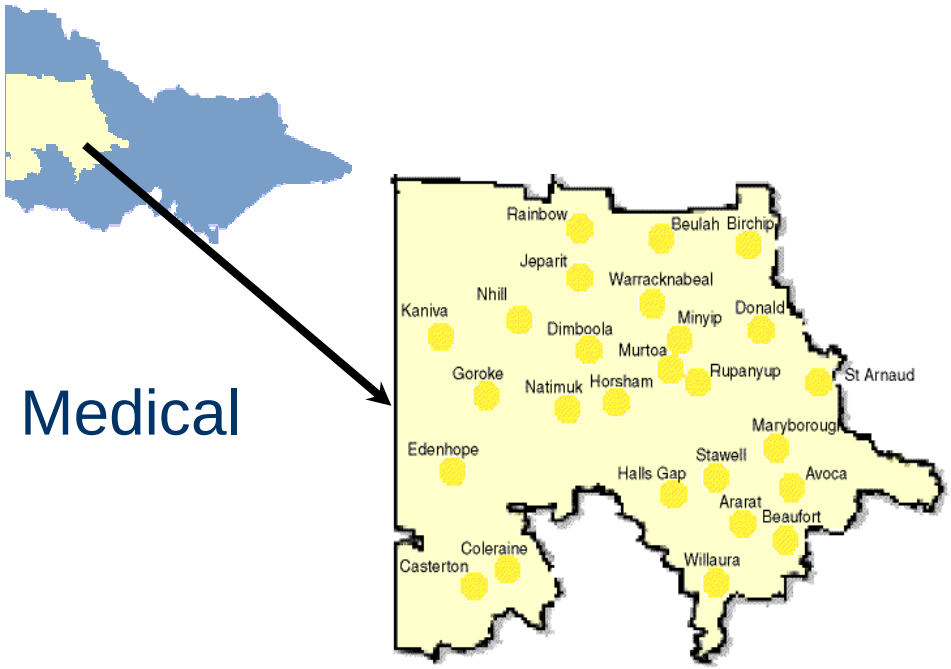
May 2006

west vic division
OF GENERAL PRACTICE

# Demographics

- 62,500 km$^2$
- Pop$^n$ ≈80,000
- 71 GPs
- 6 vacancies
- 31( 43%)  International Medical Graduates (IMGS)
- 15 female GPs
- 28 practices
- 15 solo practice

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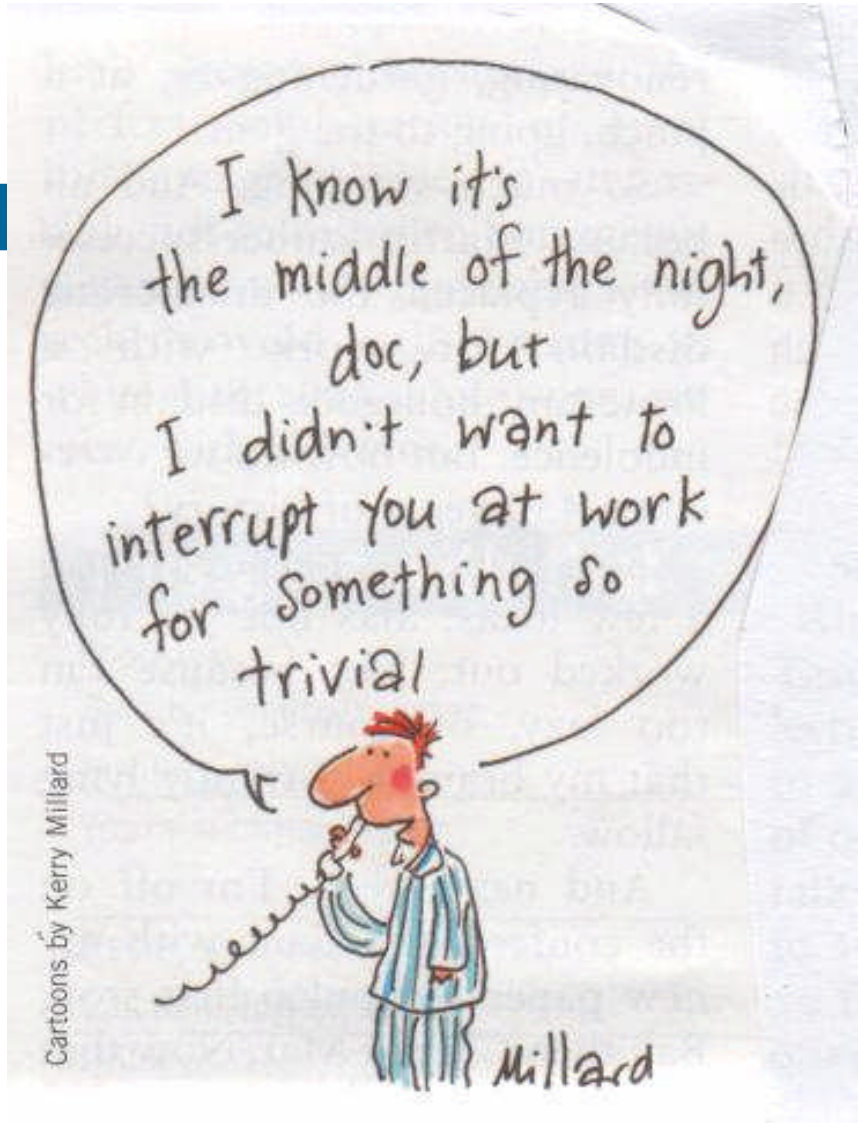
# The problem

