

NSW Health

General Practice Policy

Better Health Good Health Care

NSW  HEALTH

NSW HEALTH DEPARTMENT

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State Health Publication No: (HSP) 000004

ISBN: 0 7347 3130 2

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February 2000

Foreword

General Practice is an integral part of the health care system. There is a need for better co-ordination between general practice and other parts of the NSW health system. A number of significant developments at a Commonwealth, State and Area Health Service level has led to considerable progress. This document brings together the major policy directions affecting general practice and outlines relevant future directions. It also seeks to define a broad role for general practice in improving the health of the people of NSW by promoting collaboration and partnerships between general practice and the NSW public health system.

An extensive consultative process was undertaken to ensure that all key stakeholders were involved in the development of this Policy. The General Practice Policy was written with the guidance of the General Practice Policy Reference Group under the auspices of the General Practitioner Advisory Committee. I would like to thank all members of both committees for the time and expertise they have contributed to the development of this Policy. I would also like to thank all those who responded to the General Practice Policy Discussion Paper - these comments greatly assisted the Reference Group in the development of the final Policy.

I am pleased to release this first General Practice Policy.



Michael Reid
Director – General

Executive Summary

General Practice plays a major role in the delivery of health services and is an essential part of improved health care provision in NSW. General practitioners are at the interface of primary health care and other parts of the health system. They are a central focus of patient management for the health care system through their patient care, referrals to consultants, allied health professionals and community health, and for hospital admissions, pathology and imaging.

However, general practice has become more isolated within the health care system. Many issues have contributed to this including differing funding arrangements, the varied interface between general practice and the NSW public health system, separate issues affecting rural and urban general practice, and a variable uptake of information technology. Improving the context for general practitioners requires strengthening the primary health and community care services as a whole.

Improved integration of General Practice with the public health system is recognised as a key strategy to improve the health of the people of NSW. The *NSW Health Strategic Directions for Health 1998-2003* clearly states the NSW Health commitment to promote the development of improved partnerships between the health system and general practice to ensure the provision of quality health care to individuals and communities in NSW. Developing a General Practice Policy aims to clarify the further potential for developing partnerships between the NSW Health Department, Area Health Services and General Practice. The objectives and strategies attempt to maximise and build on existing strategies that have already been undertaken at the Commonwealth, State and Area Health Service level.

The goals of the General Practice Policy are:

- to identify and clarify the broad role of general practice in improving the health of the people of NSW;
- to promote collaboration and partnership between the activities of general practice and the NSW public health system to ensure that patients receive continuity of care.

The objectives of the NSW Health General Practice Policy are:

- Objective 1: General Practitioners are effectively involved in the planning and development of NSW health services
- Objective 2: Improved communication between general practitioners and other parts of the NSW health system
- Objective 3: General practitioners and NSW Health work collaboratively to improve patient care
- Objective 4: Enhancing the role of general practitioners in improving health care for people in rural, regional and remote NSW
- Objective 5: Enhancing the role of general practitioners in improving the health care of Aboriginal and Torres Strait Islanders

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Purpose of the General Practice Policy

The NSW Health General Practice Policy provides a framework for the further development of a general practice focus for NSW Health. This will ensure greater coordination of care within the health system and for the people of NSW. NSW Health is structured so that the NSW Health Department central office establishes the broad framework for policy. Area Health Services have the responsibility for service delivery at the local level. It is envisaged this Policy will provide the structure for appropriate local initiatives. It is the implementation of this Policy at an Area Health Service level that will ensure its success.

This document identifies the current status of collaboration and continuity of care between General Practice and the NSW Health System and suggests strategies to further develop this relationship. The strategies outlined ultimately aim to improve both the care for patients and the professional life of NSW General Practitioners by:

- recognising and acting upon the changing role of general practice in the health system;
- general practice contributing to the development of population based health care practices;
- improving communication links between general practice and other health services; and
- promoting continuity of care for patients.

1. Background

General practice is an integral part of the Australian health system. It occupies an unique position at the interface of the primary health and community care system and other parts of the health system. General practitioners are a central focus of patient management for the health care system through their patient care, referrals to consultants, allied health professionals and community health, and for hospital admissions, pathology and imaging. General practitioners coordinate patient care and provide continuity of care. This role requires broad knowledge of the patients' circumstances and extensive knowledge of the local community and different types of services and forms of help. General practitioners may also be involved in teaching and research.

General practitioners usually operate independently through private practices. The payment of fees for services they provide are subsidised to the patient through the publicly funded Commonwealth Medical Benefits Scheme (MBS). While the Commonwealth Government is responsible for funding private medical services through Medicare, the States and Territories are responsible for providing public hospital services with Commonwealth support through the Australian Health Care Agreements.

In 1997/98 there were 5,785 full-time workload equivalent General Practitioners across NSW. This equates to one full time General Practitioner for every 1,025 people. However GPs are unevenly distributed across NSW. In NSW GPs provide around 37 million services each year. This equates to 5.12 visits to a GP per person per year, a rate that is approximately 6% higher than the Australian average. Around \$857 million in medical services was paid by the Health Insurance Commission for GP services in 1997-98 and approximately 83% of these attendances were direct (bulk) billed.

Over time, the role of general practice has changed. The number of general practitioners relative to the population of Australia has grown. This has led to competition between practitioners and expansion of consumer choice, certainly in urban areas, and to a lesser and variable degree in regional and rural areas. Urban general practitioners mostly undertake one-to-one consultative work with limited time devoted to procedural services. Some general practitioners provide services of a particular type (such as sports medicine) or to a particular client group (such as women). General practitioners provide the majority of care for people in the community with any type of mental health problem.

Many rural general practitioners provide a wide range of services, including consultations, anaesthetics, obstetrics, psychiatry triage, emergency medicine, and relatively complex procedures and operations in response to trauma. However, the undersupply of rural general practitioners and other health resources means that rural general practitioners are often stretched to respond to their communities' physical and mental health care needs.

An increasing proportion of women are becoming general practitioners: at least half of new general practitioners entering practice will be women. Female doctors, to date, more often choose to practice as general practitioners than their male counterparts.

The Commonwealth General Practice Reform Strategy was launched in 1992. The strategy aimed to encourage closer integration with the broader health system. Notably, Divisions of General Practice were established to improve health outcomes for patients by encouraging general practitioners to work together and link with other health professionals to upgrade the quality of health service delivery at the local level.

There are currently 37 Divisions of General Practice in NSW funded by the Commonwealth. In 1997 funding for the Divisions of General Practice began moving from a focus on discrete short-term projects toward block grants that focus on achieving longer-term health policy outcomes. In 1998, the Alliance of NSW Divisions (ANSWD) was established to support NSW Divisions of General Practice.

1.1 Why is a NSW Health General Practice Policy needed?

Modern health care is complex and highly specialised. An individual's contact with the health system may involve one episode of care or extended periods of care utilising primary medical care, hospital care and community based services. A range of service providers including general practitioners, allied health professionals, specialists and nurses all contribute to the management of acute illness and chronic conditions and early intervention and prevention.

Evidence from all Western health systems suggests that the best outcomes for the health of the community are achieved when:

- health systems achieve a balanced investment in promotion of health, illness prevention, treatment, health maintenance and continuing care;
- the activities of all health professionals and related agencies are effectively coordinated and incentives exist to develop integrated models of care; and
- effective mechanisms for needs assessment, community education and consumer participation are in place.

The development of better collaboration and coordination between the State public health system and general practice has often been limited by the current arrangement whereby general practitioners operate via a private practice arrangement and the Commonwealth reimburses their patients on a fee-for-service basis. This differs from the way that the public health system is funded and operates. Another factor impeding better collaboration and cooperation is that the public health system has traditionally focussed on hospital care while the general practitioner's focus is on care in the community.

The Commonwealth Government has a key role in the development of policy concerning the roles, funding and organisational arrangements for general practice throughout Australia. This Policy highlights where action may be necessary at a Commonwealth level to effect improved partnerships and collaboration.

