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the children's hospital at Westmead

GP Strategy

Advancing Adolescent Health through General Practice

First published by

Suggested citation:

NSW CAAH (2008) *GP Strategy: Advancing Adolescent Health through General Practice*, NSW Centre for the Advancement of Adolescent Health, The Children's Hospital at Westmead, Sydney.

ISBN: 978-0-9804951-2-6

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Acknowledgements

We thank General Practice NSW (formerly Alliance of NSW Divisions) for being our partner in this project and, in particular, Chief Executive Officer, Matt Hanrahan, for his generosity and ongoing support.

We thank the many young people, professionals, groups and organisations, including the GP Strategy Advisory Group members and staff from Divisions of General Practice who have worked with us and supported our efforts. Your assistance has been invaluable.

We are grateful to The Children's Hospital at Westmead for hosting the Divisions of General Practice Youth Health Forum on 14 March 2008 and to NSW Health, which has provided our major funding through the Primary Health and Community Partnerships Branch. For your ongoing interest and encouragement, thank you!

A special thank you to Diana Bernard, one of our NSW CAAH consultants, for her key role in the project research design, data collection and analysis.

I would also like to express my deep appreciation to Linda Ramsbottom, the Project Manager, and to the NSW CAAH team for their dedication and hard work, their enthusiasm for young people's issues and their unstinting efforts to advance the health and wellbeing of young people.

Clinical Professor David Bennett AO
Head, NSW Centre for the Advancement of Adolescent Health
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Welcome: to the NSW Divisions of General Practice Youth Health Forum: Making the Connections

Dr Tony Penna,
Chief Executive,
The Children's Hospital at Westmead, Sydney

I would like to acknowledge the traditional custodians of these lands, the Daruk people, on whose lands we are meeting today; I also would like to pay respect to the elders past and present.

Ladies and gentlemen, The Children's Hospital at Westmead is honoured to be host to the NSW Divisions of General Practice Youth Health Forum and it is my privilege to welcome you to the forum, Youth Health – *Making the Connections*.

The NSW Centre for the Advancement of Adolescent Health is one of the unique departments of The Children's Hospital and certainly a proud flag bearer of excellence in promoting young people's health. NSW CAAH has partnered with the Alliance of NSW Divisions of General Practice* to bring about this forum.

Why is this partnership so important? It is because we believe that young people are more likely to turn to a trusted general practitioner than to any other health professional. Also because they are embedded in the community, in the places where our youth dwell, general practitioners are there in the firing line, ideally placed to respond to young people's complex health problems. Our specialist hospital clinicians are beginning to realise how important this unique relationship is. We have the largest cohort of adolescents with chronic illness in the state, and arguably in Australia, who need to transition from our intensive multidisciplinary clinical services to the sometimes bleak rapid-transit adult services – a less homely environment – where the unique needs of young people are often neither appreciated nor attended to. One of the keys to this transitioning is the general practitioner who, with the help of our specialist clinicians, is able to act as the first point of call in the identification, treatment, follow-up and referral of adolescent problems. A caring and knowledgeable general practitioner will help make the transitioning successful and improve compliance with therapy.

Our Centre for the Advancement of Adolescent Health (NSW CAAH) has a number of key foci, all of which are exemplified in the principles underpinning this forum and its general practice strategy – Advancing Adolescent Health through General Practice.

- Firstly, NSW CAAH seeks to increase the knowledge and understanding of youth health issues by developing information portals and mapping the resources of general practice youth health education, making it easy and practical for busy clinicians to learn, update their knowledge and maintain their competency.

- Secondly, NSW CAAH seeks to increase organisational skills and confidence in addressing young people's health needs by building capacity and enhancing the learning culture and environment of the general practitioner. It does this by hosting forums, workshops and seminars; producing the second edition of the *GP Resource Kit* and developing a general practitioner training delivery guide.

- The third pillar of NSW CAAH is about applied research and promoting better practice in youth health care. NSW CAAH and the Alliance of NSW Divisions of General Practice have been undertaking a project to map existing resources on current youth health initiatives, outlining what works, what is good practice and what lessons have been learnt.

- Finally, NSW CAAH is focused on developing leadership by supporting advocacy and policy development, so as to provide a framework for assisting motivated people to move forward and to uncover leaders, encouraging our general practitioners to be proactive in adolescent health issues.

This forum encapsulates all four foci. It is an opportunity for you to share your knowledge and experiences, good and bad, to become aware of new opportunities for individuals and GP networks, to piggyback so that the burden of searching and seeking is lightened, and to demystify and set straight ideas about youth health. I thank David and Matt (and their respective teams) for this initiative and, knowing David's facilitation style, I believe that this will be a very productive learning experience.

I do hope you benefit from this forum and add to our ever-increasing knowledge of youth health. It is a pleasure to be your host, do enjoy the rest of the day.

* Now called General Practice NSW

NSW divisions working together

Mr Matthew Hanrahan, Chief Executive Officer, Alliance of NSW Divisions of General Practice

The NSW Divisions of General Practice (DGPs) have a long history of working together with both formal and informal ways of sharing ideas and resources. The incentives of greater efficiency through better use of resources and increased leverage with stakeholders have encouraged DGPs to work together with great effect. These collaborations have assisted DGPs in meeting the recent challenges of area health boundary changes, information management, mental health and accreditation.

This collaboration has also enabled many divisions to offer programs such as Mind Matters (Plus), Better Access, *headspace*, Access to Allied Psychological Services (ATAPS), NSW Health youth mental health initiatives and local initiatives. Opportunities, such as Australian Better Health initiatives, Australian Primary Health Care Collaboratives and partnerships with other stakeholders, have encouraged this cooperation between divisions.

The challenge for DGPs working together is to look outside their own backyard, to engage with other like-minded divisions or other stakeholders and to agree on clear goals. Often compromises are needed to work effectively together, adapting to varying resources and needs. However, the reward can be more effective provision of services, together with improved and better coordinated support for general practice.

The Alliance of NSW Divisions of General Practice is delighted to be in partnership with the NSW Centre for the Advancement of Adolescent Health to ensure the highest possible levels of care for young people in the state.

Contents

Introduction

I think entrenching your project within the minds of the Division and GPs and the board is really important for making sure that you totally blow them away with all of the things that you've done

In 2007 and 2008 the NSW Centre for Advancement of Adolescent Health (NSW CAAH) conducted research on youth health access initiatives and general practitioner (GP) education throughout NSW Divisions of General Practice (DGPs) as part of its GP strategy and its commitment to supporting young people in New South Wales.

NSW CAAH also hosted the DGP Youth Health Forum in 2008 for NSW DGPs. The aim of the forum was to facilitate networking and information sharing between NSW DGPs in order to assist with the development of effective youth health access and education programs.

This research report includes the findings of the research undertaken as part of the NSW CAAH's GP strategy and a summary of the forum's findings. This document is intended as a resource to help DGPs and allied health workers identify good examples of youth health programs and GP education currently offered by NSW DGPs. The research explored not only what is currently offered through NSW DGPs, but also how these services are implemented and some of the contextual and operational issues involved.

In previous studies it was found that, although many DGPs in New South Wales are providing youth health programs, other DGPs are often unaware of their existence. Better networking between DGPs would promote information sharing and awareness of lessons to be learnt.

Report focus

This research report focuses on:

- organisational and project processes that strengthen the implementation of youth health programs
- common experiences and issues among the DGPs interviewed
- identification of the support needed to plan, implement and advance youth health projects
- case study examples of how DGPs are implementing practice in youth health

Background

Young people's health

Although the health of Australia's young people has improved in recent times, 20 per cent still experience health problems, some of which may be life threatening (AIHW 2007). Adolescence is a period of rapid emotional, physical and intellectual change. As young people progress from childhood to adolescence and into young adulthood, a number of factors (eg. motor vehicle accidents, suicide, mental health and behavioural problems, pregnancy and substance misuse) pose risks that may affect young people's health and wellbeing (AIHW 2007).

Young people's access to GPs

In 2002, NSW CAAH initiated the Access Study, a program comprising applied research projects and activities targeting youth health. The aim was to improve young people's access to primary health care in New South Wales, as well as the quality of services being provided across the state. Two phases of the study were conducted with the support of NSW Health. Phase one examined young people's experiences and behaviours in seeking health care, together with the perspectives of service providers (GPs, community health staff and youth workers) in terms of barriers they encountered to providing optimal care and to their professional development needs. Phase two involved consultations with a wide range of service providers across New South Wales to examine different models of service provision and identify any common tenets of better practice.

Phase one of the Access Study (Booth et al. 2002) found that young people (aged 12–24) were under represented in health-care access. Only a small number of young people considered seeking help from a service provider, and approximately 50 per cent of all young people, particularly males, did not seek help from anyone at all. Phase one also found that barriers to attending general practice were created mainly by young people's concerns about confidentiality, feelings of embarrassment and their lack of knowledge of services and what was provided. When young people did seek help from a service provider, GPs they knew and trusted and/or anonymous GPs were the health-care providers most commonly accessed.

GPs are ideally placed to respond to young people's complex health problems by providing comprehensive health care and acting as a first point of call in the identification, treatment, follow-up and referral of adolescent health problems (Chown et al. 2008).

Service provider barriers

Reported concerns that GPs have in dealing with young people related to their lack of training and education in working with this age group, youth health issues and the lack of support of other health professionals. Evidence suggests that the lack of understanding among health professionals of the health and health-related issues of adolescents remains a serious problem (O'Regan & Wilton 1997). Sanci et al. (2000) describe how well designed continuing medical education programs improve GPs' knowledge, skills and self-perceived competencies.

Phase two of the Access Study (Kang et al. 2005) identified the need for services (including Divisions of General Practice) to develop a systematic and comprehensive approach to youth programming, incorporating existing tools and lessons learnt from other programs. The research identified seven overarching principles of better practice that can be applied to achieve optimal service delivery. *The Youth health better practice framework factsheets* (NSW CAAH 2005) were developed to help service providers plan, review and evaluate the organisational processes that support youth health programs. The fact sheets define the principles involved, help prioritise areas, summarise the main issues, recommend indicators, give strategies, provide case studies from the field and give a list of useful resources.

General Practice NSW (GP NSW)

Formerly the Alliance of NSW Divisions Ltd (ANSWD), GP NSW is the state-based organisation for General Practice Networks (GPNs) and DGPs in New South Wales. Incorporated in 1996 to coordinate divisional activities, GP NSW is a not-for-profit registered training organisation that represents and advocates for divisions in New South Wales and provides quality programs and resources to enhance the capacity of divisions and the primary health care sector. GP NSW is a unique organisation with a pivotal role in the development and dissemination of products and services.

Divisions of General Practice or General Practice Networks

Several divisions have changed their name to reflect their role as a support network for general practice, although the roles of Divisions of General Practice (DGPs) and General Practice Networks (GPNs) are essentially the same. DGPs are local networks of GPs that aim to better integrate GPs with the health-care system within defined geographical areas in a range of activities, including:

- improving the service quality of general practices through education and accreditation
- providing a regional infrastructure for the roll-out of specific or targeted initiatives
- collecting local data for policy, program and service development (DoHA 2004).

While GP membership of divisions is voluntary, a high percentage of GPs are represented in DGPs. These organisations are viewed as the best positioned to determine the standards of GP professional development delivery.

There are currently 36 NSW DGPs – 19 urban and 17 rural divisions (AGPN 2008). Only 16 of a former total of 37 DGPs reported youth-health-related programs as part of their 2004–2005 plans (PHC RIS 2006).

DGPs' educational activities

Educational activities for GPs provided by DGPs are vital in improving the quality of general practice. A combination of professional development and youth-health-access initiatives by DGPs greatly facilitates young people's access to primary health care.

As the quality, topics, delivery and member participation in educational programs available through DGPs vary considerably, it is important that educational activities are designed, delivered and evaluated systematically to provide consistent quality education and to be individually relevant (DoHA 2004).

To enable better planning and consistency in youth-health-related GP training, a set of guidelines must be developed covering standardised major content areas (such as an

understanding of adolescent development, a full risk assessment, sound communication skills and a respect for confidentiality), competencies and evaluation methods (Sanci et al. 2000).

Sharing information between DGPs

The Primary Health Care Research and Information Service (PHC RIS) conducts an annual survey of the activities of DGPs. The results of this survey are available on the PHC RIS website, which serves as a focal point for information about divisions. Brief descriptions of activities of DGPs can also be retrieved from the PHC RIS website (see information on accessing PHC RIS in Appendix A).

