

Revision of the Service Coordination Tool Templates

Fact Sheet 1, April 2005

What is Service Coordination?

Service Coordination is a key element of the Primary Care Partnerships Strategy, which was introduced in 2000 to develop a more effective primary care system in Victoria. Service Coordination requires agencies to come together to agree on how they will coordinate their services so that consumers experience a health system where services work together. Participation in Service Coordination by General Practice is encouraged and supported, particularly for patients who are also consumers of state funded services.

What are the Service Coordination Tool Templates ?

A common set of forms (Service Coordination Tool Templates) has been developed for agencies to record and share client registration information, undertake initial needs identification, make referrals and collect client consent to share information between providers. A GP version, known as the Victorian Statewide Referral Form, has also been introduced into medical software. The introduction of these common tool templates into software systems used across the health and community sector allows for improved communication between multiple care providers because, with client consent, common information can be collected and shared. In addition to improving the quality of referrals, this reduces the burden on consumers of repeating the same information to each new service provider.

Why do the tool templates need revising?

A number of health agencies in Victoria have already implemented Service Coordination and over the next 2 years many other agencies will join them in using the tool templates. As the range of agencies implementing service coordination increases, revision of the tool templates is necessary to incorporate the practice needs of different practitioners. Also, because the agencies new to Service Coordination may provide services to specific client groups, additional templates may need to be developed that are appropriate for identifying initial needs and undertaking referrals for consumers of these services. Finally, in the agencies and general practices where Service Coordination has been implemented for some time, practitioners experienced in using the tool templates may be able to suggest changes that will improve the quality of the information collected and reflect changed practice over time.

What will revising the tool templates achieve?

The aim of the revision is improve the tool templates to support better identification of, and service responses to, the needs of consumers. In addition to making the current suite of tool templates more effective, the revision also aims to develop additional tool templates that will support needs identification across the service sector of the needs of particular clients such as young people, families, carers and people with a disability.

Making the tools more useful for collecting information from various client groups will mean more agencies, than presently use the tools can implement them. This will improve the coordination of services across a greater diversity of human service providers.

How will changes to the tool templates be made?

Because Service Coordination practice is always expanding and evolving, a continuous improvement approach where the tool templates are updated annually is planned. This will allow the tool templates to lead and reflect good practice.

In the first quarter of each year, beginning in 2005, proposed amendments and/or additions to the current suite of tool templates will be gathered from practitioners and Department of Human Services program areas through a statewide submission process. Proposals will then be collated and assessed by a steering committee convened for the revision.

Changes to the tool templates supported by the steering committee and the Department of Human Services will be consulted upon through a series of consultations held across the state. This will occur in September of each year. Feedback from these consultations will then be incorporated into the final version of the tool templates, which will be subject to piloting in representative agencies.

As a result of the consultations and the piloting, a final draft of the tool templates will be developed and endorsed by the steering committee and Department of Human Services. The Service Coordination Tool Template Guidelines will then be updated to reflect the amended tool templates and both the tool templates and guidelines will be made available on the web. The amended tool templates will also be updated annually in health software applications, wherever possible.

How will suggested changes be prioritised for action?

Annually updating the tool templates means that they can change incrementally rather than all suggestions being incorporated in the first year. As there are likely to be many suggested amendments and additions to the current suite of tool templates, some way of determining which should be considered as a priority and which proposed changes are less urgent needs to be developed.

Once proposals are received and collated, priority for action will be determined according to several criteria. These include