The NSW Health General Practice Policy will guide NSW Health in improving collaboration between general practice and the NSW health system.

2. Policy Context and Direction

In the early 1990s, the role of general practitioners in coordinating patient care and acting as gatekeepers to the rest of the health care system was seen as being compromised. General practice became increasingly isolated from the broader Australian health care system.

As the health care system changes, so does the role of the general practitioner and other health professionals. Casemix, developments such as early discharge and hospital in the home projects/programs, and the introduction of multi-disciplinary teams are all influencing the role and nature of general practice. The increasing need for continuing long-term care as the population grows and ages is also impacting significantly on the role of general practice. Much has occurred to address these issues.

NSW Government policy emphasises four key goals for the NSW Health system:

- ensure better health for people;
- enable equity of access to comprehensive health services;
- improve the quality of services
- ensure better value

The Government is committed to working with general practice and other agencies to achieve these goals through improved coordination of services and continuity of care. These goals are also clearly articulated in the *NSW Health Strategic Directions for Health 1998-2003*, for example: expand shared-care programs and increase the involvement of general practitioners in pre-hospital assessment, in-patient management and discharge planning.

Major gains have already been made in enhancing the role of general practice in the wider health system. The General Practitioner Advisory Committee (GPAC) was established in 1995 to act as a peak body to coordinate and improve consultation between NSW Health and general practice.

Some Area Health Services have been working with local Divisions of General Practice to establish formal links between general practitioners and health services, develop and implement shared care programs and undertake other local initiatives. This Policy supports future collaborative arrangements between Area Health Services and Divisions of General Practice.

2.1 Policy goals

The goals of the General Practice Policy are to:

1. identify and clarify the broad role of general practice in improving the health of the people of NSW.
2. promote collaboration and partnership between the activities of general practice and the NSW public health system to ensure that patients receive continuity of care.

2.2 Policy principles

Underpinning this policy are the following principles:

- General practice has a distinct role in improving the health of the people of NSW.
- Collaboration between general practice, the NSW health system and consumers will focus on improving the health of the people of NSW.
- General practice has a recognised role in the planning and development of NSW public health services and in the ongoing evaluation of the effects of policy implementation.
- Collaboration between general practice and the NSW health system will reflect local needs and conditions.

2.3 Policy objectives

The objectives of the NSW Health General Practice Policy are :

- | | |
|--------------|--|
| Objective 1: | General Practitioners are effectively involved in the planning and development of NSW health services |
| Objective 2: | Improved communication between general practitioners and other parts of the NSW health system |
| Objective 3: | General practitioners and NSW Health work collaboratively to improve patient care |
| Objective 4: | Enhancing the role of general practitioners in improving health care for people in rural, regional and remote NSW |
| Objective 5: | Enhancing the role of general practitioners in improving the health care of Aboriginal and Torres Strait Islanders |

3. Issues and Strategies

General practitioners are integral to any improvement in the health of the people of NSW. NSW Health is committed to continually building on its relationship with general practice and recognises that an improved relationship with general practice will effect positive improvements in the health status of the population. However, it must be recognised that responsibility for funding general practice remains with the Commonwealth and is not likely to change in isolation from major changes to the health system. These funding and policy issues are not within the scope of this policy.

The following objectives and strategies build on existing initiatives at the Commonwealth, State and Area Health Service level where successful projects are already underway.

The interface between general practice and the NSW public health system varies across the State. A GP working as a sole practitioner in a country town will have a different interface to a GP Visiting Medical Officer as will those general practitioners involved in shared care programs. Similarly, relationships between local Area Health Services and Divisions of General Practice vary. There are also different issues affecting rural and urban general practice. The applicability of the suggested strategies will therefore vary across the State.

OBJECTIVE 1: General Practitioners are effectively involved in the planning and development of NSW Health Services.

NSW Health

NSW Health is committed to ensuring that general practice needs and views in relation to health care service delivery and reform are made known to the Department in order to improve service delivery and effectively plan and implement future initiatives.

In NSW the General Practitioner Advisory Committee (GPAC) is a peak body to coordinate and improve consultation between NSW Health and General Practice. The Committee has broad representation including rural and urban Divisions of General Practice (Appendix A). It advises on issues relating to NSW health policy or practice that would improve collaboration and coordination of primary care and other levels of care for the NSW community. General practitioners are also represented on various policy and practice committees across the NSW Health Department.

The GPAC meets on a regular basis and has held State forums in 1996, 1997, 1998 and 1999. These forums were focused on integrating general practice with NSW Health. Forums were also held in most Area Health Services in 1999, focusing on developing and enhancing relationships at the local level.

Other States and Territory Governments have developed different ways of encouraging and incorporating involvement of General Practitioners. For example, in Victoria a General Practice Unit has been established in the Department of Human Services to improve integration of general practitioners and the public health system. A fund has also been established to pay for general practitioners involvement in policy development. In Tasmania the Health Department has established a General Practice Liaison Unit in the Community Health and Rural Health Division while in the ACT, the Department of Health and Community Care mainly links with general practitioners through the ACT Division of General Practice

The Alliance of NSW Divisions has recently been formed to represent Divisions on a state wide basis and to address issues of a systemic nature. The NSW Health Department is a key stakeholder for addressing and implementing many of the broad issues brought to the attention of the Alliance.

Area Health Services, the NSW Health Department and individual health services have a number of planning processes and documents such as corporate plans, Area Health Plans, business plans, health improvement plans and service plans. All plans are focused on improving the health of the population. They include strategies to address integration of services across the continuum of care, from prevention to palliation. The need to work with general practitioners, for comprehensive planning and policy development and for seamless patient-centred service delivery is now being incorporated into all NSW Health planning. Most Divisions of General Practice hold annual planning days. Area Health Service representatives could make a valuable contribution to assist in this planning and many Divisions of General Practice include them in this process.

Work has also occurred to promote access to groups who do not traditionally seek general practice services such as young people. The Australian Divisions of General Practice has established a Youth Alliance. Two National Documents have been developed to assist General Practitioners (GP) to work more effectively with young people - *A Guide for GPs to Improve Young People's Access to Health, and Outcomes and Indicators in Youth Health for Divisions*. The Hunter Urban Division of General Practice has appointed a Youth Liaison officer who will work with local youth health services and other relevant agencies to implement the National Guidelines and develop a training package for GPs who work with young people.

GP Liaison Officer -

Northern Rivers Area Health Service

The Northern Rivers Area Health Service recruited a local GP with an interest in public health and health service management to work part time as a GP Liaison Officer (GPLO). The role focussed primarily on communication and was promoted by the AHS as a resource for both GPs and AHS staff to facilitate links between the two groups. The GPLO met regularly with the three divisions in the area, as well as individual GPs and was based within the AHS. The considerable benefits recognised by both groups in having a dedicated GPLO position included - the promotion of a number of shared care initiatives, facilitation of the implementation of DOCFACS, facilitation of the inclusion of GPs in AHS planning and policy development, raised awareness of the importance of inclusion of GPs in continuity of care and discharge planning and reduction in duplication of effort by enhanced communication and coordination between the two groups.

The initial twelve month temporary appointment is now a permanent position.

Research and Development

Research and development (R&D) is an integral component of health care and health policy. Improvements in the health status of the community depend upon innovation, the implementation of research-based knowledge and the application of research rigour to the problems confronting health care and public health.

The R&D Advisory Committee was established to advise the NSW Health Department on R&D policy and its implementation, opportunities for R&D, and the evaluation of the Department's investment in R&D. Currently a general practitioner is a member of the Committee.

The NSW Health Department is keen to promote research collaborations within the health system and between the NSW Health system and external organisations. As such, there is significant potential for NSW Health to work with general practice to achieve shared research goals.

A survey of current, planned and potential research collaborations between Area Health Services, Divisions of General Practice or General Practice Academic Departments will inform the future engagement with general practice research activities.