In 2003, PHC RIS conducted a review of how DGPs shared information, called *Sharing the know-how*. This study found that knowledge was shared informally between divisions when requested, but that there was no systematic method of distributing information.

Feedback on DGP program effectiveness and implementation shows that for quality improvement it is important to provide reliable evidence of division activities by improving evaluation skills, accessing and adapting information to suit local context and encouraging the culture of seeking and using relevant information (Lowcay & Kalucy 2003). Lowcay and Kalucy (2003) also suggest that more rigorous evaluation of division programs and projects would improve the validity and relevance of information.

Divisions commented that statewide forums and workshops are needed to reinforce the idea that GPNs bring divisions together to share tools, learn from one another and support implementation of consistent approaches (Kalucy et al. 2005). It was this need and others that have informed the GP strategy of NSW CAAH.

NSW Centre for the Advancement of Adolescent Health

NSW Centre for the Advancement of Adolescent Health (NSW CAAH) was established in 1998 with the objective of protecting and promoting the health and wellbeing of young people in New South Wales. By supporting health-care, non-government, educational, academic, community and advocacy bodies, NSW CAAH would ensure better adolescent health outcomes.

The role of NSW CAAH as a technical support agency is to build the confidence and capacity of partner agencies in responding to youth health issues, through developing/disseminating information and resources, delivering professional education and training, undertaking applied research and contributing to advocacy and policy development (see Appendix A for details about NSW CAAH and other resources).

The work of NSW CAAH focuses on four key areas:

1. developing information and resources to increase knowledge and understanding of youth health issues
2. building capacity to increase organisational skills and confidence when addressing young people's health needs
3. supporting applied research and promoting better practice in adolescent health care
4. supporting advocacy and policy development to improve leadership and action in adolescent health care.

The overarching principle of the GP Strategy is to help DGPs identify and/or exchange lessons learnt and thus support existing and new programs in youth health.

NSW CAAH's GP Strategy

Working in partnership with GP NSW, this project aims to improve young people's access to GPs by encouraging more effective GP training in youth health, and better youth health access initiatives. It will improve the quality and outcomes of GP training in adolescent issues and foster good practice in GP access strategies for young people through research, mapping, creation of training standards/ tools and evaluation.

The NSW CAAH GP Strategy has six objectives. Objectives one and two make up the research phase, consolidated by the DGP Youth Health Networking Forum (Objective three). This report covers the first three objectives.

GP Strategy objectives:

1. Assist all NSW DGPs to plan and develop youth access initiatives in their area by compiling **a research report on current youth health access initiatives** in New South Wales, outlining 'what works', good practice and lessons learned.

2. Provide all DGPs with more information on current GP professional development pathways, courses and approaches related to youth access by producing a **research report on GP youth health education.**

3. Increase networking and information opportunities for NSW DGPs related to current youth access and training initiatives by **hosting a DGP youth health networking forum.**

4. Increase GPs' skills in delivering health care to young people by producing the ***Adolescent Health GP Resource Kit (2nd edition).***

5. Help training providers plan and devise quality youth-health-related professional education for GPs by developing a **GP training delivery guide.**

6. Assist NSW GP training providers to deliver quality GP professional development programs and develop youth access initiatives by providing ongoing **technical support and training.**

Part one: The research

NSW DGP youth access initiatives and GP youth health education

Engaging stakeholders

NSW CAAH met with representatives of GP NSW to discuss the GP Strategy and established a partnership in the project. The Royal Australian College of General Practice (RACGP) was advised of the GP Strategy. A Public Liaison Officer from PHC RIS was contacted to ascertain what information was available through PHC RIS.

Promotional materials were developed and distributed to GP NSW, all NSW DGPs, RACGP and PHC RIS. The GP Strategy was presented to a meeting of NSW DGP chief executive officers (CEOs). A comprehensive list of NSW DGPs was developed and all DGP CEOs were invited to participate in the research. The GP Strategy was also presented at the Sixth Australian and New Zealand Youth Health Conference in 2007.

Method

Given the complex background and diverse array of youth health programs across divisions and other sectors, the researchers determined that quantitative measures, such as the number of *GPs in Schools* programs, would not yield the depth of information required to assist with the set-up and sustainability of programs. To this end, qualitative methods were selected to elicit subjects' opinions on the intricate barriers to and means of facilitating successful youth health programs (beyond those that are resource dependent). The research tools chosen were a brief telephone survey instrument (divisions without programs), and in-depth, semi structured interviews (divisions with programs).

Participant sampling and recruitment

Since the aim of the study was to identify DGPs with youth health programs, all 37 divisions in NSW were contacted (Appendix B). Thirty-six divisions participated, with one declining to be involved. The initial contact involved a phone call with questions to ascertain if the division currently provided youth health access programs. For those with programs, an appointment for a later in-depth interview was made. Those without programs were asked to answer four further questions concerning whether they delivered GP youth health education and what barriers and/or facilitators existed for provision of a youth health program. Divisions with programs were interviewed in depth (Appendix C).

In-depth interviewing

The majority of interviews were conducted face-to-face at the relevant division by two NSW CAAH project staff. The interviewers explained the role of NSW CAAH, the purpose of the DGP youth health research and the process of recording and transcribing the interviews. Participants were informed that they could stop the interview at any time. It was explained that individual projects might be identified as good practice examples, but that reporting of lessons learnt would cover only general themes.

Interviews commenced only after participants' questions about the study had been answered and they had provided verbal consent. Interviews were semi-structured around the key topic areas, digitally recorded and transcribed. While interview questions were semi-structured to assist with standardisation of data collection, the researchers were at liberty to modify or add questions as the interview progressed, allowing the subjects scope to expand on relevant issues.

On average, interviews lasted for between 60 and 90 minutes. Key topic areas were the partnerships between divisions and other sectors and factors affecting sustainability of programs and appropriate professional development. The researchers also noted changes in division programs since the previous Access series research in 2002 and 2005.

Data entry and analysis

Interviews were transcribed and analysed for key content areas and any additional themes that emerged using NVivo 7, a well-recognised qualitative data synthesis tool.

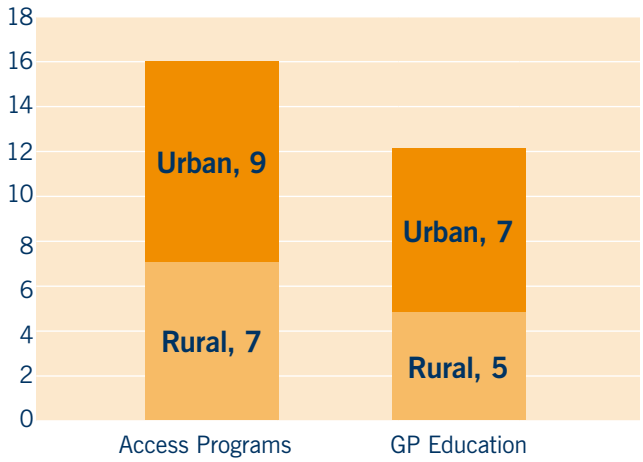
Data checking

Data checking was performed by case studies and the circulation of the case studies and Appendix D to participating DGPs to verify details. Forum workshop summaries were checked with each workshop facilitator. The content of the workshops was integrated into the research findings, as there were many similarities between the content of the interviews and the forum workshops.

Research findings

All 37 NSW DGPs were contacted; 22 Divisions were found to have youth health programs. Sixteen divisions provided youth health access programs and twelve divisions provided youth-health-specific GP education. Both rural and urban divisions have similar proportions of activities, with urban DGPs offering slightly more youth health access initiatives (see Fig. 1). Divisions without current programs were then questioned about their ability to provide youth health services. Appointments for in-depth interviews were made with divisions that had current programs.

Figure 1. NSW DGPs Youth Health Initiatives



1. Divisions without youth health programs

Interview question:

Why are youth health programs not provided?

The main reasons given for not having youth health programs were:

- lack of funding (12 divisions)
- a predominantly elderly population (7 divisions)
- inadequate resources such as youth health staff and youth-health-trained GPs (4 divisions)
- low priority compared to other primary health care needs of the division (3 divisions).

Interview question:

What would enable you to offer youth health programs?

A lack of funds restricts staffing and resources, which makes delivery of sustainable youth health services difficult. Nevertheless, some divisions have managed to overcome this obstacle through innovation and outstanding collaboration in seeking alternative funding sources.

Targeted funding for youth health with allocation of resources, particularly staffing, was strongly identified as a potential change agent.

Interview question:

What youth health programs would you like to offer?

Most DGPs were interested in providing some youth health services – particularly in the area of mental health – and/or having youth-friendly practices. In the case of four of the rural DGPs, other NGOs were providing youth health programs to meet community needs. Five divisions had applied for *headspace* funding at the time of interview and were still awaiting the outcome.

The project research team, Diana Bernard and Linda Ramsbottom, NSW CAAH

2. Divisions with youth health programs

Of the 22 divisions that said they had youth health programs, 13 were urban and nine were rural/regional. The programs varied considerably in scope, from small projects to large all-encompassing programs in which education and occasionally evaluation components were included.

Interview question:

Is there a Youth Health Coordinator? Is there a designated youth health project person at the division?

A distinct correlation was evident between the presence of an Area Health Service Youth Health Coordinator and/or designated DGP Youth Health Officer and the nature of youth health programs offered. Where an Area Health Service Youth Health Coordinator or DGP Youth Health Officer was in place, DGP youth health projects were more likely to be provided and sustained. Several divisions had previously managed high-quality youth health programs, but these programs ceased when the youth health positions were discontinued. Changes to staffing have a significant effect on sustainability of youth health programs, with corporate memory and collaborations being lost with key personnel.

Interview question:

What specific youth health programs are provided in your division?

A variety of programs were described, the majority of which aimed to facilitate youth access to primary health care. Other programs offered were designed to meet specific community needs, such as raising awareness of youth health issues, or were part of government initiatives. Access programs promote young people's access to health services by being flexible, affordable, relevant and responsive to all young people (regardless of age, sex, race, cultural background, religion, socioeconomic status or any other factor) (Kang et al. 2005). A summary of programs is given in Appendix D.

3. Access programs provided by DGPs

Youth health programs in schools

When you're sitting in the classrooms it's a bit hard not to be moved by the fact that the kids are absolutely engaged with what the GP's saying and asking really important questions.

… and they don't want the doctor to go. They say 'Don't go – When are you coming back?' They're great presenters, the doctors. Or they can be.

Youth health programs in schools were the most popular youth health access programs offered by NSW DGPs. Through careful liaison, divisions were able to work with schools to develop students' understanding of how to access GPs and primary health care. The programs offered included educational programs such as GPs in Schools and Building Bridges and direct clinical services in a school setting, such as school welfare days and a pilot GP clinic. NSW Health's policy for health promotion in schools is available on its website, www.health.nsw.gov.au

In delivering programs in schools, the following should be taken into consideration:

- An effective relationship must be developed with the participating schools.
- Non-government schools may have religious/cultural concerns about the delivery of health information. Check the content with the school principal.
- Identify the target group. Can the program be delivered to this entire age/year group?
- *GPs in Schools* education has been shown to be most effective for small groups with opportunities for interaction.
- GPs (and other staff) need to be selected carefully and trained to run school programs; some DGPs have found that using unsuitable staff can create problems.
- One DGP found that teachers were removing students from sessions because of disruptive behaviour, thus reducing the access of those young people to health care. The DGP reached an agreement with the schools that, unless requested not to do so, the presenters would manage the group's behaviour.

GPs in Schools programs

GPs in Schools programs are popular with divisions and schools alike; significant demand and interest were highlighted in the interviews. The programs have been fine-tuned over the years to incorporate small groups with well-trained GPs presenting on specific topics. Some divisions even began to train registrars, who enjoyed the work and were particularly popular because of their age. Initially *GPs in Schools* began in a few divisions with GPs being sent into schools (sometimes with a little training from the DGP). The GPs had discussions with large groups about relevant health issues in response to questions that had been submitted anonymously by young people and were then drawn from a box.

With limited resources, many divisions adapted this initial model: DGP staff and other health professionals delivered the majority of the workshop and a GP was a guest speaker. As these programs involved a lot of coordination and paperwork, divisions providing them usually had a designated Youth Health Project Officer. Some divisions have stayed with these original models, while others have expanded to *Building Bridges* and other models. Smaller groups that focus on enabling young people to seek help have been found to be much more effective than large-group presentations.