- Workforce & workload for rural VMOs
- 1 funded ED
- Inconsistent after hours service & advice
- Retention of GPs

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# Solution: Integrated After Hours Care System

- Local GP on–call arrangements in each town
- Telephone nurse triage
  - Locally based
  - Dedicated nurse between 6:00-10:30pm
  - 10:30pm-8:30am Stawell Nurse Supervisor
- Feedback to GPs & agreed process for patients to be seen by GP in the morning
- Quality processes to monitor & improve service that includes GPs and nurses

# Outcomes

- >10,000 calls
- 61% of clinical calls handled by triage nurse.
  - 49% clinical calls are handled by the triage nurse over phone.
  - 12% of clinical calls asked to attend ED and handled by nurse.
- New protocols developed for medication queries
- Processes for patients who need to access GP in the morning
- Increased triage skills in our rural area

# Value

A model of:

- increased professional respect between nurses & GPs (triage nurse is part of general practice after hours team)
- sharing of health resources in a rural area
- integration and continuity.
- equity of access regardless of size of town
- support for local flexible GP arrangements
- Affordability - $4 per head per year
- quality and equity in a rural area

# GP Opinion

GP Annual Survey 2006 (n=45)

- 56% (n=25) of GPs recalled participating in GAHS
  (4th highest participation rate indicated)
- 29% (n=13) of GPs rated the GAHS as most valuable
  (highest ranked activity/service provided by WVDGP)
- GAHS was rated the most important way the division could support practices above all other services.
  (82% indicating very important to essential)

# Learnings

- Telephone triage, works and acceptable
- GAHS provides a virtual clinic, vital to the provision of rural general practice after hours.
- The triage nurse is the “shared” after hours clinic nurse that increases rural GPs capacity to provide quality after hours care

“Facilitating care at the local level & providing appropriate care with the resources and systems we have locally available after hours.”

# Rationale for GAHS and Nurse on Call

**GAHS rationale:**

- based on workforce
- increasing general practice capacity in the after hours period – virtual clinic
- facilitating direct care based on partnerships with providers
- Utilises shared health resources available locally

**State/National rationale:**

- focused towards reducing ED demands
- provides initial contact to health system 24/7
- provides advice to patients on appropriate care and in what time frame
- no direct relationship with providers
- Compliments not replaces services

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# Key to successful integration