The Commonwealth Government directly funds health research, and this funding was significantly increased in the 1999/2000 budget. Specific to general practice, the General Practice Strategy Review (1998) recommended that there be an identified commitment to research and development to create a research culture in general practice. It also recommended that full use be made of divisional networks in areas such as patient-based data collection, development of clinical practice guidelines and development of models of applying best evidence.

Commonwealth Department

It is important that directions taken by the NSW Health regarding general practice are compatible with Commonwealth policy directions. The State Manager of the NSW State Office of the Commonwealth Department of Health and Aged Care is a member of the NSW Health General Practitioner Advisory Committee.

In 1997/98 the Commonwealth Government initiated the General Practice Strategy Review entitled - *General Practice: Changing the Future Through Partnerships*. Recommendations from this review include that each State and Territory Government should have formed mechanisms for consultation and continuing support for state based representation for Divisions.

The six main categories of recommendations that have been supported by the Commonwealth Government in its response to this vision for the future of General Practice are:

1. A Partnership for the Future
2. Rewarding General Practitioners for Quality Through Improved Financial Arrangements
3. Micro Economic Reform in the Industry
4. Better Links with the Wider Health system
5. Improving Rural Services
6. Indigenous Health

Strategies

- The NSW Health Department will maintain and enhance formal consultation mechanisms with general practice in particular through GPAC.
- The NSW Health Department will consult with General Practice on relevant Commonwealth/State matters.
- The NSW Health Department will disseminate information to general practice through the GPAC on successful projects and initiatives promoting continuity of care.
- The NSW Health Department in collaboration with the Alliance of NSW Divisions and other key stake holders will develop and implement a strategic plan to improve general practice involvement in policy development and implementation.
- The NSW Health Department will ensure that any major planning processes that involve general practice will include formal consultation and reporting processes to the GPAC. Adequate funding mechanisms need to be addressed to support the consultation process.

- The NSW Health Department will convene regular meetings of Area Health Service general practice representatives (eg GP liaison coordinator) to explore initiatives that effect general practitioners including policy, training and research issues. A network will also be established within the central office of the NSW Health Department and there will be regular liaison with the Alliance of NSW Divisions and the State Office of the Commonwealth Department of Health and Aged Care.
- Area Health Services will maintain and enhance formal consultation mechanisms with Divisions of General Practice and general practitioners in their local area.
- General practitioners will be encouraged to nominate for representation on AHS Boards and other area committees, such as quality committees.
- General practitioners will be represented in NSW Health forums and considered for representation on appropriate hospital and medical committees.
- General practice will have representation on the NSW Health Research & Development Advisory Committee.
- An Audit of current, planned and potential research collaborations between AHS and General Practitioners and Divisions of General Practice or Academic Departments will be compiled and distributed to AHS to facilitate shared research between AHS and Divisions of General Practice.
- The Research & Development Advisory Committee will report to the NSW Health Department regarding the fostering of general practice research collaborations with Area Health Services.
- A collaborative general practice research strategy will be facilitated as part of the NSW Research and Development Futures Forum to be held in 2000.
- Divisions of General Practice actively involve Area Health Service representatives as key stakeholders in the Divisions of General Practice planning (and needs assessment) processes.

OBJECTIVE 2: Improved Communication between General Practitioners and other parts of the NSW Health System

General practice and NSW Health deliver services which interact, overlap and sometimes duplicate, due to separate lines of accountability, different funding arrangements and incompatible work and business practices.

The NSW Health Department has established the GPAC to provide advice to the Department on any issues relating to NSW health policy or practice that would improve collaboration and coordination of primary care and other levels of health care for the NSW community; and to advise on any issues relating to health policy or practice or organisation relevant to NSW that impact on the delivery of general practice in NSW.

Effective communication between the health system and general practice is seen as a crucial element in patient care. Many Area Health Services have established formal links with Divisions of General Practice and Area Health Services regularly communicate with general practitioners regarding patient care. Points of transition between entry and exit to the hospital and hospital related services are of particular importance to the general practitioner. Good information management and communication between general practitioners and the NSW public health system relies on both formal and informal mechanisms and is integral to improved continuity of care.

NSW Health has developed a system (DOCFACS) for automatically faxing hospital information to a patient's general practitioner, allowing general practitioners to be informed of their patients status within health system.

Improved communication between General Practitioners, Divisions and Area Health Services may be enhanced if roles and responsibilities are more clearly articulated and understood. This is especially important at pre-admission, admission and discharge times. It is also important that there is a clear process by which information is provided and exchanged between GPs and hospitals.

In rural areas improved communication has been facilitated by the telehealth initiative. This initiative uses telecommunication for supporting the provision of clinical care. NSW Health works in collaboration with the Rural Health Education Foundation to provide regular training sessions on clinical topics from 140 satellite sites. In addition, collaborative training programs have been piloted.

Sophisticated information management technology has enormous potential to help general practitioners in both clinical and business aspects of their practice. Yet less than 10 per cent of general practitioners use computers for clinical applications. General practice organisations, government and corporations have major information management and technology (IM&T) initiatives underway. For example, in 1998 the Commonwealth announced significant initiatives and a budget of \$15 million over three years to promote computerisation in general practice.

NSW Health and GPAC are currently developing a strategy for future Information Technology initiatives through the NSW Health General Practice IM&T Strategy. The project puts forward suggested strategies that are reliant on a co-operative approach for successful implementation. Discussion documents released for comment in October 1998 put forward a suggested framework. It is expected that further documents to be released will provide high-level implementation plans for key initiatives.

The IM&T Strategy documents were circulated for comment to a wide range of relevant groups including each NSW Division of General Practice, the Alliance of NSW Divisions, the RACGP, the AMA and the Commonwealth. The Strategy proposes 6 key areas for action with related strategies.

Goal 1 - Cooperation between key players

To date there has been poor Information Technology (IT) collaboration between key players such as hospitals and general practitioners. Goal 1 aims to secure formal agreement and collaboration between key groups and break down some of the cultural barriers that exist in different sectors of the health industry. It also seeks to improve the evaluation and results sharing of existing Information Management & Technology strategies.

Goal 2 - GP awareness of IM&T

Many general practitioners are unaware of the potential role computers can play in management of practice data and communication. This goal aims to educate general practitioners about the potential of computers in their practice. It is envisaged that promotion of IM&T will come from Divisions of General Practice, other health sectors and increasingly will be consumer led.

Goal 3 - Computing skills in general practice and Divisions of General Practice

42% of general practitioners are considering computerisation in the next two years. The need for computer training is likely to increase significantly as a result. Goal 3 identifies the need for appropriate, accessible training of general practitioners, practice and Divisional staff.

Goal 4 - Risk environment of GP IM&T

Many general practitioners have not adopted computerisation because of the perceived financial medico-legal and cultural/social risks involved and that the risks will not outweigh any benefits. Computers are in fact a risk management tool for business and clinical processes. Goal 4 recommends strategies to overcome risk by providing support and lowering financial burden. The important role of the development and use of standards is identified.

Goal 5 - Secure communications and sharing of patient clinical data including electronic data transfer

This goal promotes GP access to hospital clinical data and telecommunication tools. It addresses issues such as electronic discharge summaries which will provide a significant incentive for GP computerisation. Clinical communication tools such as telehealth, and notification to Public Health Units are considered. Support issues such as accreditation of software, privacy and security are addressed.

Successful implementation of the IM&T Strategy will mean that with patient consent, information held by the treating General Practitioner (including Pathology test results, ECGs etc) can be transferred to a hospital at the time of a patients' admission and similarly complete discharge information can be transferred back to the General Practitioner at the time of discharge from hospital.

Goal 6 - GP access to electronic decision support tools

Decision support tools can be an important resource for general practitioners and could be an important incentive for general practitioner uptake of computers. Electronic directories (such as services and specialists) and databases are already a tangible and accessible resource. More sophisticated tools need to be developed.