The main aims of the *GPs in Schools* programs are to:

- develop relationships between young people and local GPs
- provide youth education about accessing health care
- provide youth education about specific health issues

The programs range in size from small presentations to very large workshops delivered in high schools. Topics covered include: how to/why access GPs, Medicare and confidentiality, sexual and mental health, drugs and alcohol and eating disorders. Topics may be predetermined by students or presenters, or may be ad hoc.

CASE STUDY (Northside GPN)
Access initiative: GPs in Schools

Northside has successfully run the *GPs in Schools* program at four to six schools per year for 13 years and is currently revising its approach with a view to extending the program to more schools. The aim of Northside's program is to promote access to general practice for the students. A forum is presented by GPs or registrars to year 11 students in a selection of high schools. Topics are determined by the participating schools, with the underlying theme of access to general practice. This program has been expanded to include a GP community speakers program.

CASE STUDY (Mid North Coast DGP)
Access initiative: GPs in Schools

Mid North Coast offers this program to schools, Links to Learning, Police and Community Youth Clubs (PCYCs), TAFE and other places that deal with people younger than 25. The relationship built between the DGP and the schools through a young parent initiative, the *Maybe Baby* program, has developed the division's credibility in youth health. In response to requests from all schools in its area, this division offers GPs as speakers to school groups ranging from 4 to 60, with the average number of participants around 25. Skilled GPs who present well to young people speak on topics that have been selected by the schools/students around the theme of access to GPs. The effectiveness of connections made is indicated by the number of young people who visit the GPs they met at the schools after the events.

CASE STUDY (Shoalhaven DGP)
Access initiative: GPs in Schools

Shoalhaven has the highest rate of youth pregnancy in New South Wales. The Shoalhaven DGP delivers *GPs in Schools* programs to all 15 schools in its area for years 7 to 10. Eighteen GPs are involved in the program and topics are determined by students/schools. All students receive a showbag that includes information about obtaining a Medicare card and accessing services, internet resources and a wallet card with contacts for health services.

Building Bridges program

Building Bridges was developed as a prevention program with the objective of building bridges to general practice through school-based outreach. The program includes a series of workshops to up-skill GPs in the school setting. This program was evaluated to determine its effect on help-seeking behaviour and was then revised.

CASE STUDY (Riverina DGP)
Access initiative: Building Bridges

In the Riverina *Building Bridges* program, a GP and another health professional providing a direct service to youth conduct a workshop with year 10 students. The major aim of the program is to take the 'face' of general practice and health into school environments, so that GPs and other health professionals can be presented as friendly, non-threatening, non-judgmental, caring and understanding people. *Building Bridges* also provides the opportunity to instil a sense of hope about the help that can be provided and to give explicit information about a health-care service. It aims to increase young people's intention to seek help and decrease the barriers they may experience in accessing health services.

Clinical and health promotion services in schools

Other programs in schools involved direct clinical and health promotion services, providing prevention, early intervention, primary health care and referral.

CASE STUDY (Southern GPN) Access initiative: school welfare days

The Southern GPN offers school welfare days to all schools in the Monaro area (both private and public). This one-day multidisciplinary program targets a particular school year and the focus topics are planned in collaboration with the school. Students rotate through six workshops that cover topics such as mental health, accessing health care, resolving conflict, bullying, healthy relationships and sex. The program is coordinated by the Youth Health Coordinator and workshops are delivered by Child & Adolescent Health, GPs, RNs, the local employment office, the crisis accommodation service and the Police Liaison Officer. Effective use of funds and relationship-building with the schools to foster credibility have kept this program operating since 2004.

CASE STUDY (Northern Rivers GPN) Access initiative: pilot GP clinic in schools

Northern Rivers GPN considered a model adopted in New Zealand, in which a primary health care clinic operates at regular intervals on high school sites. This concept, piloted in Byron Bay and funded through bulk billing, was well received by those involved, but the program had difficulty expanding to a larger-scale operation. Division priorities, lack of workforce and insufficient funding were limiting factors.

CASE STUDY (St George DGP) Access initiative: pilot school mental health workshops

Careful management of Access to Allied Psychological Services (ATAPS) funds enabled St George DGP to offer a pilot program of mental health workshops to all high schools in its area (a total of 14, including state and private). The pilot was described in the submission as a preventative program to reduce young people's need for mental health services. After coordination with school schedules, seven schools participated in the program. The one to two-day workshops were conducted by division psychologists. The schools could choose the topics covered, and two sessions were offered to each school. Three topics were offered:

- 'Why does everyone piss me off?' – anger management
- 'Mean girls' – bullying amongst females
- 'How to be happy' – self esteem.

The initial large groups of more than 100 students were found to be difficult to manage, so the program was adapted for small-group work.

Integrated primary health care services

We utilise so many other services within our service to enhance what we can offer.

Integrated primary health care services provide several youth health services under one roof. The varied services (especially in rural/remote areas) include counselling (psychologists), primary health care (GPs and RNs), parenting, employment, housing and legal advice.

GP services in youth services

Youth services are often able to attract young people who have been marginalised. They may be having problems with family, education, employment, housing or drug and alcohol issues. Some divisions realised that these young people were not attending GPs at all and started a GP service within local youth services for some hours or days per week. These GP sessions can be by appointment or drop in. Many divisions were paying the GPs directly or they used bulk billing to provide a service at no cost to young people. Divisions noted that effective promotion of the service is essential to ensure that it is well used by young people.

GPs involved in this work realised that it required specific communication skills and an excellent understanding of young people. They are often youth health champions and usually undergo some form of youth health training, either facilitated by the division or organised elsewhere. Many divisions have provided education to support these GPs, but others have not had the resources to do so.

Many divisions were unaware that similar models existed in other divisions, leading to duplication (including mistakes) and less effective service provision. Guidelines from funding bodies have influenced the evolution of these services into a 'one-stop shop' model that provides a more holistic approach.

CASE STUDY (Southern GPN)
Access initiative: GP clinic in youth centre

The Southern GPN started operating a GP clinic and RN sexual health clinic in a youth centre, The Hub. The service offered GP consultations only and operated for two hours a week, with half-hour appointments. Simple office facilities were provided for the consultations; clients who required intervention with medical equipment were transferred to the GP's practice, which was close by. Through effective promotion and acceptance of the service, young people began to access the GP practice directly. This reduced demand for the youth centre clinic, which is currently on hold. Key elements of this initiative were the need to set aside private office space for the clinic and the insight that funding could be effective for a finite period, during which clients gradually made the transition to accessing a GP practice directly.

GP Clinic facilities in Cooma youth centre 'the hub'

headspace

In this area headspace was a groundswell.

headspace is Australia's National Youth Mental Health Foundation. The *headspace* mission is to deliver improvements in the mental health, social wellbeing and economic participation of young Australian's aged 12–25 (*headspace* 2008).

headspace provides a local entry point for young people to access a broad range of services that are available in their local community, all of which have a focus on providing better integrated service responses. The *headspace* model is based on the fact that young people tend not to access services easily; providing them all under one roof, with greater publicity (using media partners), makes them more accessible. A young person can visit for any reason, including medical care, mental health, substance use or sexual health, but can also access other support services in areas such as vocational, legal or housing assistance. To meet these needs, a range of workers are employed, including GPs, psychologists, drug and alcohol workers and youth workers. Both clinical and education programs are provided.

Many *headspace* services are built on the youth health clinic model (youth services with GP clinics) and involve collaboration with existing services. The sites and the variety of services are designed to be youth-friendly. Funding has been obtained from various sources including allied health provider grants from the Department of Health and Ageing (DoHA), GPs through Medicare, mental health nurses through mental health nurse incentives, and funding for infrastructure through *headspace*. *headspace* training supplements what is locally available.

At the time of the research, several divisions had already set up *headspace* programs, while others had made submissions for *headspace* programs. The majority of *headspace* programs have division involvement. The *headspace* centres in New South Wales that had received funding by mid-2008 are listed in Table one.

Table one – The *headspace* centres in New South Wales that had received funding by mid-2008

headspace **centre**	**Location**	**DGP /GPN involved**
Central Coast *headspace**	Gosford	Central Coast DGP
Central Sydney *headspace*	Redfern/Waterloo Camperdown Marrickville	Central Sydney GPN
MCSH *headspace*	Campbelltown	Macarthur DGP
Mt Druitt *headspace*	Mt Druitt	Wentwest Limited
NSW Central West *headspace*	Bathurst	NSW Central West DGP
Hunter *headspace*	Newcastle	Hunter Urban DGP
Riverina *headspace*	Wagga Wagga	Riverina DGP
Mid North Coast *headspace*	Bellingen Coffs Harbour Nambucca Heads	Mid North Coast DGP
Illawarra *headspace*	Wollongong	Illawarra DGP

*See the DGP youth health forum presentation for more information on the Central Coast *headspace* program (p. 47).

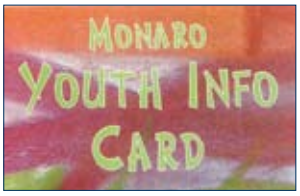
Promotional media

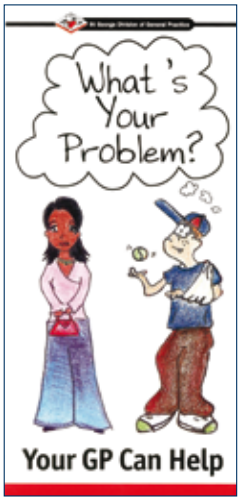
Many divisions have developed brochures or information cards for young people. These handouts outline primary health care services available for young people and how to access them, explain how to get a Medicare card and give information about confidentiality and other matters. Formats are diverse, ranging from wallet cards to comprehensive brochures. One division has obtained sponsorship from local businesses, which offer discount vouchers to encourage use of the card, as well as assisting with publishing costs. These materials were distributed through youth services, in schools and at youth events.

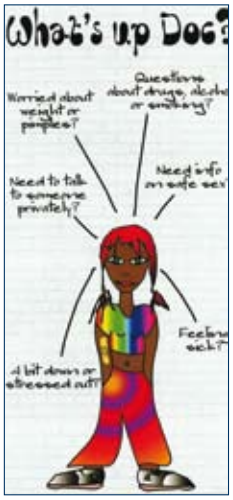
Some divisions have involved young people in the development of promotional and training media. One division developed a GP education video in which students from local schools acted out various scenarios and which explained how GPs can address the issues raised. Another division has made an educational video for rural teenage mothers and provided photography workshops for young people as a self-esteem/learning strategy.

CASE STUDY (Illawarra DGP)
Access initiative: media campaign

Illawarra DGP has developed a radio community service announcement (CSA) to raise community awareness of youth health issues. The radio CSA presents a young person talking about accessing a GP, getting a Medicare card and confidentiality issues.







Health promotion strategies

In addition to the health promotion work done in schools and provided by clinical services, there were also some valuable health promotion strategies that focused on specific health areas, such as sexual health and fitness, and target groups, such as young parents.

Sexual health strategies

Several divisions identified adolescent sexuality and pregnancy as major concerns in their areas. Specific strategies were developed to improve adolescent understanding of sexual health, the implications of adolescent pregnancy and prevention of sexually transmitted infections.

CASE STUDY (Nepean DGP)
Access initiative: condom credit card

The condom credit card (CCC) project is a result of collaboration between Nepean DGP and Family Planning NSW. The CCC project is designed to provide easy access to condoms and sexual health education for young people under the age of 24. Staff in youth services and refuges are trained to set up distribution points at which young people can obtain condoms. Participating youth services distribute the card to young people and are trained and supported by The Warehouse and The Junction. The card allows a young person to receive up to 12 or 24 free condoms and lube at one time, and on each occasion sexual health education is provided. Sexual health information leaflets can also be supplied at these distribution points.

CASE STUDY Mid North Coast DGP
Access initiative: Maybe Baby program

The Mid North Coast DGP delivers a teenage pregnancy strategy, called *Maybe Baby*, through high schools. Dolls simulating babies are loaned to young people to help them develop a better understanding of what parenting involves, so they can make a more informed decision about becoming a parent. The program is very popular with schools and students and it has also facilitated relationship building between the division and schools.