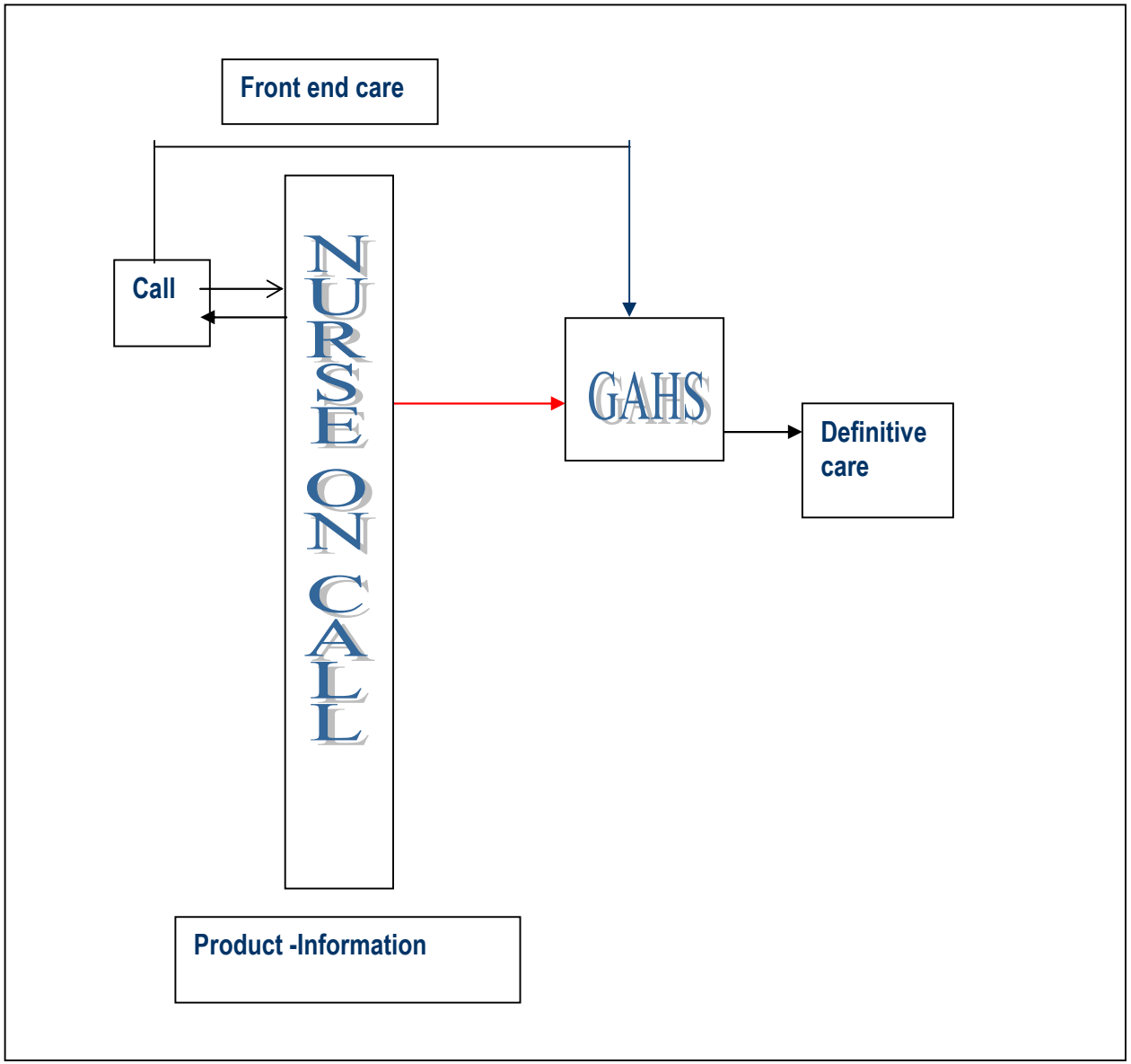
- Developing a professional relationship
- Understanding the common and different business of the two initiatives
- Identifying win - win
- GAHS can offer
  - GP/local engagement
  - Local knowledge
  - Facilitate direct care at the local level

# Integration with ‘Nurse on call’

- Key risks identified with NHS Direct
  - Capacity
  - Safety
  - Integration
    “Linkage with other front-line healthcare services to capitalise on the benefits of integrated working … significant investment consultation … development of compatible information systems and standards.”
    (Report by the Comptroller and Auditor General, 2002)

# Challenges For GAHS

- Liaise and work with state providers to maintain and value add to current service model (integration with Nurse on Call)
- GAHS to dovetail with nurse on call to provide definitive care through a virtual clinic
- Maintain the message of a rural solution for rural area.
- Language that describes the breadth of GAHS activity . DoHA will not fund “double triage”
- Sustainability


Front end care
Call
NURSE ON CALL
GAHS
Definitive care
Product -Information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