Strategies

- AHS and NSW Health Department to adopt strategies for improving communication with general practitioners such as establishing local committees and holding regular forums with general practitioners.
- Local mechanisms should be developed for a special focus on effective mechanisms for transition of care as documented in the *Better Practice Guidelines for Patient Management*.
- An emphasis on developing mechanisms for two-way communication between GPs and hospitals be highlighted in undergraduate and postgraduate training.
- A delineation of roles and responsibilities for general practitioners, Divisions and Area Health Services is described.
- The Telehealth initiative be promoted as a venue for communication and training for both NSW Health and general practice.
- The implementation of the NSW Health GP IM&T strategy. The detailed strategies to implement this process are attached in Appendix C. However, key strategies include:
 - Securing engagement, cooperation and agreement between all key implementing groups involved in IT strategies;
 - Ensuring organisations have a nominated GP IM&T liaison person; and that the officer shares information and ideas with their constituents in other Areas and with Divisional personnel regarding improving information management.
 - Promoting the benefits of computer use through Divisions of General Practice.
 - Undertaking training needs analysis of computing skills in General Practice and the Divisions of General Practice.
 - Ensuring hospitals and Community Health Services implement a formal state-wide accreditation process to legally enable general practitioners access to clinical data.
 - Facilitating registration and certification for secure E-mail.

OBJECTIVE 3: General Practitioners and NSW Health working collaboratively to improve patient care

General practitioners are pivotal in providing acute and chronic care, continuity of care and improved health care outcomes for patients over their lifetime. General practitioners are most often a person's first point of contact with the health system and act as the manager of care and initiate secondary care, if and when it is required.

However, the general practitioner's involvement with a patient's secondary and tertiary care is often limited and only begins again when post-acute care is required. Links between general practice and other primary care providers also varies, impacting on the capacity of all services to provide patient-centred care.

The differing funding arrangements of general practice (by the Commonwealth) and the Area Health Services (by the State Government) contribute to the barriers to improving a general practitioner's effective involvement in a patient's continuum of care.

Local relationships and arrangements between Area Health Services, Divisions of General Practice and general practitioners are also key in promoting continuity of care. Strong working relationships have already been developed in some Area Health Services.

However, there are more opportunities to improve collaboration in caring for patients. Area Health Services, the NSW Health Department and individual health services have strategies to address integration of services across the continuum of care, from prevention to palliation. The need to work with general practice, for comprehensive planning and policy development and for seamless patient-centred service delivery is now being incorporated into all NSW Health planning.

General practitioners and hospitals

Area Health Services and Divisions of General Practice have already taken steps to increase general practitioners involvement in care, teaching and research in hospitals. There are numerous shared care programs among general practitioners and hospitals organised by Divisions of General Practice. Approximately 1000 Divisional projects were conducted in Australia in the period 1993-97 and some 450 focussed on integration issues with the wider health system. Some Area Health Services have employed GP Liaison Officers to build relationships between the Area and local Divisions. General practitioners are represented on some Area Health Service Boards and committees.

The NSW Health *Better Practice Guidelines for Patient Management and the Principles of Discharge Planning* describe an efficient, planned approach to discharge planning which predicts post discharge needs and implements plans to care for and support patients and carers during the post-acute care period. Effective discharge planning is multi-disciplinary and is conducted in conjunction with hospital staff, the patient, family/carers, general practitioners and other community service providers when necessary. However, implementation of discharge policies varies from hospital to hospital. The effectiveness of discharge planning often relies on the commitment and input of hospital staff.

Shared care projects have been successfully initiated and implemented by AHS (mainly urban) and local Divisions of General Practice. Shared care does not usually include admitting rights. A general practitioner participating in more than one hospital's shared care program may have to be accredited at each hospital. NSW Health does not have a standard arrangement for general practitioners involved in shared care programs and is keen to look at mechanisms to facilitate the general practitioner's role in sharing the care of patients.

There is a Home Hospice Program in SESAHS -Southern Sector. This program draws on the local GP (who has specific training in palliative care) a counsellor, and 20 or so volunteers from the community. It allows the patient's own GP to provide continuity of care for both the patient and his or her family and organises assistance from friends and family

The South Eastern Sydney Area Health Service GP Strategic Plan outlines examples of programs to improve the continuity of care between general practice and the local hospitals. These initiatives include general practitioners screening older people who present to emergency departments with a fall, on call General Practitioner advocates for non-English speaking background or Aboriginal and Torres Strait Islander patients, pre admission and discharge communication systems

Some general practitioners, particularly those working in rural areas, provide services in hospitals, for example, obstetric care. The nature of the work undertaken by general practitioners in hospitals (clinical privileges) is determined by a process in which the general practitioner's credentials (qualifications, skills and experience) are matched with the delineated role of the particular hospital. It is a statutory requirement that a practitioner's clinical privileges be documented in the service contract. This is the case for all Visiting Medical Officers in New South Wales.

General practitioners and other primary health and community care services

Health services around the world are developing stronger primary health and community care support services so that health systems are responsive to the changing health needs of people using them and they have a range of services that are appropriate. Factors influencing this shift include:

- the ageing population which is increasing the level of demand for health and support systems;
- the role of hospitals is changing - changes in drugs, technology and clinical practice mean that many treatments no longer require hospital admission;
- people who were previously in institution-based care now live in the community;
- a more prevention-orientated approach will moderate the demand for acute health and support systems as the population increases.

General practitioners comprise the largest service sector of the primary health and community support service system. General practitioners' daily work gives them a good understanding of the patterns of illness in the community, the networks of care, and weaknesses in community support systems. General practitioners are also in an ideal position to act as advocates and coordinators of care and to contribute to population health outcomes.

Good relationships between Area Health Services, hospitals and all primary and community care professionals are needed to ensure continuity of care for patients, for example, through effective discharge planning.

There is a need to reorient the system to strengthen primary and community health and care services and target investment of resources in early intervention and prevention roles of this sector. It will not be possible to improve the context for general practice without a consolidation of this sector.

The Border Division of General Practice has taken a specific interest in men's health. A full time project officer has been employed to coordinate their men's health activities, which have included two men's health nights (attended by almost 700 men) and a survey of men's self-reported health needs. Future projects will include leading discussion groups based around a panel of peers, increasing the appeal of general practice to men, providing workplace-based screening and health information and looking at improving men's access to health services after hours.

The NSW Government is committed to maintaining strong, responsive and high quality community health services. *Strengthening Community Health - A Framework for the Future* was launched in November 1998 and describes the principles and strategies that underpin the delivery and ongoing development of responsive and effectively targeted community health services in NSW. It recognises the need for community health services to work in partnership with general practitioners and other parts of the health and services sectors to guarantee continuity of care and comprehensiveness of services.

Innovation and best practice in primary and community care service provision includes:

- a capacity for coordination across a diverse service sector;
- access to services 24 hours a day, seven days a week;
- greater emphasis on early intervention and prevention;
- greater sharing of information between providers;
- greater information provided to the consumer/community.

Improved primary and community care services will also build on evolving roles and relationships of general practitioners and other health professionals. Multi-disciplinary primary health care teams can provide flexible services to communities and maximise the skills and involvement of general practitioners and other team members.

Area Health Services are introducing new mechanisms to plan local health services and to break down the boundaries between hospital and community care. The Commonwealth Government has recently announced a new initiative entitled "Carelink". This service aims to provide general practitioners with a central place of contact for information and referral for community care services.

NSW is also participating in the Coordinated Care Trials. The aim of the Trials is to improve the delivery of health and community services to people with complex service needs. They are intended to help people who require a mix of health and community services by pooling resources traditionally administered by different levels of government and developing integrated case management systems linking General Practice, Community Health Services and HACC agencies. Northern Sydney, Illawarra and Far West AHS are participating. The Federal Government announced in December 1998 an extension of the coordinated care trials. Other initiatives that have provided opportunities for general practitioners to work more closely with other health services include reforms in ambulatory care.