Young parents programs

Two divisions in areas with high rates of teenage pregnancy offer (early intervention) young parents programs with supported playgroups. These programs involve a range of strategies from parenting skills (including stimulation of babies), peer support and life skills, such as cooking and fishing, to re-engagement with education.

CASE STUDY Shoalhaven DGP
Access initiative: young parent intervention

This program provides young parents with parenting skills in a casual environment over two days. The Youth Health GP coordinates the program, which involves dieticians (healthy eating for young children), child psychologists (stimulating and teaching your child) and other GPs. The program was expanded to include young fathers, who learned parenting and other life skills from GPs and allied health workers during fishing lessons. It has been particularly successful for Aboriginal and Torres Strait Islander (ATSI) participants, who are more comfortable in this setting than in a classroom. An Aboriginal elder participates in both programs.

Fitness initiatives

Two divisions have collaborated with their local community to provide fitness initiatives to decrease obesity and increase fitness in young people. These programs involve health education, dietary information and fitness programs designed for young people (see forum presentation from St George DGP, p. 47).

Development of youth-friendly practices

Youth don't have cash, so if you introduce a fee, then you might as well say don't come.

A youth-friendly general practice facilitates access for young people by promoting awareness and building trust, as well as by delivering care in an environment with protocols and processes that are acceptable to, and welcoming of, young people (Kang et al. 2005).

Education and practice audits helped GP practices to become more youth-friendly. Training provided through the divisions targeted all practice staff (receptionists, nurses and GPs) with a view to facilitating youth access. Training topics included confidentiality and flexibility (offering drop-in appointments, being available after hours and bulk billing).

Some divisions began by assessing practices that considered themselves to be youth-friendly. These practices were audited by young people using tools based on *Youth health better practice framework factsheets* (NSW CAAH 2005) to assess how accessible they were for young people. The young people were recruited and often paid by the division for their work. If practices passed their audit, they were identified as youth-friendly in the DGP directory and received youth-friendly signs for their practice rooms. One division uses SMS appointment reminders for young people as an innovative and youth-friendly way of encouraging attendance.

CASE STUDY (Central Sydney GPN) Access initiative: youth-friendly GP directory

A previous youth health project, *Youth Reach*, developed a youth-friendly survey tool, which young people from the Youth Block Health and Resource Service used to assess GP youth-friendliness. The resulting GP directory has been updated and is distributed via School Link coordinators to the school counsellor network.

Voucher programs

These programs, which aim to link young people to GPs through a voucher arrangement, are coordinated by youth workers and the division. The vouchers entitle the recipient to see a GP at no cost, with the GP practice being remunerated by the division. The vouchers are intended to encourage use of GPs by marginalised young people who are not accessing mainstream services but who trust their local youth workers.

This program began in one division and has spread to several others. The vouchers have also been used to collect data on youth primary-care-seeking behaviour. The initiating division found that 50–60 per cent of young people used the vouchers to visit a GP . It also found that the usefulness of the voucher system has declined since the introduction of the Medicare item, Bulk Billing Incentive for Concession Card Holders and Children under 16 years (10990, 10991). Many divisions and youth health workers have found it more effective to refer young people directly to bulk billing practices than to use voucher schemes.

Most of my surgeries were going paperless and I found I was creating systems that they didn't really need or want.

Some young people tried to use the vouchers at non-participating practices, which created tension for all parties. For this reason, direct contact was then made by the youth workers with the practices.

Community awareness

A few divisions have held youth health forums in schools or other community settings to facilitate the discussion of youth issues. These events raise community awareness and can kick-start collaboration to provide services to young people. At some of these forums expert speakers on adolescent issues deliver lecture-style presentations at information events that target parents and members of the community. Other forums directly target young people themselves. One division has developed a forum program for students selected from a variety of high schools. The intention is to improve the students' understanding through lectures and workshops, so that when they return to their school they are able to inform their peers. Funding is essential to the successful coordination of these programs, while evaluating the effectiveness of such interventions can be difficult (see forum presentation by Eastern Sydney DGP, p. 47).

Other initiatives that include youth health

Most DGPs have collaborative care and ATSI initiatives that are targeted to all age groups but have particular relevance to youth health. NSW DGPs also operate several other non-age-specific population health programs, including immunisation and chronic illness, but these are not discussed in this research.

Collaborative care initiatives

Access to Allied Psychological Services (ATAPS) projects encourages GPs to work more collaboratively with psychologists, social workers, psychiatrists and occupational therapists by providing systematic care for people with mental health disorders. Such people can be referred by GPs for 6–12 sessions; allied health professionals are sometimes employed by the division to provide this service, which is available to the entire population, including young people. In New South Wales, 35 DGPs provide ATAPS in a variety of forms, which often include adolescents as target groups.

More Allied Health Services (MAHS) is designed to improve the health of people living in rural areas through allied health care links via general practice. The program is managed by the divisions, which use the money for the provision of clinical care by allied health professionals – including psychologists, diabetes and asthma educators, speech pathologists and podiatrists – who may hold sessions at the general practice or elsewhere.

Aboriginal and Torres Strait Islander (ATSI) initiatives

Initiatives targeting ATSI populations are in place in many areas of New South Wales. These programs are often provided through the Aboriginal Medical Service and some programs are offered with DGP involvement.

Healthy for Life is an Australian Government program that was announced in the 2005–2006 Budget. It provides $102.4 million over four years to improve the health of Aboriginal and Torres Strait Islander mothers, babies and children. It also aims to improve the quality of life of people with a chronic condition and, over time, reduce the incidence of adult chronic disease.

Healthy for Life

This program is designed to allow health services to step back and review their current service delivery in child and maternal health and chronic disease, to identify priority action areas for improvement and to develop further the child and maternal health and chronic disease care provided in their community. *Healthy for Life* also provides opportunities for services to come together to share information and learn from one another's experiences.

4. Professional development provided by DGPs

I was speaking to a GP and she said 'this girl came in and she told me she was speeding all night' and the GP said 'I told her not to drive fast'. And I said 'no she actually means she was taking drugs'. After that we did some education.

Interview question:

Do you provide youth-health-focused GP education?

Specific youth-health-focused GP education was provided in 12 of the 36 DGPs, and one DGP planned to run a youth health education event in 2008. Mental health was the main focus of these educational events, while one DGP offered youth sexual health topics. Many DGPs provided education on subjects such as mental health and substance abuse that are highly relevant to youth health, although they were not specifically identified as youth health programs.

Professional development within DGPs varied from no specific youth health Continuing Professional Development (CPD) events to a few sessions per annum on specific youth health issues. Divisions with youth health on the agenda tended to have specific youth health topics or sessions. For particular projects, such as *headspace*, professional development was integral to the project's funding.

Professional development in youth health is offered to GPs and GP practice staff by DGPs, ranging from chronic illness topics with little youth health application to several sessions per year on issues specific to young people. Divisions with active youth health access programs often provided specific educational initiatives to equip GPs and other staff with skills in youth health care. The education offered reflected the priority given to youth health in the DGP and the availability of appropriate speakers.

Education delivery methods

Educational events provide not only formal education, but also informal learning through networking and case conferencing.

The delivery methods for education included didactic events for large groups with guest speakers, small group workshops involving peer education with GP champions, and *Teams of Two* workshops (interactive joint learning activities that foster greater collaboration between general practitioners and mental health professionals through case conferencing).

While many divisions continue to deliver youth health education primarily via large group events with little interaction, the availability of prepared packages and better understanding of adult learning principles have enabled some divisions to deliver more effective interactive learning experiences. The small-group learning model has also facilitated a more interactive approach to professional development.

Effective GP education can be difficult when time and distance limit a GP's participation, particularly in regional areas. Careful consideration of GPs' needs and engaging expert speakers on topics requested by GPs can be of considerable help in attracting GPs to participate in youth health education.

GP practice hours and workload should be considered when planning events. In urban areas divisions found that the choice of specific days, Tuesday and Wednesday evenings from 6.30 pm to 9.30 pm, together with a sponsored dinner, allowed GPs to attend after practice hours. For rural and regional areas, this formula can be adapted to a half or one-day forum at a weekend, when several sessions provide value for the travel involved.

It is also beneficial to invite GP registrars, practice staff and local allied health staff to youth health educational events to promote teamwork, case conferencing and effective referring. An additional incentive that will encourage GPs to attend these events is the awarding of RACGP CPD points. Using a variety of delivery methods in these educational events provides interactive and didactic education that qualifies for the award of category one and two points, as well as creating a more interesting and effective educational event.

Most divisions survey GPs' educational needs to guide the selection of appropriate topics and delivery methods that will improve participation and behavioural change. If training is fun, adults are more engaged and recall more of the content. Small incentives such as lollies and promotional items (many medical companies are happy to provide these) can encourage teamwork, competition and information retention.

They want to know skills in the ongoing management of a client … in that age group. What little tricks, what little hints, what little suggestions from a general practice perspective that's relevant to the context on how they perform their clinical duties. That means in a 20 minute consult period, what's going to help them to manage the patient – assess, manage and refer.

Do it from the perspective of the GP. Not from the perspective of this is what GPs know. Ask the GPs what they want.

Innovative delivery methods can include small-group learning, role plays, e-learning, case studies and case conferencing. Other effective delivery methods are regular articles in divisional newsletters/websites, lectures by esteemed colleagues, podcasts and encouraging GPs to present to their colleagues. Many people suggested that some of these newer styles were more successful in effecting behavioural change than didactic dinners.

Workshop learning was identified as particularly effective for topics such as mental health, youth-friendly practices and communication skills. These sessions could include other practice staff using small-group learning to discuss youth health practice scenarios.

Also effective was the *Teams of Two* approach, in which GPs and allied health professionals discuss case studies that require a multidisciplinary approach. Collective problem solving also develops rapport between GPs and allied health providers. This model enables the participants to gain a better understanding of one another's specialties and improves communication, resulting in a more streamlined service.

CASE STUDY (Northside GPN) Professional development: support for GPs in Schools programs

Northside actively participates in GP registrar training by involving the registrars in its *GPs in Schools* program. In this way, both registrars and young people benefit from the educational experience. The division offers a two-hour professional development session on youth health each year to support the program, focusing on communication, specific youth health issues and small-group facilitation skills.

CASE STUDY (Central Coast DGP) Professional development: small group learning

Central Coast DGP uses a small-group learning model, where GPs determine their learning objectives and earn CPD points through the RACGP. As a group, the GPs determine topics and which speakers/facilitators to invite. Topics range from eating disorders to current research findings on contraception.

Training content

Interview question:

Do you ask the GPs what they need/want?

Topics were usually determined from GP surveys, or developed from specific community needs. Some educational events involved other practice staff on specific topics such as confidentiality, youth-friendly practices and drug and alcohol issues. Several divisions delivered packages on topics based on government initiatives (eg. *CanDo, Teams of Two*).

Because GPs are clinically focused professionals, topics and speakers need to be selected to maximise value for effort as a major consideration. GPs can be attracted to participate if incentives include CPD points, clinical relevance and enjoyment of the event. Effective divisions find that giving a social character to the event through catering, small-group discussion or similar elements encourages participation and interest.

Youth health clinical topics often requested include drugs and alcohol, communication skills, sexual health, mental health, eating disorders, medicolegal issues and barriers to youth access. Topics targeting other practice staff include communication, confidentiality and barriers to youth access.

CASE STUDY Central Sydney GPN Professional development: pre developed resources

Central Sydney GPN (CSGPN) has provided GP education focusing on mental health that uses prepared training packages, such as T*eams of Two* and *CanDo*. CSGPN notes that many of these packages have limitations as they are clinically focused, assume basic knowledge and may not be culturally sensitive. It suggests allowing additional preparation time to adapt the packages to suit the client needs.

Speakers

Interview question:

What involvement do GPs in your area have in youth health programs or training?

Most divisions stated that GPs enjoy being exposed to highly credentialled youth health presenters. Although many divisions have youth health champions within their ranks – often GPs with high levels of knowledge and skills – most GPs prefer outside speakers rather than one of their own colleagues.

Peer education is wonderful but I believe they still need to have some person whom they feel is more knowledgeable than themselves in that particular area to deliver it.

Many divisions voiced difficulties in attracting these high-profile speakers to their events. In one division, GPs in the CPD planning committee contact speakers directly. Direct contact between GPs and specialists was found to be a more effective way of obtaining speakers than contacts made by division staff, as GPs often have established relationships with these professionals through patient referrals. One division suggested highlighting the redeeming features of their area as a way of attracting speakers (eg. while you are here you could go skiing/surfing/to the theatre).