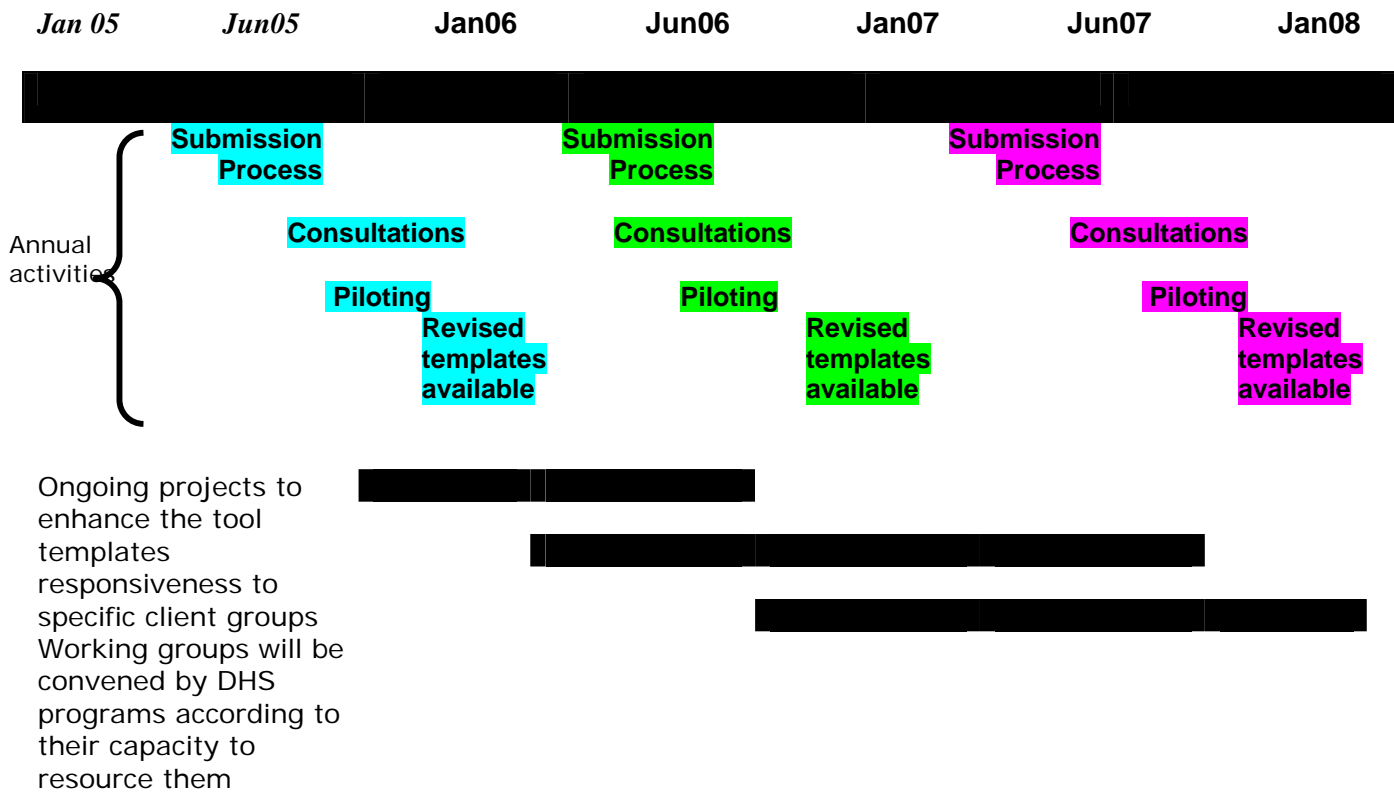
- demand for the change, that is, if many submissions call for the same change;
- impact of the change, in that making the change to the tool templates will greatly enhance the effectiveness of the tools;
- complexity of the proposed change, that is, whether further development is required before the change can be made; and also
- when resources will be available to further develop the suggested change.

Proposals that require further consideration and development, such as the creation of additional profiles, will be referred to working groups convened for this purpose. Working groups would work to reach agreement on conflicting proposals, consolidate like proposals, seek academic input to validate proposed changes and develop recommendations for the steering committee.

Understandably, these may take some time and so complex proposals are unlikely to be incorporated into the tool templates in the year they are proposed. Also, due to resource constraints, not all major projects will be undertaken simultaneously. Depending on the complexity, it is likely that one to two major projects will commence each year.

Below is a diagrammatic representation of the activities that will occur annually and those that will happen outside of the annual cycle.

Overview of Tool Template Revision Process



How can I suggest an amendment or an addition to the current suite of tools?

A statewide submission process will be run annually with the first starting in April 2005. A proforma on which to suggest amendments or additions to the current suite of tools will be made widely available April 2005 with all completed proformas needing to be returned to the Department of Human Services by 3 June 2005. Suggestions can be emailed or written using the proforma. The proforma will be available through www.health.vic.gov.au/pcps/. A telephone help line will also be available from April to June to assist with any questions you may have about how to complete the proforma.

How can I find out more?

More information about the revision process, service coordination or the Primary Care Partnership Strategy more generally is available at:

- Website: <http://www.health.vic.gov.au/pcps/>
- Email address: sctt.revision@dhs.vic.gov.au
- Telephone Helpline: 1300 799 232 (operational mid April 2005)