The Illawarra Coordinated Care Trial targets the population aged over 65 who are at risk of falling or have multiple medical conditions or social problems and require more than a single service from General Practitioners, Community Nursing and Community Services. Information technology will link providers and improve care coordination.

The 1999-2000 Federal Budget announced a comprehensive range of initiatives to enhance the role of general practice. As part of the initiative, the Commonwealth government allocated funding to include new items on the Medicare Benefits Schedule (MBS) for preventative care and management effective from 1 November, 1999. These measures will enhance primary care particularly for older Australians, people with chronic illnesses and those who require a range of services to support them in the community.

The items cover:

- Care planning
- Case conferencing and
- Health assessments for people over 75 and over 55 for Aboriginal and Torres Strait Islander people

This initiative has enormous potential to facilitate coordination of patient care.

Strategies

- Each AHS will develop and implement a strategic plan in consultation with local Divisions of General Practice and consumers to improve collaboration between AHS and general practitioners in delivering quality continuum of care. This would include strategies outlined in the IM & T Strategic Goal 1 - Increase co-operation between key players, ensuring consistency between each organisation's long term health policy objectives.
- AHS and Divisions of General Practice will develop formal mechanisms and projects to improve relationships between local general practitioners and other primary and community health and care professionals to promote integrated care.
- NSW Health in collaboration with general practitioners will support initiatives to maintain and improve quality of care. This will address the dimensions of quality of care as documented in *A Framework for Managing the Quality of Health Services in NSW* ie consumer participation, access, appropriateness, safety, effectiveness, and efficiency of care.
- General practice to be involved in the development of State and National clinical management guidelines and protocols to ensure they are relevant to decision making in general practice.
- General practitioners are involved in the development and implementation of local health improvement plans.
- AHS to implement the *NSW Health Better Practice Guidelines for Patient Management* which identifies strategies to promote the role of general practitioners in the ongoing care of in-patients, including discharge planning.
- The NSW Health Department will develop more detailed guidelines for credentialling in rural areas in consultation with Rural Health Services, the Rural Doctor's Association, the Rural Doctors Network and other relevant groups.
- The Centre for Mental Health will develop in collaboration with general practitioners, a policy for Mental Health Services and Primary Care.
- The Centre for Mental Health will support Area Mental Health Services to develop a Strategic Plan for partnerships with their local Divisions of General Practice.
- NSW Health and AHS to address strategies outlined in IM & T Strategic Goal 5 - Improve secure communication and sharing of patient clinical data.
- NSW Health will involve general practitioners in the implementation and monitoring of the NSW Community Health Framework at a local level.
- Representatives from the Commonwealth, the RACGP, GPAC, the Alliance and the NSW Health Department will develop a template to assist GPs with the structure for care plans and case conferences.

OBJECTIVE 4: Improved Health Care for People in Rural and Remote NSW

There are unique challenges in meeting the health needs of communities in rural and remote areas of Australia. It is well recognised that the health of people in rural, regional and remote Australia needs special attention.

General practitioners in rural, regional and remote areas are a key part of the primary health care teams. They may be responsible for acute care - initially handling most of the medical emergencies and for treating patients in local hospitals. Many of them have multiple qualifications and skills in obstetrics, anaesthetics, surgery and trauma medicine. They may also be responsible for chronic care and be the focus of co-ordination of complex multi-disciplinary community care needs for their patients. Small or solo practices, isolation from other health professionals and long hours of duty can take a toll on their own health and family life.

Local health and community services are often unable to address all the needs of their communities and now require more flexible approaches to service delivery. For example, while rural and remote Australia comprises nearly 28% of the nation's population, in 1994 only 20.8% of primary care practitioners and 11.8% of specialists were located in rural and remote areas. As a result many rural practices have had to develop innovative practices either through cooperation with other services providers or taking up new technologies. Research has shown that in NSW, rural practices are more likely to use computers than their urban counterparts. Recruiting and retaining general practitioners in rural, regional and remote areas is difficult. Social, personal, family and lifestyle factors are important considerations in attracting and retaining general practitioners. Fewer female general practitioners want to practice in rural and remote areas than their male counterparts, often because of concerns about lack of a peer group, lack of emotional support and lack of family support and issues of personal safety. The Commonwealth has introduced a number of policy initiatives to address these issues, including measures designed to attract general practitioners to rural areas in return for access to Royal Australian College of General Practitioner training places.

The Barrier Division of General Practice has negotiated an agreement with the Population Health Unit (PHU) at Far West Area Health service (FWAHS) as part of a key strategy to improve immunisation rates. All Divisions have been provided with funding from the Commonwealth to conduct immunisation programs. FWAHS currently fund an RN Immunisation Coordinator position. To reduce duplication of services and utilize the expertise of this RN the PHU agreed to subcontract this person (part-time) to the Division. The Immunisation RN is involved in assessing further training and support needs, identifying problems with providing or reporting immunisation and assists Divisions in addressing these issues. The Division has also produced a Practice Guidebook for Immunisation.

In 1988, NSW Health and the Rural Doctors Association NSW (RDA) established an agreed settlement package for payment of fees for rural GPs in designated rural hospitals. A liaison committee was also established for continuing review of the package, and to facilitate NSW Health awareness of problem areas. The continuity of this partnership is a testimony to the commitment of the RDA and NSW Health to work together for rural health.

At the same time it was recognised that there was a need for industrial reality to be backed by short, medium and long term strategies to ensure a continuing, competent rural medical workforce. Since 1988 NSW Health has funded the Rural Doctors Resource Network (now Rural Doctors Network) to develop and administer education, support and undergraduate programs for NSW rural GPs.

NSW Health provides almost \$1 million per annum to the Rural Doctors Network (RDN). This non government organisation works collaboratively with NSW Health to:

- provide ongoing support in the recruitment and retention of general practitioners in rural and remote NSW;
- financially support the Rural Medical Cadetship Program and ensuring integration with undergraduate and post graduate rural programs undertaken by the Universities;

- facilitate access to quality accredited continuing education and the development of professional networks;
- coordinate and financially support undergraduate placements in rural hospitals and general practice.

The RDN is also funded by the Commonwealth as the NSW Rural Workforce Agency to manage the Rural and Remote General Practice Program which provides relocation and training grants to general practitioners moving to communities requiring greater general practice coverage. There are five Rural Health Training Units in operation in NSW. They aim to improve the recruitment and retention of rural health professionals by providing them with the necessary high quality support education and training required by GPs to competently perform their duties.

The NSW Health Rural Health Workforce Strategy is an integrated approach to address rural work force issues. Initiatives under the Strategy include:

- funding to help rural and remote communities advertise and recruit overseas trained doctors to temporarily fill posts;
- a pilot 24 hour toll free telephone link (started in June 1998) hosted by the Prince of Wales Hospital that enables rural general practitioners to access specialist advice about endocrinology and neurology for adults and children;
- rural allied health scholarships and grants which provide financial assistance to help students from a rural background to meet course expenses and clinical placement grants from both rural and urban backgrounds;
- pilot locum service for rural obstetricians and gynaecologists;
- rural medical specialty training positions;
- Continuing Medical Education Grants Program for rural physicians and paediatricians;
- Allied health locum relief for continuing education.

The NSW Health Department, through the Centre for Mental Health has made funds available for the Rural Mental Health Skills Development Project since 1994. This project was established to support general practitioners and other isolated mental health workers to provide psychiatric care for patients in their own community. Using the strategies of skills development and co-joint patient care, metropolitan psychiatrists (and allied health workers) visit regularly and provide professional support and education on the management of psychiatric illness to general practitioners (and others) in eight remote towns.

The NSW Health Department has also made available funds for the placement of a number of Registrar positions located in rural areas across NSW. The program builds upon previous initiatives and is designed to provide doctors with one year of supervised experience in the practice of rural medicine. A feature of the program will be the opportunity for Registrars to work in supervised general practice positions for up to three months of the year. The program is designed to foster interest in rural medical practice amongst junior medical staff as well as to further promote links between rural hospitals and local general practitioners.