Remember to include other practice staff in youth-friendly topics such as communication, confidentiality and barriers to access.

Sourcing appropriate speakers can be complicated by limited funds and GPs' needs. GPs often request high-quality speakers from outside the division. They also want practical information and referral pathways. Consider involving local youth-friendly GPs, psychologists, young people, youth workers for youth health events. Networking with other DGPs and youth health organisations can assist in building a resource list of potential speakers.

When GPs are given the opportunity of meeting other youth health professionals, it can lead to effective liaisons and resource sharing. Specialist speakers may be sourced from area health and community youth services. For many of these speakers, meeting GPs and obtaining potential referrals may be sufficient renumeration. It is important to ensure that speakers' contributions are recognised with an introduction and gift presentation.

If payment is requested for a speaker's time and reimbursement of travel costs, funds may be available through the division or may need to be sourced externally. Sponsors can be involved in compliance with the Medicines Australia Code: sponsors may assist with speakers, venue and catering, in return for the opportunity to have a discreet display of products and a company representative in attendance. It is advisable to seek sponsorship from companies that have some link with event topics (eg. a cervical cancer vaccine manufacturer for a sexual health topic). Other strategies include inviting youth health champion GPs to speak, organising speaker exchanges with other DGPs and using ready-made modules from the Black Dog Institute, *CanDo* initiative and so on.

CASE STUDY Nepean DGP
Professional development: planning and marketing education

To meet GPs' expectations, Nepean DGP provides four youth health GP training sessions per year, in addition to their regular CPD calendar. Topics are determined by GP surveys and a GP advisors' meeting. Active GP participation in the training is largely the result of a close relationship between DGP staff and GPs: staff remind GPs when training is happening and ensure that training is relevant to GPs' needs. Nepean also involves other practice staff in specific training.

Involving young people

Young people's involvement needs to be real and not just about ticking the 'youth participation' box.

Interview question:

How are young people involved in your projects?

Getting GPs interested in participating in youth health education can be a challenge. However, training events can be made more engaging by involving young people; they can assist with organising GP education events, including performing at the events. Young people can also enact role plays or provide feedback to the GPs.

Interview question:

Do you pay your young representatives?

Youth participation should be formally recognised by reimbursing young people for their time. Young people can be sourced from organisations such as Youth Action and Policy Association (YAPA), local youth councils, local theatre groups, schools, TAFE and universities. Other potential sources include youth health organisations, high-school drama classes, amateur theatrical companies and existing young DGP staff.

Involving young people takes extra time and this needs to be factored in. Having a Youth Health Project Officer can encourage young people's participation. Young people can be involved in a variety of ways, including as actors in role plays with GPs to provide experiential learning. Through acting out situations, they are putting theory into practice. Good and not-so-good practices can be contrasted, including exploring how young people are attracted to access a GP.

Young people can assess GP practices using a youth-friendliness checklist. Although primarily an access initiative, assessment of a GP practice by young people can also be seen as a one-on-one educational activity that helps the GP to learn how to make the practice more youth-friendly. The assessment could be acknowledged by providing a youth-friendly sticker and listing the GP's practice in a youth-friendly practice directory.

NSW Youth Advisory representatives Maggie Malak and Amanda Scott with Dr Carol Kefford at NSW DGP Youth Health Forum 'Making the Connections'

External training

Some divisions use trainers to deliver youth health topics. Groups such as Family Planning NSW (sexuality topics), area health drug and alcohol services, Black Dog Institute (mental health issues) and private education consultants have materials and presenters who can deliver training.

CASE STUDY (St George DGP) Professional development: external providers for specific needs

GPs working in the youth health clinic identified a need for education about sexual health and unwanted pregnancy. They felt they were not well equipped to handle this, as they did not know what to ask or what referral pathways existed. The division organised an education session for several hours on a Saturday with Family Planning NSW (FPA). FPA delivered the program on normal reproductive issues and those specific to young people, contraception, sexually transmitted diseases and unwanted pregnancies and how to handle these issues. The training session was attended by the clinic GPs and also attracted several other GPs. The division found FPA to be a valuable resource.

CASE STUDY (NSW Outback DGP) Professional development: overcoming distance

Outback DGP is a rural division composed of many small towns without a regional centre and having a relatively high proportion of young Aboriginal people. The GPs in this DGP are often solo practitioners who may have additional responsibilities as visiting medical officers and are challenged by the geographical distances involved in meeting for professional events. Several avenues are used for their professional development:

Conference attendance Many GPs take their leave to coincide with professional events, such as conferences, and collect their CPD points in a concentrated period of time.

Several small professional events These are planned in various locations to facilitate attendance by GPs and practice staff.

E-learning This is provided via the Rural Health Education Foundation and RACGP.

Telemedicine This is an integrated system of health-care delivery that employs telecommunications and computer technology as a substitute for face-to-face contact between provider and client. Outback DGP is involved in a telemedicine pilot program in 2008.

Evaluating youth health GP education

Interview question:

How do you determine the effectiveness of your youth health activities?

Careful evaluation can demonstrate the effectiveness of the education delivered. Short courses in evaluation development are offered through GP NSW and other educational organisations. Many universities will assist in the evaluation of youth health initiatives and can provide information about evaluation methods and tools.

Evaluation should form part of the planning of any professional development.

Any educational event should have clear objectives and be evaluated at the conclusion using an evaluation form. Youth health GP education needs to be practical and effective to ensure that GPs understand youth health issues and feel competent to practice with young people.

Youth health education needs to extend beyond GPs to include all practice staff who are likely to be involved in the care of a young person. Topics, such as making a practice youth-friendly, can be evaluated by young people visiting the practice later to conduct a youth audit.

5. Better practice in youth health

Phase two of the Access Study (Kang et al. 2005) reviewed the literature and consulted with a wide range of services to identify effective approaches to young people and suitable models of primary health care. The researchers determined which elements were recurrent across the models. The seven principles that emerged are:

- accessibility
- evidence-based practice
- youth participation
- collaboration and partnerships
- professional development
- sustainability
- evaluation

The following section outlines the findings from this project for each of the key principles of better practice, as well as case studies describing how these principles have been implemented in NSW Divisions of General Practice.

Accessibility

Service policies and practices ensuring effective service promotion, confidentiality, physical accessibility, youth-friendliness, affordability, flexibility, appropriate staff knowledge/attitudes/skills

Being a young person … trying to navigate the system is particularly difficult if there are a lot of barriers.

Interview question:

What youth health activities is your division involved in?

The divisions described a large array of programs they provided to facilitate young people's access to primary health care services.

The need to explain help-seeking processes to young people was an ongoing theme. This involves raising awareness of health services available and explaining how the systems work. Many of these access programs operated via formal education settings such as high schools. This raised the issue of how to help young people who were not in formal education to access health services. Innovative divisions often had more than one access initiative (eg. GPs in Schools, Youth Health Clinics and youth-friendly GPs).

The need for effective professional development for GPs and practice staff in communication skills, youth-friendliness and adolescent health was also identified. Of particular note were topics such as communication, confidentiality and front-desk strategies. If there was little training available, GPs often lost the desire to work with young people.

CASE STUDY (Nepean DGP)
Innovative access: a range of access initiatives for wider access

In partnership with local high schools, Nepean DGP provides Crossroads training to young people as part of the Personal Development, Health and Physical Education (PDHPE) curriculum as well as a GPs in Schools program. The division also makes a GP service available in the local youth health clinic (three times a week). Access to other services such as legal, employment and drug and alcohol services is also provided. Access strategies include SMS messaging for appointment reminders and promotion of services through high schools and the youth centre.

Evidence-based practice

The sources, quality and range of information/data used in planning and designing services/programs

We use all those materials developed by the Access series. We went through to see what they determined made a youth-friendly practice and the *GP Resource Kit* – we use that too.

Interview question:

Where do the ideas for new youth health access projects/training come from?

Ideas for youth health projects were based on evidence from GP or community surveys, the work of other divisions, evaluations from previous programs or occasionally on the literature or anecdotal evidence.

Effective sustained programs were often built upon the foundations of solid evidence from research or prior experience. Consultation with organisations experienced in implementing specific programs assisted in avoiding pitfalls and duplication of effort.

Many divisions found it difficult to find out what other divisions were doing in youth health and this led them to copy program plans without incorporating the lessons learned by other divisions. There was insufficient opportunity for networking and information sharing, as well as unawareness of the mapping resource available on the PHC RIS website for checking what youth health programs are operating (see Appendix A).

Find out what other people are doing before beginning a new program. Who else is doing it? That amazed me when I started. I had to ring each division one by one. There should at least be some website for this or an annual forum.

Respondents discussed the need for further evaluation studies and for centralised collection and distribution of information about evidence-based approaches to youth health, identifying what works and what does not.

CASE STUDY (Central Coast DGP)
Evidence based practice: using Access research

Central Coast DGP used the original Access research (Kang et al. 2005) as the basis for initiating youth health services. Information from the study guided development of a youth health clinic, particularly regarding effective partnerships and youth involvement. The success of the clinic later led to approval for *headspace* funding and the establishment of another health clinic for young people at Y-Central, Gosford. The *headspace* proposal was developed through consultation with young people, a literature review conducted by a youth consultant and a review of similar programs in other DGPs.

CASE STUDY (St George DGP)
Evidence based practice: community consultation

Youth health initiatives offered through the St George DGP are the result of community consultation and support. St George DGP drew information from the Access research to develop a youth health plan. They formed a youth health committee, consisting of young people, community representatives and GPs. This committee identified youth health needs and developed youth health program ideas and promotional materials to facilitate access to primary health care.

CASE STUDY Tweed Valley DGP
Evidence based practice: a different approach

Tweed Valley DGP has a high proportion of young people in its population and the division identified a need for an allied health service for young people. Initial advertising to the local community via local media met with a poor response, so local non-government organisations were addressed directly, a strategy that proved very effective because the organisations had representatives from various communities. Input from the representatives highlighted the specific needs and issues of the local population and resulted in the development of an allied health service program, Help for Kids. This service, which has now been operating for more than five years, provides a child and youth psychology service in identified areas of need.

Youth participation

Mechanisms and processes for ensuring young people's active involvement in service planning, decision making, implementation and evaluation

Ideally if you're looking at true primary health care, collaborative kind of approaches you'd be involving young people in the development of your submissions in the first place.

Interview question:

How are young people involved in your projects?

For youth health services to be effective, it is essential to involve young people. Their involvement may give a consumer perspective on services offered, promote the service to other young people, provide feedback on the service and a youth voice in the services planned. Young people can be involved in projects by identifying their needs and issues and through participation in planning and evaluating services.

While some divisions have not yet actively embraced youth participation, others involve young people directly in their programs. The young people undertake a variety of roles, ranging from project planning, evaluation of services and planning of community events, to committee participation and education delivery. Young people's contributions were often recognised formally, usually with payment or shopping vouchers. Through voicing their needs and providing strategic guidance to program development, young people engaged more closely with the programs, thus fostering mutual respect between them and the service providers.

Young people can be attracted to become involved in youth health programs through a variety of mechanisms (see table two). The Greater Metropolitan Clinical Taskforce (GMCT) has a consumer representative kit that can assist with the involvement of young people in projects, while the NSW Commission for Children and Young People produces an excellent resource entitled Taking participation seriously (NSW Commission for Children and Young People 2002).

Some incentives for young people participating in youth health projects include payment for time, retail vouchers, development of life skills, peer advocates, networking and work experience to list on résumés.

Table two

Potential ways of locating young people
Consumer groups
Student representative councils
Existing youth groups, such as Chronic Illness Peer Support (CHIPS)
Structured youth participation groups (eg. Youth Advisory Council, Inspire Foundation, Waverley Action for Youth Services)
Schools
Advertisements in local media
Local youth services

CASE STUDY Illawarra DGP Youth participation: youth consultation strategy

Illawarra DGP developed a youth consultation strategy that included focus groups with young people regarding *headspace* planning. The young people gave opinions about barriers to accessing primary health care and suggested important features of a youth-specific clinic. Their participation was recognised with a $20 gift voucher. Illawarra DGP also has an ongoing community consultative committee upon which young people are represented.

