

Projects in Review: The DHS perspective



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The Review of GPs in CHSs Funded Projects

- The key objectives of the Strategy review are to:
 - Review projects funded through the GPs in CHSs Strategy from 2004-2008;
 - Identify key achievements, outcomes and learnings through this review; and
 - Contribute to the information shaping the directions of the next GP strategy

Aims of the 2004-2008 GPs in CHSs Strategy

- This strategy aims were to:
 1. **improve access** to general practice, particularly for Victorians experiencing difficulty accessing a GP;
 2. generate genuine **service integration and coordination** between GPs and CHSs; and
 3. improve **workforce capacity** for CHS medical teams.

Snapshot of 04-06 projects

- 18 projects funded
- The majority focused on:
 - establishing new GP clinics or expanding existing CH general practices.
- Four projects increased hours to provide after hours services
- Several focused on an outreach model.
- Several focused on better coordination b/w CH and external general practices.

Identified Outcomes

Identified Outcomes	No of agencies
Improved access to general practice	
Increased number of GPs and other medical staff in CHSs	9
Increased access to bulk billing for socioeconomically disadvantaged clients and clients with complex needs	8
Increased number of general practice services	6
Increased number of service sites	10
Increased efficiency in CHS general practice systems	8
Improved partnership with community agencies	4
Successful targeting of most marginalised members of community	6
Integration & coordination	
Shared employment of GP	1
Private practices co-located within CHSs	2
Private practices separate to CHSs	1
Increase in referrals to other agencies	1
Increase in care planning	3
Workforce capacity for CHS medical teams	
Support development of an appropriate mix of medical team staff (including practice managers and nurses) in CHSs	4
Increased efficiency and quality of the CHS medical workforce	3

Key Enablers and Barriers

- **Key Enablers**

Recruitment/workforce capability

- Projects, regardless of settings, noted the significant role of practice nurses and/or managers in achieving objectives
- Highlighting benefits to GPs of working in/with CHSs an effective recruitment mechanism
- Use of a deliberate orientation to CH strategy effective

Relationship building

- Developing team based approaches
- Utilising Divisions of GP and PCP partners to assist with initiatives

Key Enablers and Barriers

Systems development

- Robust demand management strategy esp for appointments and waiting lists
- Improved quality systems re best practice and team support
- Team based approach supported through enhanced referral pathways and service co-ordination
- IM/IT data entry training for doctors

Sound change management

- Identification of GP champions for new initiatives
- Establish strong practice management structure– clinical governance and practice business
- Endorsement of CEO and Board

Key Enablers and Barriers

- **Key Barriers**

Recruitment of workforce

- C/W classification of areas of workforce shortage restrictive
- Recruitment expensive and time consuming
- Understanding of Community Health limited in some areas

External relationships

- Relationship with local Division of GP dependent on personalities
- CHS doctors isolated from other private practices
- Lack of support from local hospital

Key Enablers and Barriers

Key Barriers

Business practice

- Many of the successful projects have made effective use of key clinical support staff such as practice nurses and practice managers
- Few CHS after hours clinics are viable
- Competition from other (hospital or private) remuneration models

Resistance to change

- Change fatigue in some practitioners
- GP perceptions of why they work in CH

The Key Learning

There is no magic formula except:

Doing the homework/research to produce

- The right plan for a high priority need in the right location at the right time - also
- Flexibility of thinking outside current or historical arrangements
- Three way strategy needed – sector, DHS and Divisions of General Practice