The NSW Telehealth initiative provides vital support services for rural practitioners such as primary and secondary opinions on clinical and imaging matters, case conferences, discharge planning and building a collegiate network for education and training programs.

Healthy Horizons 1999-2003: A Framework for Improving the Health of Rural, Regional and Remote Australians has been developed for the Australian Health Ministers Advisory Council. The Framework builds on the 1994 National Rural Health Strategy and its goals include:

- improving health in areas of highest priority (ie the national health priority areas such as cardiovascular health, cancer control, injury prevention and control, mental health and diabetes);

- improving the health of Aboriginal and Torres Strait Islander people;
- better information about the health of regional, rural and remote Australians;
- coordinated services developed and maintained by collaboration;
- a skilled and responsive health work force;
- flexible funding for regional, rural and remote communities to be based on need; and
- recognising regional, rural and remote health as an important part of Australia's health system.

Importantly, the document emphasises partnerships and provides a framework for government and community action at the local level. Many of the factors contributing to the poorer health of rural, regional and remote Australians are preventable and can be addressed in a community setting. Networked health and community services and innovative models based on local conditions provide new opportunities for accessible services across the care and support spectrum.

There are other opportunities to enhance the role of communities and Area Health Services in meeting the health care needs of local areas. For example, the NSW Government has established regional and rural bodies which could facilitate, with the local Area Health Service, recruiting general practitioners. While it is important not to duplicate the roles already played by other bodies, there is potential for local areas and NSW Health to work further with local communities, the Commonwealth and health professionals in rural and remote areas.

Strategies

- Implementation of the *Healthy Horizons 1999-2003: A Framework for Improving the Health Of Rural, Regional And Remote Australians*.
- The NSW Health Department continue to evaluate existing strategies in regard to recruitment and retention of rural health practitioners and that funding continue to be sought for successful strategies.
- Successful pilot projects under the Rural Health Workforce Strategy are implemented across the State.
- Divisions of General Practice and general practitioners are involved in developing responses to service and rural work force issues at a local level.
- Area Health Services, work with local government, to establish local geographic based support mechanisms for general practitioners.
- NSW Health to further develop, in collaboration with the Commonwealth and general practitioners, flexible and coordinated health care services for rural, regional and remote communities.
- The Centre for Mental Health to examine strategies to facilitate rapid consultation with specialist psychiatrists for general practitioners in rural and remote settings.
- Implementation of the NSW Health IM&T Strategy.
- The continuing development of telemedicine to facilitate the care of patients in rural areas and support for rural practitioners.
- Continued training via telehealth.

OBJECTIVE 5: Enhancing the role of General Practitioners in improving the Health Care of Aboriginal and Torres Strait Islanders

Improving the health and wellbeing of Aboriginal people and communities is a major priority of the NSW Government. More than one-quarter of Australia's Aboriginal and Torres Strait Islander population live in NSW. The health status of Aboriginal people is significantly lower than that of any other group in Australia. In addition, Aboriginal people are likely to suffer more than one illness at a time. Available data shows that life expectancies for indigenous Australians remain 15-20 years lower than for other Australians.

The range of primary health care providers in NSW comprises Aboriginal Community Controlled Health Services (primarily funded by the Commonwealth Department of Health and Aged Care) health services provided through the public health system and general practitioners. Timely access to primary and specialist health services remains a critical problem for Aboriginal people. Studies reveal that whilst Aboriginal people under-utilise the public health system and General Practice services, their use of inpatient services is high. A range of issues impact on the access to and utilisation of primary health care services including distance, lack of transport, lack of information and cultural insensitivity. In some regions there is no access to GPs who bulk bill.

Partnerships between service providers and the communities they serve are essential and widely recognised as making a significant contribution to improving the delivery of health services and outcomes. Working partnerships between the NSW health system and Aboriginal communities and Aboriginal Community Controlled agencies are a major feature of the NSW Government's commitment to Aboriginal people. Sustainable improvement of Aboriginal health also requires collaboration and coordination across NSW Government agencies, with the Commonwealth, non-Aboriginal community controlled sector, Local Government and private health service providers.

Some of the issues facing general practice services to Aboriginal and Torres Strait Islander populations are unique while others are common to general practice as a whole. The demands and challenges for general practitioners working in Indigenous health include:

- working in an unfamiliar social, cultural and professional context;
- working in remote areas with inadequate infrastructure;
- working in a context where many clients suffer extreme social, economic and educational disadvantage;
- Indigenous communities often have limited community health services and resources at the local level;
- there are problems with coordination and links in service provision between government funded services.

NSW Health and the NSW Aboriginal Health and Medical Research Council have developed a policy for the NSW health system - *Ensuring Progress in Aboriginal Health*. It is based on strengthening partnerships between Government health services, Aboriginal Community Controlled Health Services (ACCHS) and other service providers. Working partnerships are essential in providing equitable access to appropriate health services that address the issues underlying the disadvantage of Aboriginal people and communities. In this regard, service providers, General Practice and other relevant organisations are encouraged to support local service development through participation in Local / Area Partnerships. *The NSW Aboriginal Health Strategic Plan*, developed by NSW Health in collaboration with the Commonwealth Department of Health and Aged Care, ATSIC and the Aboriginal Health and Medical Research Council forms the basis for the implementation of this policy. The plan sets out a series of strategies to improve the health status and life expectancy of Aboriginal people of which participation by general practitioners is essential.

The key priorities of the *NSW Aboriginal Health Strategic Plan* are:

1. Improving Access to Health Services;
2. Addressing Identified Health Issues (diabetes and diseases of the circulatory system, eye health, maternal, infant and child health, oral health);
3. Improving Social and Emotional Well Being (substance abuse);
4. Increasing the Effectiveness of Health Promotion;
5. Creating an Environment Supportive of Good Health.

Strategies

Implementation of initiatives relating to general practice under the *NSW Aboriginal Health Strategic Plan* include:

- Establish effective Aboriginal Health Partnerships at the Local/Area level between Area Health Services and Aboriginal Community Controlled Health Services (ACCHS).
- Local Area partnerships to develop an effective linkage of ACCHSs, GPs and Area Health Services in order to ensure access to a network of primary health care services for Aboriginal people.
- NSW Health to establish a program to promote better practice in primary health care services for Aboriginal people with implementation to take place through local Area partnerships.
- Commonwealth Health to promote better practice in primary health care services for Aboriginal people, particularly services provided through ACCHSs and GPs.
- One-off funding to be provided to Aboriginal Community Controlled Health Services and General Practices for the electronic linkage of these services with the NSW public health system.
- Divisions of General Practice to incorporate into their strategic planning components relating to Aboriginal health, specifically, increased knowledge and understanding of Aboriginal communities and strategies to work collaboratively with Local Area Partnerships.
- In relation to diabetes and the diseases of the circulatory system, develop education and training packages for primary health care providers, including Aboriginal Health Workers, and GPs.
- Develop protocols to better identify substance abuse and provide brief interventions to be conducted in all primary health care settings in Area Health Services, ACCHSs and General Practice.

4. RESOURCING

The NSW and Commonwealth governments fund a range of programs and initiatives which improve partnerships between the NSW health system and general practitioners.

Some of the strategies suggested in this paper have resource implications for Area Health Services, the NSW Health Department, Divisions of General Practice and general practitioners themselves. The strategies are broad to allow appropriate local implementation, for example some Area Health Services have GP liaison coordinators, another has a General Practice Directorate and includes General Practice in its peak clinical governance and yet another has a Department of General Practice.

Many of the strategies are not resource intensive and instead rely on changing work practices and relationships.

It is anticipated that a closer relationship between NSW Health and General Practice in determining priorities and planning will lead to a greater alignment in activities and hence the development of joint objectives, funded bilaterally.