Youth Involvement at 'Making the Connections'

Collaboration and partnerships

Processes and actions for building and maintaining positive collaborative partnerships with other services and sectors.

It's basically about relationship building, building support for what you do and getting everyone to be really, really positive and interested in what you do and then bring them in and make them want to be part of what you do. I think you have to make what you do the most exciting and best thing, that's how we do it anyway.

Interview question:

Do you collaborate with other divisions/ organisations for youth health projects/ training?

Many divisions collaborate with other divisions, area health services, youth services and a range of other professionals regarding the provision of services to young people. Some collaborations that have been formalised by Memoranda of Understanding (MoU) have been long-standing and enjoy substantial support. Memoranda of Understanding are formal documents that greatly facilitate collaboration by clearly identifying roles such as task allocation, shared funding, regular communication or GP liaison roles. Other divisions are just beginning to explore the range of options for collaboration.

The benefits of collaboration between GPs and/or divisions and other professionals (especially in rural areas) were frequently discussed as a way of providing a support network to overworked GPs. Development of a youth health support network between GPs has been attempted by some divisions, but a lack of resources prevented their success.

Barriers and benefits

Barriers to collaboration between divisions and other agencies included cultural differences and lack of understanding between the organisations. These barriers could be overcome by adopting common goals and introducing effective communication mechanisms, such as regular meetings, emails, MoU and possibly employing a driver. The Department of Education and Training (DET) was one organisation with which respondents thought collaboration would be beneficial, particularly in regard to school-based programs.

Probably the biggest challenge is understanding each other and building trust.

CASE STUDY (Illawarra DGP) Collaboration: building on previous collaborations

For current youth health programs, Illawarra DGP built upon previous collaborations in their GPs in Schools program. Some challenges for collaboration relate to the cultural differences between the collaborating bodies (eg. academic versus service orientation). It is essential to having a clear vision and direction for partnerships. Regular communication and joint decision making ensure that all players are on the same page. For a major project, an MoU formalises the relationship, goals and responsibilities of each party. Recognising the importance of effective collaboration, two Integration Officer positions were created specifically to maintain the relationship. These positions liaised between the partner organisations to ensure an effective working relationship at the service delivery level.

Collaborations and partnerships bring many benefits to a project, including a greater variety of resources and ideas than those produced by a single organisation. Collaborations can also contribute a broader outlook and community involvement. Many successful youth health programs are sustained through collaboration.

Collaboration works best with regular communication to overcome differences between organisations. Interviewees thought that DGPs were often not the lead agencies in programs such as *headspace* because they lacked the collaborative networking skills and relationships that are found in many other community organisations. One kind of collaboration adopted by some divisions was the promotion of a youth health initiative through GP liaison/nurse liaison roles. This had built trust and fostered a mutual understanding of skills.

Local engagement and commitment can be driven by an MoU, negotiated between the collaborating organisations by an Integration/Liaison Officer. These documents formalise the relationship and clarify priorities, roles and common goals, which then allows effective use of resources. It is important to establish an advisory committee of appropriate stakeholders, including young people, to guide the project.

Good communication between the collaborating bodies is essential. A variety of methods can be used, including meetings where travel is shared or teleconferencing. Records of all meetings should be kept and minutes circulated to all parties. Knowledge obtained should be kept on file in the organisation and passed on to new staff members.

Reporting and showcasing achievements to all organisations involved in the collaboration may lead to further provision of resources and extend the sustainability of a project.

Collaboration of GPs

Engaging GPs in projects to promote youth health access can be a challenge. GPs are often very busy keeping up with their day-to-day practice, particularly in rural and remote areas where there is a shortage of GPs. With limited spare time for themselves, GPs must be able to view time involved in youth health as well-utilised and beneficial.

The promotion of youth health opportunities in newsletters, at educational events or in media releases is a key way to encourage GPs to participate in youth health projects. A division may have a youth health champion who can inspire other GPs to become involved. Once GPs show interest, it is important to build their confidence by providing opportunities to develop skills for working with young people and to recognise their efforts. Incentives can be used, such as CPD points and opportunities to participate in training in youth-friendly practices. Ensure that GPs feel supported by the DGP and also have the opportunity to meet other allied health professionals involved in youth health (perhaps at a case conference event). Connecting the GP with a multidisciplinary team of health professionals (eg. psychologists, allied health workers, and drug and alcohol workers) can provide support and a more holistic service for young people.

CASE STUDY Central Coast DGP Collaboration

Central Coast DGP (CCDGP) is fortunate to have good access to the Central Coast Human Services Group. This group belongs to Central Coast's Regional Coordination Management Group (RCMG), which brings together all the heads of state-funded Central Coast bodies, including 23 government agencies and the Premier's Department. The RCMG facilitates collaboration between regional sectors. Another major plus is the existence of the GP Collaboration Unit, which is jointly funded by CCDGP and the Northern Sydney Central Coast Area Health Service. This unit is involved in the majority of collaborative projects between General Practice, the public health sector and other players.

Professional development

Staff induction and development processes for ensuring knowledgeable, competent and confident staff

Interview question:

Do division staff need greater skills to provide better youth health training?

Most DGP staff interviewed agreed that continuing professional development of their staff was important. Many divisions supported staff participation in continuing education and attendance at relevant conferences. Specific development needs included evaluation skills, skills in proposal and submission writing and ongoing education in youth health topics.

Many DGPs find program evaluation daunting. Staff do not feel confident to devise tools and evaluate programs. This issue can be tackled through instruction in evaluation skills, use of existing online evaluation materials or partnerships with universities. GP NSW and universities offer short courses on evaluation and questionnaire design and many universities can help DGPs design program evaluation tools. Partnerships with universities are particularly useful in program evaluation because primary health care faculty staff and/or students can be involved.

Skills in submission and proposal writing can be developed by courses available through GP NSW or other training organisations. These skills generally improve with practice. Review with experienced staff of previous successful proposals can help less experienced staff with section format and layout, as well as identify important inclusions.

A strong need was identified for annual forums or conference events in youth health where DGP staff could network and share resources. NSW CAAH held the youth health forum 'Making the Connection' in March 2008, with tremendous support from the NSW Divisions of General Practice (see Part 2, DGP Youth Health Forum 2008, for details).

Sustainability

Longer-term vision, strategies and actions for creating sustainable change and positive outcomes in youth health

You've got to remember one thing about divisions… if you don't have a dedicated person there with some corporate history of what's happened and good relationships with other key youth health services, something like this will not get off the ground.

Interview question:

What are the constraints/barriers/ influences in youth projects and/or training sustainability?

Renewal of funding

A major theme that kept emerging was the need for sustainable funding in order for good programs to be developed and maintained. The three-year funding cycles of DGPs mean that youth health projects rely on DGP boards or GP youth health champions to maintain interest. Otherwise what is funded within one three-year period may be replaced by other priorities in the next cycle. This makes it crucial for divisions and youth health champions to pursue other sources of funding, whether through collaborations with other agencies, opportune funding or corporate supporters. Evaluation of successful programs was seen as one way of using credibility to lobby for further funding.

Unfortunately, many great youth health programs cease to run when funding ends or staff changes. Succession planning can make a difference to the continuation of a program. Funding is often finite, so it is important to plan ahead to seek alternative funding. Building business cases for programs to continue or lobbying for ongoing funding can provide stability for needed programs. DGPs with sustainable youth programs actively seek alternative funding opportunities, collaborate with other services (to share resources and expertise) and usually have processes and protocols in place to make sure knowledge is retained within the service when staff changes.

Promotion of the program to the community and professionals (via conferences and articles) keeps the project in the spotlight and gives it credibility; this can be of assistance when applying for renewed funding after current funding ceases. Keeping project information in a central location – such as PHC RIS – provides easy access for project officers.

Evaluation of the project against outcomes should be integrated into the program plan. Evaluation is critical to demonstrate the effectiveness of the program and to support its continuation. Completion of a funding period and evaluation can provide an opportunity to reflect on the project's goals and revise them to respond to current needs.

CASE STUDY (Nepean DGP)
Sustainability: effective relationships and formal agreements

Staffing stability has underpinned relationships between Nepean DGP and other stakeholders such as area health and youth health providers. These relationships have also been strengthened through formal agreements, such as MoU. Such agreements clarify each stakeholder's expectations and commitments. They ensure the support of an organisation as a whole and provide stability in times of staff or organisational change. Good communication between stakeholders is essential, so that all parties are aware of any changes that may affect the relationship (eg. authority, staff, philosophy etc.). Agreements are reviewed and updated regularly.

A stable workforce

Turnover of key personnel such as youth health champions, DGP leadership, sponsors and project officers was identified as a major threat to the sustainability of good youth health projects. Many projects lose momentum when the people involved move on. While changes are often unavoidable, committed organisations can help a project to keep going by employing dedicated staff, ensuring adequate handover periods, keeping project records and making them accessible to new staff members.

Corporate memory is a major asset when key personnel leave the organisation and can be preserved through effective reporting procedures and program documentation. Good communication with partner groups can also help maintain services during periods of change, with stability in one organisation supporting another that is experiencing change.

Staff changes without provision for the transfer of knowledge can decrease corporate memory and threaten project sustainability. Key collaborative relationships were also often lost with staff turnover. Sustained programs had good project handover and documentation of resources and processes. As a result, when individuals who had been champions and instigated successful programs left the organisation, the programs continued and people were aware of the protocols and processes. Movement of staff is more frequent in urban areas, with staff seeking new appointments and advancement. Rural and regional areas usually have a more stable workforce.

Sustainability of the workforce was also a critical theme. A shortage of experienced youth health clinicians highlights the need for professional development in youth health skills and practice. Ongoing succession planning is essential to develop knowledge and skills in youth health to develop the youth health champions of the future. In rural areas, the situation is even more critical, because the geographical dispersion of skilled clinicians further reduces the availability of GPs. Effective collaboration can help to address this problem, as partners may sometimes have the necessary skills, funding, training and resources.

Youth health champions

The need for non-GP as well as GP youth health champions was frequently discussed and their presence on the DGP board, or as project officers, made youth health projects possible. Other champions who contributed to the success of programs included general practice nurses, area health staff and youth health workers. These champions lobbied for youth health and drove the momentum of projects with their passion.

CASE STUDY (Southern GPN) Sustainability: youth health champions and funding

Youth health champions in the Southern GPN, both GP and non-GP, have actively promoted youth health, developing relationships with the community and responding to youth health needs. Their local knowledge and credibility helps to gain support and collaboration for funding submissions. Local councils often have staff who specialise in sourcing funds or grants and they can be a great resource for youth health projects. Developing good rapport with a local council can build links with the community and help to obtain financial support for new strategies.

Funding strategies

"You don't always need money. You just need energy. You need passion too."

Writing effective project submissions is essential to attract funding for youth health projects. Strategies that can assist in producing successful proposals include professional development for staff, researching potential funding and building partnerships and collaborations.

Think laterally about your intended project and the organisations that may have an interest in it. Once you have pinpointed a potential source of funds, contact the organisation and find out what kind of projects are funded and whether there are application forms or a template to complete. Ask what they are looking for in a successful proposal. Table three lists potential sources of funding.

Extensive resources are not always needed to run projects. Outreach clinics – for example, a GP clinic located within a youth service or youth health service – can range from a simple, private office space for consultations to a fully equipped treatment room with refrigerator to store vaccines and access to a pathology service.

Other strategies that can add weight to funding submissions are: collaborating with other organisations, using the media to promote the issues and collecting support letters from other organisations. Lobbying councils and corporations can also help in sourcing funds. When developing the proposal or submission, build in an evaluation strategy. The data collected is useful for research and can also validate the project, in turn leading to further successful applications for funding and continuation of the project.

Table three

Potential sources of funding	
Government	**Corporate**
Dept of Health and Ageing (DoHA)	Banks, shopping centres, legal firms etc.
Federal Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)	Clubs: Community Development Support Expenditure (CDSE)
NSW Health	Local businesses
Dept of Community Services (DoCS) – Better Futures	
Area health services (AHS)	*Funding opportunities are advertised on www.communitybuilders.nsw.gov.au*
Local government councils	

Evaluation

Design and monitoring of services and programs; evaluation against aims and measurable objectives; organisational learning processes; beneficiary/target audience participation and feedback

You really need to evaluate your projects for their worthiness to get further funding.

Interview question:

How do you determine the effectiveness of your youth health activities?

Most evaluation conducted by DGPs is process evaluation, in which the program itself, its implementation, the participants' experience and the scope of program are examined. Process evaluation is usually conducted to improve the program's performance. Although some attention is paid to participants' increased skills or knowledge, this is not often measured. However, a few divisions look at a program's impact by examining changes in young people's help-seeking behaviour, as well as changes to GPs' knowledge/skills in youth health (via pre- and post-project survey).

Evaluation should investigate how effectively the project objectives were met and how well the target group was reached. Specific behaviour may also be measured, such as increases in the number of young people accessing primary health care, young people's knowledge of services available or clinical indicators, such as changes to rate of diabetes, smoking, suicide, obesity etc. Measurement of these

behaviours is more complex and requires more extensive evaluation methods, such as pre and post-program surveys. Evaluation methods should be addressed in all project plans to facilitate program improvement and also support extension of the program at the end of the funding period.

In the survey, quick tick boxes are more likely to be completed than short answers or complex grading scales. Layout, language and use of jargon should be tailored to the target audience.

Ensure that time is available for completion of an evaluation. It should not be an afterthought to comply with organisation policy. Evaluation can be conducted during a project to check progress and review methods and can also be effective after the project to determine what behaviour or systems have changed.

Participation in program evaluation can be encouraged by providing incentives, offering online evaluations and thinking outside the square by using information from other sources.

CASE STUDY Illawarra DGP Evaluation: identifying improvements

Building evaluation into all projects provides feedback on the effectiveness of the program and can identify improvements needed. Effective training in evaluation has enabled staff in Illawarra DGP to design and implement evaluation tools and methods for their youth health programs. The *GPs in Schools* program has pre and post-intervention student evaluations to identify changes in their behaviour. Evaluations are also conducted for the GPs/presenters. Feedback from the evaluation has led to improvements in the program and in interaction of presenters and teachers to provide a more effective service. Other organisations, such as the RACGP and the Australian Council of Health Care Standards bodies, require DGPs to evaluate services in order to qualify for registration/accreditation. The University of New South Wales has developed a good relationship with the Illawarra DGP and has provided education and support in evaluating programs.

CASE STUDY (NSW Outback DGP) Evaluation: effective use of resources and partners

NSW Outback DGP found that good evaluation can be as effective as research in determining the efficacy of programs. Many of their programs are evaluated with regard to attendance and changed behaviour resulting from interventions. They have found that developing partnerships with universities has greatly assisted their evaluation of interventions. Although remote, this division has established good working relationships with the University of Sydney and the University of New South Wales. Flinders University (South Australia) and Monash University (Northern Territory) have developed formal, structured evaluation tools that may be suitable for advocacy programs for young people.

6. What works and the lessons learnt

Interview question:

What are your suggestions for other divisions undertaking a youth health project?

Divisional staff suggested that the following are important considerations:

- Attend area health and mental health committees and youth interagency meetings.
- Most services are scrambling to get a division representative on their committee in this area because it's the voice of the GP.
- Train and support young people to be consumer representatives.
- Involve young people in the development of the submission in the first place.
- Invite schools to collaborate – schools could use GPs more than they do.
- Have the support of the GPs and your CEO.
- The division shouldn't just be guided by what the Commonwealth sees as our core business – be aware of local needs.
- Where NGOs are providing youth services, open a dialogue; whatever they are doing, it may be enhanced with GP or DGP involvement. It's worth the conversation and being in the loop with organisations that you otherwise wouldn't see.
- Encourage GP youth health champions.
- Never leave schools to organise anything or expect anything from them. Be completely self-sufficient; the same for practices.
- Build relationships with other DGP and youth workers and share strengths and resources.
- Find out what other people are doing before you go off and start your own program.
- See what's out there and who is doing what, so you don't fall into the same holes.

Putting youth health on the DGP agenda

Raising awareness of youth health, both within divisions and externally, is a critical strategy in providing youth health GP education.

Divisional staff can put youth health on the agenda by researching local data and evaluating the area's needs. Divisions with youth community representatives can give voice to youth health issues.

Identifying youth health champions in your division can have great benefits for youth health.

Champions are very passionate about youth health and can be of great help to the division with lobbying, provision of services and education. Champions are usually GPs in the division, however they may also be nurses, project officers, allied health workers, youth workers or young people. Divisions should support the work of their champions with education, recognise their efforts and include them in youth health services planning. Champions may deliver training, work in youth health initiatives and present to community groups. They often understand the needs of the area and what resources are available. While burn-out is a risk with champions, the division can support their activities. For example, by providing administration assistance, champions can focus on their tasks and encourage other potential champions.

Community involvement and partnerships between services can be of great assistance with lobbying, submissions for funding and resources for youth health education or access programs. If local youth health services exist, is it possible to improve funding and service provision through collaborations?

Effective use of media can maintain the community's interest in youth health. Be aware of potential photo and story opportunities with local media once programs commence. Division newsletters can highlight youth health resources such as Reach Out!, Reach Out! Pro, and MindMatters Plus.

7. Future visions

Interview question:

Are there any youth health projects/training you would like to be able to offer in one year's time?

DGPs would like to be able to provide the following access projects:

- a GP clinic in the youth centre
- bulk billing of adolescents by all GPs
- an assessment and referral system for counsellors – youth and social workers to refer young people to GPs or mental health services
- a recall and reminder system for young people at risk
- an accessible youth health centre
- school-based youth health programs
- transport for young people to health care as distance is an issue in rural areas and cost is a universal barrier for young people getting to health care.

DGPs would like to be able to offer the following professional development activities:

- a mental health service that is youth health specific and another project officer
- specific youth-friendly practice training, followed by identification of youth-friendly practices and provision of a directory of youth-friendly practices to youth workers and school counsellors and then evaluation of young people's health-seeking behaviour
- raising awareness of youth health within the community
- professional development for school teachers in youth health.

Broader system change

The following are specific suggestions made by DGP staff about how the broader system could better support their work.

Federal support for youth health programs

The limited federal support for GP youth health initiatives restricts the ability of DGPs to provide youth health education and programs by limiting funding and resources. The division, community and GPs need to become more aware of the importance of youth health services.

Youth health Medicare item numbers

DGP staff identified the need to lobby government to provide specific item numbers for youth health, similar to those available for chronic disease. At present there are no Medicare codes directly aimed at young people and, as a result, there is a lack of focus by Divisions on youth health. This directly impacts the number and quality of programs focusing on improving young people's access to health care as well as the training of GPs in working with young people. As one division CEO suggested:

If there was a series of Medicare item numbers that targeted youth health and provided some framework for divisions to assist, I think you would have more activity.

Integration of school youth health program with DGPs

Personal Development, Health and Physical Education (PDHPE) is a course provided for young people in high-school years 7–10. PDHPE includes topics on accessing health care, and on mental and sexual health. These topics are often provided through GPs in Schools programs. Relationships need to be built between schools and DGPs regarding the delivery of youth health programs in the schools. DGPs could work with schools to deliver components of these programs.

Information technology systems

Differing information systems complicate the treatment of young people in a range of settings where previous visits/history are not communicated. The integration of general-practice-specific information technology systems, such as Medical Director, for comprehensive service provision at all sites would greatly facilitate effective primary health care.

Annual DGP youth health forum

Many project officers find it difficult to locate information about youth health projects underway in other organisations and would like the opportunity to network with youth health staff working in other divisions. The NSW DGP youth health forum, *Making the Connections*, provided an opportunity for staff from all New South Wales divisions to share ideas and learn about developments in youth health. There was considerable interest from youth health workers, both inside and outside divisions. The majority of participants have requested that this become an annual event.

Training kit for GP professional development

Many youth health workers find GP professional development difficult to plan and have requested a training kit with a variety of delivery methods to accommodate the various needs of rural and urban settings.

Potential areas for service development and improvement

It became apparent that overall there were some areas of improvement, as well as continuing areas of need in the delivery of youth health programs, particularly over the five years since the initial NSW Access Studies (Booth et al. 2002; Kang et al. 2005) were conducted. Larger regional areas were often the showcase divisions, particularly in terms of collaboration. This may possibly be attributed to local youth champions, less staff turnover, fewer service options, stronger relationships and better corporate knowledge.

Leadership

The position of a designated youth health project officer within DGPs or with area health services had been lost in some areas. This has led to a loss of or changes to youth health programs, for example, the *GPs in Schools program*.

Innovative access programs

Many divisions are introducing innovative youth-focused access programs. Innovative ideas include promotional materials, use of technology and alternative funding sources.

New programs such as *headspace* and Allied Health Funding, have allowed divisions to access much-needed funds as partners and have facilitated much greater collaboration between divisions and other service providers.

Sustainability

The most crucial component of youth programs is sustainability. Divisional three-year funding cycles mean that youth health projects often have to rely on the interest or knowledge of the division boards or prominent youth health champions. Without targeted youth health funding and staffing, youth health often ends up piecemeal, provided on a one-off basis or as part of another health issue, such as mental health. Targeted funding and allocation of resources, particularly staffing, was identified strongly as a potential change agent.

2008 NSW DGP Youth Health Forum 'Making the Connections'

Collaboration and partnerships

Collaboration and partnerships are key elements of sustainability, as they provide a greater breadth of skills and resources to draw on. In addition, alternative funding sources, more service access points for young people and varied training options enable programs to continue. Collaboration between some divisions and services has been problematic because of differences in organisational culture and loss of corporate knowledge due to personnel turnover. A need was identified for relationship building between schools and divisions regarding youth health programs in the school systems. Improved partnerships and collaboration arose from funding requirements for *headspace* and More Allied Health Services.

Evidence based approach

There is a need for increased awareness of PHC RIS and its centralised website to view what other divisions are doing. Consultation with this website would reduce the incidence of programs that duplicate efforts, without considering the lessons learned by other divisions.

Youth participation

Youth participation could be more widespread. Barriers to attracting and sustaining young people's involvement make youth participation difficult.

Professional development

Professional development for divisional staff is needed in the area of evaluation skills and proposal development. There is also a need for more networking opportunities.

Evaluation

Evaluation of services can still be improved if divisions use available resources effectively. There was better evaluation in some divisions, including impacts and outcomes

Part 2:
Divisions of General Practice Youth Health Forum 2008

Welcome to 'Making the Connections'

In partnership with GP NSW, NSW CAAH hosted a youth health forum for NSW DGPs as part of its joint GP Strategy. The youth health forum, entitled *Making the Connections*, was held on 14 March 2008 at the Kerry Packer Institute for Child Health Research at The Children's Hospital at Westmead (see Appendix E for the forum program).

The aim of this one-day event was to engage NSW DGPs and other stakeholders in advancing adolescent health through general practice in New South Wales by networking, information exchange and resource sharing. The day's agenda included networking opportunities, workshop activities and presentations on:

- NSW CAAH GP Strategy research
- young people's access to primary health care
- educating GPs in adolescent health issues and strategies
- networking and information opportunities

Participants were also given the opportunity to showcase their organisation's resources and tools on youth development and youth programming during a lunchtime display session.

Participation in this forum was by invitation only. Delegates included DGP representatives, GPs, youth health services, Justice Health, Inspire Foundation, Greater Metropolitan Clinical Taskforce (GMCT), universities and young people.

Networking at 'Making the Connections'

Forum workshops:

GP education and youth health access projects

Objective of the workshops: to identify good practice in youth health GP education and youth health access initiatives, developing strategies to overcome identified barriers in delivery.

Two workshops were held, one on GP education and the other on youth health access initiatives. Each group was given a topic relating to the subject area and dimensions of best practice, along with several questions to prompt discussion. Participants related findings to their own experiences and contributed strategies and lessons learnt. In the morning workshop on GP education, the group's spokesperson then related its findings to the larger group, while the afternoon workshop on youth health access initiatives was followed by a coffee shop activity in which the spokesperson remained at the table while group participants moved to other groups to discuss findings.

Notes were recorded on butcher's paper and subsequently written up as summaries in order to glean the valuable learning from the workshops. These summaries were then checked with group leaders for accuracy. Rather than include the summaries separately here, the material has been incorporated into the research findings in order to reduce repetition and integrate the findings into one document.

GP Education Workshop at 'Making the Connections'

Forum presentations:

Sustainability and collaboration

Kate Weston presented on behalf of Nepean Division of General Practice.