Initiatives to improve the coordination of patient care between general practice and the public health system that have already been established and funded include:

Policy

- The NSW Health Department funds a policy analyst position that is responsible for providing policy advice on issues that relate to general practice.
- Area Health Services fund positions in varying structures eg via a Department of General Practice, Directorate of General Practice or GP Liaison Coordinators. These positions act as a bridge between local general practice and the Area Health Service.

General Practitioner Advisory Committee

- The NSW Health Department provides funding to support the General Practitioner Advisory Committee. This Committee acts as the peak body for providing advice to the Department on general practice issues.

Members of the Committee include representation from: the Rural and Urban Divisions of General Practice the Rural Doctors Network, the Rural Doctors Association, the NSW General Practice Branch of the Australian Medical Association, the Doctors Reform Society, the Academic Departments of General Practice, the Royal Australian College of General Practitioners, the Alliance of NSW Divisions, the Commonwealth Department of Health and Aged Care and the NSW Health Department.

Mental Health

- The Centre for Mental Health is funding Area Health Services \$5.6 million over 5 years to strengthen partnerships between mental health services and general practitioners.

Aboriginal Health

- Two million dollars have been committed by NSW Health to commence implementation of the Aboriginal Health Strategic Plan.

GP IM&T

- The NSW Health Department has funded a Project Manager for the Department's GP IM&T Strategy. A business case is being prepared to secure funding based on priority initiatives identified from the GP IM&T Strategy.
- As part of the Strategy, Area Health Services are nominating specific staff who will act as GP IM&T liaison officers. This role will encompass the facilitation of hospital/health service/GP communication and working relationships.

Rural Doctors Network

- The Rural Doctors Network (RDN) receives funding from the NSW Health Department's Non Government Organisation (NGO) Program. A grant of \$969,500 per year is given to the RDN. The RDN manages the NSW Rural Medical Undergraduates Initiatives Program and the NSW Rural Medical Officer Cadetship Program under its NGO Grant arrangements.

Telehealth

- The NSW Health Department's telehealth initiative commenced in 1996. Since 1996 the Department has expended \$2.7 million of the telehealth initiative. 45 sites have been established.
- A funding increase of \$11 million over 4 years from 1999/2000 will mean that the number of sites across the State will be increased to 70.

Medicare Benefit Schedule

- The Commonwealth Department of Health and Aged Care has introduced some new MBS items for general practitioners under its' enhanced primary care initiatives.

These new Medicare items will reimburse for the first time work that is undertaken with other care providers in care planning for people with chronic and complex needs and will now cover voluntary annual check-ups for all people aged 75 years and over. The new MBS items for enhanced primary care will total approximately \$110 million over four years.

5. Implementation, Monitoring and Review

The NSW Health Department and the NSW General Practitioner Advisory Committee (GPAC) will oversee the implementation of the General Practice Policy and provide advice and support to key groups.

Implementation of the strategies outlined in a NSW Health General Practice Policy will rely on coordination and cooperation between the key groups. Some of the strategies will require their own review, for example, the GP IM&T Strategy.

Strategies

- The NSW Health Department and GPAC will monitor and review the implementation of the General Practice Policy through reports from Area Health Services and the Alliance of NSW Divisions.
- The NSW Health Department, with the GPAC, will report to the Minister annually on initiatives taken under the policy.
- A formal review of the implementation of the Policy will be undertaken within three years of the release of the Policy
- Strategies for improving collaboration with Area Health Services are considered in outcome funding for Divisions of General Practice.

APPENDIX A

General Practitioner Advisory Committee (GPAC-MEMBERS)

A/Professor Lindsay Thompson	Canterbury Division of General Practice Ltd (Chair)
Dr Ian Adair	Alliance of NSW Divisions
Dr Gerard Barold	Urban Divisions Chapter, Alliance of NSW Divisions
Dr Jenny Beange	Rural Divisions Chapter, Alliance of NSW Divisions
Dr Ian Cameron	NSW Rural Doctors Network
Dr Richard Hurst	Urban Divisions Chapter, Alliance of NSW Divisions
Dr Robert Marr	Doctors Reform Society of NSW
Dr Ken Mackey	NSW Rural Doctors Association
Dr Rod MacMahon	Royal Australasian College of General Practitioners
Mr Nick Mersiades	NSW State Office, Commonwealth Department of Health and Aged Care
Dr Robyn Napier	NSW Branch of the AMA-General Practice Branch
Dr Martine Walker	Academic Division of General Practice
Mr Mick Reid	Director-General NSW Health Department
Dr Andrew Wilson	Deputy Director-General Public Health & Chief Health Officer
Dr Tim Smyth	Deputy Director-General, Policy
Dr Jim Hyde	Director, Health Services Policy, Policy Division
Dr Elisabeth Murphy	Clinical Consultant, Health Services Policy, Policy Division

APPENDIX B

GENERAL PRACTICE POLICY REFERENCE GROUP

Dr Tom Acheson	General Practitioner, Hornsby
Dr Ian Cameron	NSW Rural Doctors Network
Mr Jo Dalzell	Commonwealth Department of Health & Aged Care NSW State Office (until July 1999)
Mr Peter Davidson	Commonwealth Department of Health & Aged Care NSW State Office (from July 1999)
Ms Sally Glass	Manager, IM&T Business Department, NSW Health (until April 1999)
Ms Lea Samuel	Project Officer - IM&T Business Department, NSW Health (from May 1999)
Dr Sylvia Jacobson	General Practitioner Liaison Coordinator SESAHS
Dr Jennifer McInnes	Director of Medical Services, Macquarie Hospital
Mr Nick Mersiades	State Manager, Commonwealth Department of Health & Aged Care, NSW State Office
Dr Annette Pantle	GP Liaison Officer, Northern Rivers AHS(until Jan 1999) Assoc/Director Medical Services Mona Vale Hospital
Prof Deborah Saltman	Academic Department of General Practice Manly Hospital
Ms Brianna Smith	Consumer Representative
Ms Ruth Dewar	Chair (until December 1998) Health Services Policy
Ms Christine Foran	Project Officer(until December 1998) Health Services Policy
Dr Elisabeth Murphy	Chair/Project Officer (from December1998) Health Services Policy

APPENDIX C

Section 1 of IM&T Strategy

Part 1: Objectives listed within Strategic Goals including Lead Agency

STRATEGIC GOAL 1- Increase cooperation between key players

Issue

Enhanced communication between hospitals and GPs is seen as one of the greatest potential drivers for uptake of computers in general practice yet this has been one of the most difficult results to achieve.

Many GP continuity of care projects have found that the main barriers to integration with the hospital have been communication and cultural factors. For optimum integration across the acute/community care continuum it is essential that these barriers are addressed and common goals are sought. It is recommended that the implementation of the following strategies build upon existing relationships and collaborative initiatives.

GP-hospital collaboration has to be part of a larger plan involving formalised Division and Hospital agreements that involve performance indicators and evaluation. There are many benefits to GP-hospital integration. Pirkis (1995) identified improved continuity, consistency and comprehensiveness of care, reduced professional isolation for GPs, rational use of resources, and educational advantages for patients as major advantages.

There have never been more IM&T activities occurring at all levels of the health system. Divisions have greater access to funds for IM&T initiatives than before. Collaboration between federal, state and local participants, as well as effective ways of sharing methods and results are essential.

Objectives

Strategic Goal 1 - Increase cooperation between key players

Description	Lead by
1.1 Coordinate and form agreement between key groups	NSW Health
1.2 Improve communication channels between NSW Health and general practice.	NSW Health AHS, ANSWD Divisions NSW Health
1.3 Develop effective communication and collaboration between general practice, hospital and AHS staff.	AHS
1.4 Improve compliance with federal hospital standards for discharge summaries.	Divisions, AHS
1.5 Improve communication and collaboration between various NSW IM&T projects involving general practice	ANSWD

Description	Lead by
1.6 Increase level of awareness of GP IM&T projects and the sharing of results	DHAAC Integration SERU
1.7 Decrease perceived and real barriers to the production and transfer of electronic data	AHS, NSW Health
1.8 Increase awareness and willingness of hospital staff to increase quality of communication to GPs	GP/Hospital Collaborative Group
1.9 Improve integration with other key player's IM&T systems	ANSWD
1.10 Improve statewide consumer consultation process for GP IM&T	NSW Health ANSWD
1.11 Improve GP representation in all areas of IM&T in NSW Health	NSW Health GPAC

STRATEGIC GOAL 2 - Increased GP awareness of IM&T

Issue

Like many people GPs are not aware of the value of information and information management in health and business. There is also a need to de-mystify the technology. By providing GPs with an understanding of the current capabilities, benefits and risks of computerisation they will feel more confident about the decisions they make with regard to computerisation.

A comprehensive appreciation of health IM&T and its potential involves an understanding of how clinically relevant applications fit together in the different organisations with which GPs interact. GPs do not have the experience of information culture, which other professionals in large organisations take for granted. A demystified awareness of the types of clinical data managed, and its potential availability can foster a creative, bottom-up demand for access by progressive GPs.

Objectives

Strategic Goal 2 - Increased GP awareness of IM&T

Description	Lead by
2.1 Increase GP awareness of the benefits of computers & information to the: a) GP; b) the patient; and c) population	Divisions ANSWD
2.2 Improve awareness and understanding of AHS IM&T systems	AHS
2.3 Increase awareness of the improvement to work flow and ease of use of computer systems	Divisions

Description	Lead by
2.4 Improve networks between the computerised and non-computerised	Divisions GP
2.5 Improve awareness and understanding of GP specific IM&T	Divisions

STRATEGIC GOAL 3 - Improved computing skills in general practice and Divisions of General Practice

Issue

Low rates of computerisation among GPs also suggest a low level of technical skills particularly for clinical systems. 42% of non-computerised GPs are considering computerisation within the next two years. These GPs are likely to respond to the need faster if training is accessible - physically, financially and culturally (eg. hours available). A needs analysis of skills is required to ensure appropriate training is undertaken.

GPs state lack of skills among staff and lack of time for their own training as barriers to computerisation. They also have indicated that Divisions of General Practice can play a larger role in facilitating computer training of GPs. (Nielsen/McNair, DHAAC, 1997).

For Divisions of General Practice to facilitate IM&T uptake and provide a communication channel for their local GPs, it is imperative that they are using IM&T tools (eg E-mail) efficiently and lead by example.

Objectives

Strategic Goal 3 - Improved computing skills in general practice and Divisions of GP

Description	Lead by
3.1 Improve computing skills of GPs and their staff	RACGP and Divisions
3.2 Improve computing skills of Divisions of General Practice staff	ANSWD and Divisions

STRATEGIC GOAL 4 - Improve the risk environment of GP IM&T

Issue

A major disincentive to GP computerisation is the perceived financial, medico-legal and cultural/social risks involved. GPs are afraid that, among other things, the benefits of uptake will not outweigh the costs, that computerisation will result in social and cultural upheaval in the workplace and consultation room, and that there is no sound direction from the government or professional groups (Nielsen/McNair, 1997).

By providing a stable IM&T environment, risk management support, and education about real risks of IM&T, GPs will feel more secure in their decisions to computerise.

Computers are, in fact, a risk management tool for business and clinical processes. They can, among other things provide improved communication, access to information, reminders to GPs, security and decision support.

Objectives

STRATEGIC GOAL 4 - Improve the risk environment of GP IM&T

Description	Lead by
4.1 Increase level of technical support for GPs	NSW Health
4.2 Increase level of GP support with regard to risk management issues relating to IM&T	NSW Health
4.3 Increase GP awareness of standards	Divisions
4.4 Improve monitoring and promotion of standards within the state health system	NSW Health
4.5 Increase GP awareness of Change Management Issues	DHAAC
4.6 Improve GP knowledge of system/software selection procedures	DHAAC Divisions
4.7 Improve GP perception of government commitment and direction with regard to IM&T	NSW Health DHAAC
4.8 Increase GP awareness of computers as a risk management tool	RACGP
4.9 Develop positive GP and consumer attitudes towards computers in the consulting room	RACGP
4.10 Increase GP and consumer valuation of the quality standard medical record	Divisions

STRATEGIC GOAL 5 - Improve communications and sharing of patient clinical data including electronic data transfer

Issue

One of the greatest potential incentives for uptake of IM&T in general practice is access to electronically transferred data such as discharge summaries from hospitals and other health care providers. This in turn is dependent upon the installment of reliable and efficient software, hardware and telecommunication systems in general practice. Issues such as accreditation of software, privacy, and security need to be addressed. GPs have indicated (Nielsen/McNair, 1997) that they need support and direction from the government in regards to software, system selection and standards in order to minimise risk.

There is currently a range of hospital credentialling procedures in NSW with varying degrees of GP access to clinical data. It is recommended that a statewide formal credentialling process is initiated to give GPs access to hospital clinical data. Other hospital and community health clinical information systems also need to be reviewed. While most of these systems and models have been developed with some GP input they have not been designed with the intent of GP integration. Other systems, which have been designed to communicate with GPs, are not operating in all areas. The strategy addresses both short term and long term objectives for improving electronic communication with GPs.

Improving the quality and timeliness of communications will benefit all stakeholders for example by decreasing the time it takes for GPs to notify public health units of disease.

Objectives

STRATEGIC GOAL 5 - Improve communications and sharing of patient clinical data including electronic data transfer

Description	Lead by
5.1 Establish formal recognition of GPs within Area Health system	NSW Health
5.2 Improve GP access to quality clinical software	DHAAC
5.3 Improve GP access to quality hardware and telecommunications	NSW Health
5.4 Provide GPs with access to secure encrypted E-mail	NSW Health
5.5 Improve GP access to hospital clinical data - Phase 1 (immediate)	NSW Health AHS/Hospitals ANSWD
5.6 Improve GP access to hospital clinical data - Phase 2	NSW Health GPAC
5.7 Improve unique patient identification messaging and record referencing	NSW Health GPCG
5.8 Expand the general practice role in data provision services	NSW Health
5.9 Improve integration with and access to community health IM	NSW Health Divisions & Shared Care projects
5.10 Increase GP input into NSW Health telecommunications development	GPAC
5.11 Increase use of national standards in State Health systems including GP standards	NSW Health
5.12 Improve understanding of need for and resources involved in GP Telehealth	NSW Health

STRATEGIC GOAL 6 - Improve GP access to electronic decision support tools

Issue

It has been shown that computers are successful tools for clinical interventions such as patient reminders, physician reminders, decision support of treatment planning and interactive patient education (Balas, 1996). GP access to clinical support tools will facilitate use of evidence based medicine through databases such as Cochrane.

Access to clinical decision support tools such as CIAP will provide useful information to computerised GPs and impetus for uptake for non-computerised GPs. GP access into this state initiative will also decrease duplication and provide a means of linking GPs into the state health network. There is further work being developed in this area including electronic directories however the needs of GPs in regard to decision support and the proposed HealthInsite (MegaHub) implications need to be explored

Objectives

Strategic Goal 6 - Improve GP access to electronic decision support tools

Description	Lead by
6.1 Increase the number of GPs using electronic decision support tools	NSW Health DHAAC
6.2 Increase awareness and availability of decision support tools	NSW Health
6.3 Increase understanding and use of sophisticated decision support systems	GPCG

7. Abbreviations

ACCHS	Aboriginal Community Controlled Health Service
AHS	Area Health Service
ANSWD	Alliance of NSW Divisions of General Practice
DHAAC	Department of Health and Aged Care (Commonwealth)
GP	General Practitioner
GPAC	NSW Health General Practitioner Advisory Committee
GPCG	General Practice Computing Group (Federal)
IM&T	Information Management and Technology
NSW Health	NSW Health Department and Area Health Services
RACGP	Royal Australian College of General Practitioners
RDN	Rural Doctors Network
R&D	Research and Development
SERU	Support and Evaluation Resource Unit