In the Nepean DGP, youth health was made a priority with core funding for 10 years, following a successful GP liaison position that later developed into a two-year service agreement. The sustainability of the programs offered is largely related to community education and partnerships. Through regular face-to-face meetings and a willingness to share the client base, strong collaborations have been developed. Nepean has developed relationships with Family Planning NSW, Marie Stopes, Panthers, Penrith Women's Health Centre, University of Western Sydney, DoCS, TAFE, local high schools, Nepean accommodation services, Penrith youth refuge and Sydney West Area Health.

Some of these relationships have been formalised with Memoranda of Understanding, which clearly state the responsibilities of both parties and are invaluable for funding and service provision.

A Penrith youth interagency was established that linked 40 organisations together, from community services and police to NGOs. The relationship building has enabled Nepean to offer a sustained youth health service that focuses on three areas:

- GP skill development
- youth health training programs, including school visits and programs
- improved access to youth-friendly medical services for young people through the Junction Youth Medical Service

Accessibility and collaboration

Michael Russo presented on behalf of St George Division of General Practice.

With the support of its CEO, St George DGP developed a program called *Links 2 Better Health* to improve young people's health specifically in relation to diet and physical activity. This program is a six-week intervention to improve the nutrition and activity of young people identified as overweight and involves psychologists, dieticians and exercise physiologists. It was developed in response to the community's demand and commenced in 2005 with local media advertising. Initial funding was sourced from University of New South Wales following effective evaluation, further funding was sourced from Community Grants (local council) and Healthy Active (federal).

The program is multidisciplinary, with GPs able to refer young people to the service. A youth subcommittee was involved in the project development, particularly with marketing.

Funding

Associate Professor Eugen Molodysky presented on behalf of Eastern Sydney Division of General Practice.

Eastern Sydney DGP has been successful in gaining funding to develop and host a youth wellbeing forum, which aims to empower students to optimise their health and wellbeing. The initiative brings together schools and the primary health care sector through a student-driven forum to promote adolescent wellbeing. It is intended as a model to encourage and assist other DGPs to work with schools in their regions to develop plans that improve students' access to primary health care providers.

Sustainability

Marilyn Sims presented on behalf of Central Coast Division of General Practice.

Marilyn likened the development of effective youth health programs to cultivating a garden. Programs were planted, fertilised and pruned, and their growth or decay was dependent on care. Sustainability of the programs related to the resources and care available.

Central Coast DGP started a nurse-led sexual health clinic at the youth centre, which developed into a GP clinic. A school clinic was also trialled, but failed to thrive. To sustain programs, Marilyn suggested attention to:

- homework – use experts and resources
- liaison with key area health service people and champions
- constant feedback, contact and appreciation
- consultation with all partners before any new action
- quality improvement and ongoing education
- flexibility, a sense of adventure and fun

Collaboration (*headspace* program)

James Wilson presented on behalf of Central Coast Division of General Practice.

To develop a major program such as *headspace*, a business model needs to be developed in consultation with potential stakeholders. The business model for *headspace* Central Coast was for an integrated GP clinic in partnership with Y-Central. Y-Central was the existing youth centre which already included a GP clinic. Expressions of interest were sought from GPs on the understanding that GPs would be reimbursed with 100 per cent bulk billing for Medical Benefit Scheme (MBS) items.

headspace Central Coast was developed through a collaboration of several stakeholders including:

- Central Coast Division of General Practice
- Children and Young People's Mental Health
- Central Coast Adult Mental Health
- Central Coast Area Drug and Alcohol Service
- Central Coast Youth Health Service
- Pacific Link Community Housing Association

Funding

Nikki Rabbitte presented on behalf of Southern General Practice Network.

'An emerging management competency for the 21st century now includes skills in identifying and sourcing funding to implement action.' Kate McKeand

Through imaginative fund seeking, SGPN sourced funds for a variety of projects from organisations ranging from Families NSW and Art Start Grant to corporate NRMA. Collaboration was deemed essential for a project's viability through the combined resources and support of the community. Nikki suggested several strategies for seeking funds and emphasised the need to be proactive in doing so. She encouraged DGPs to promote their services through the media, present to potential funding bodies and ensure projects are evaluated to provide evidence of success.

This presentation, Finding Funds outside the Square, identified several potential funding sources:

- state and federal governments (check websites for grants)
- local councils (their youth development project officers may need help spending large budgets!)
- local businesses (shops or services may donate prizes to increase youth participation: eg. 'Complete the questionnaires go into a draw to win')
- Clubs such as Rotary, VIEW (local community groups are often happy to fund one-off small projects)

Table four

What makes collaborations work?	
Goals	Shared vision and specific project goals
Communication	Open, formal and informal, minute decisions
Sustainability	Ongoing funding, time, dedicated staff
Evaluation	Monitor progress and effectiveness
Political climate	Consider wider influences, and internal influences
Resources	Share in kind with partners
Catalysts	Specific projects or funds becoming available
History	History of working together on other projects
Connectedness	Formal and informal links: staff exchanges
Leadership	Clearly defined roles: Memorandum of Understanding

Collaboration and evaluation

Frank Deane presented on behalf of Illawarra Division of General Practice.

Effective evaluation of programs requires staff with background or training in conducting evaluations. Universities can be a resource, if students are engaged in meaty evaluation projects it can assist with their studies. Illawarra evaluated the effects of its school programs on young people's access to GP-provided primary health care.

Forum evaluation

Group discussion at 'Making the Connections'

The forum drew participants from both NSW DGPs and youth health organisations, each having different needs and levels of experience. Participants indicated that attending the forum was very useful for their work in youth health. Most participants responded that the opportunity to network with others working in youth health was invaluable and requested that the forum become an annual event.

What was most useful in the forum?

The participants particularly valued the following aspects of the NSW DGP youth health forum:

- workshop activities both on GP education and youth health access projects; sharing ideas and brainstorming strategies to implement youth health programs
- division showcase presentations, learning about resources and from the experiences of others
- networking opportunities with other divisional staff and youth health organisation representatives

What did you enjoy most at the forum?

Participants especially appreciated:

- the showcase and coffee shop exercise and the opportunity to network with other DGPs and realise they are not alone
- the positive approach to youth health, despite the challenges
- sharing knowledge about a variety of subjects that are relevant to other aspects of general practice
- networking – new ideas and suggestions about sustainability and relevance
- networking and learning of other fantastic initiatives

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Appendix A – Resources

NSW CAAH services and resources

Youth health better practice framework

This practical resource, based on Access Study's Seven Principles of Better Practice in Youth Health, has been designed to assist services in reviewing, planning and evaluating organisational processes related to youth health programming. The factsheets resource contains self-assessment checklists, indicators, practical strategies and resource links for each of the better practice principles.

NSW CAAH consultancy

NSW CAAH can respond to shorter-term consultancy requests from other organisations with the aim of promoting the health and wellbeing of young people in New South Wales. It can advise NSW GP training providers on the delivery of quality GP professional development programs and assist in the development of youth access initiatives by providing technical support and training.

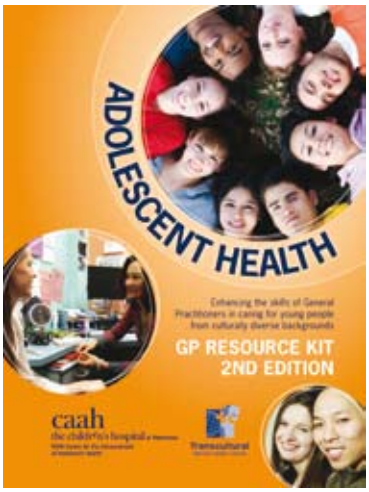
Youth health forum DVDs

These stimulating half-day forums cover a wide range of adolescent health and wellbeing issues, appealing to health, education, community and welfare professionals. Programs usually feature four or five key speaker presentations, followed by a panel and open question session. The youth health forums have been recorded and produced as DVDs to make the forums accessible to rural and remote areas, as well as to people in metropolitan areas who are unable to attend. The DVDs are available from Kids Health (see below) as an educational resource that can be used to facilitate networking and discussion at regional youth health forums.

GP resource kit

By Peter Chown, Dr Melissa Kang, Dr Lena Sanci, Verity Newnham and Clinical Professor David Bennett AO

A joint initiative of the NSW CAAH and NSW Transcultural Mental Health Centre, the *GP Resource Kit* (Chown et al. 2008) is a practical guide to providing health care to adolescents in general practice and identifies useful strategies and practical steps for GPs. The kit outlines the skills needed for working with young people and their families, while addressing the developmental, cultural and environmental factors that influence their health status. Each chapter in the kit begins with a flashcard that summarises the key practice points for that chapter.



Copies of the kit can be obtained from:

Kids Health, The Children's Hospital at Westmead
Locked Bag 4001, Westmead NSW 2145
Phone: (02) 9845 3585. Fax: (02) 9845 3562
Email: kidsh@chw.edu.au

Price: $35 for one copy or $30 each for two or more copies (incl. GST; excl postage and handling charges)

The kit can also be downloaded free from the NSW CAAH website www.caah.chw.edu.au

NSW CAAH website

www.caah.chw.edu.au

This website has information on useful links including toolkits, resources and youth services throughout NSW, as well as details about NSW CAAH resources, projects and training.

Primary Health Care Research and Information Service (PHC RIS)

The Primary Health Care Research and Information Service (PHC RIS) is a national primary health care organisation based at Flinders University in South Australia in the Department of General Practice. It is funded by the Australian Government Department of Health and Ageing. PHC RIS works in partnership with the Divisions of General Practice Network, primary health care researchers and policy advisors to generate, manage and share information and knowledge that contributes to policy and improves performance.

Roadmap of Australian primary health care research (ROAR)

www.phcris.org.au/roar/index.php

This database allows you to find out what research is being conducted on a range of primary health care topics. The database is searchable by project (eg. type 'youth' in the search box), organisation and other categories.

Mapping tool

www.phcris.org.au/products/asd/mapping/index.php

PHC RIS publishes reports based on its annual survey of DGPs. These reports can be accessed by divisions to find out what youth health (and other) projects are currently being undertaken. Select the following from the drop down list:

Q2.1 Prevention and early intervention programs aimed at children/youth

Q5.1 Chronic disease management programs aimed at children/youth

Q5.2 Population programs: Youth health

Activities of divisions

These reports provide more detail about divisional activities and should be seen as complimentary to the quantitative data in the Annual Survey of Divisions (ASD). To access the 2006–2007 12-month report information, follow these steps:

1. Go to www.phcris.org.au/dios/displayReport0607.php?diosDst=home
2. Click on the link 'What they did … the raw results'.
3. Use the organization filter to find the category you want (eg. state = NSW).
4. The content filter can then be used to select particular indicators, domains etc. of interest (eg. Priority Area 'Access').
5. For Domains and Priority Areas be sure to tick the 'show local indicators' box (New South Wales has some youth health local indicators under 'Access').

Useful websites

Aboriginal and Torres Strait Islander health initiatives
www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-programs.htm

Australian General Practice Network
www.agpn.com.au

CanDo training
www.agpncando.com

Community Builders
www.communitybuilders.nsw.gov.au

General Practice NSW (GP NSW)
www.answd.com.au

GP Online Learning
www.gplearning.com.au

headspace
www.*headspace*.org.au

NSW Board of studies website (curriculum for the PDHPE subject)
www.boardofstudies.nsw.edu.au

NSW Government's Community builders' website (funding opportunities)
www.communitybuilders.nsw.gov.au

Primary Health Care Research and Information Service (PHC RIS)
www.PHCRIS.org.au

Rural Health Education Foundation
www.rhef.com.au

Teams of Two
www.agpncando.com/TeamsofTwo.htm

The Royal Australian College of General Practitioners
www.racgp.org.au

Appendix B – Directory of NSW DGPs

Bankstown DGP
1st floor, 77 Allingham Street
CONDELL PARK NSW 2200
T: 02 9793 8711
W: www.bankstowngp.com.au

Barrier DGP
248 Oxide Street
BROKEN HILL NSW 2880
T: 08 8087 9330
W: www.barrierdivisiongp.com.au

Barwon DGP
Shop 5, 96 Balo Street
MOREE NSW 2400
T: 02 6752 7196
W: www.barwondgp.org.au

Blue Mountains DGP
192 Great Western Highway
HAZELBROOK NSW 2779
T: 02 4758 9711
W: www.bmdgp.com.au

Central Coast DGP
Suite 4, Erina Plaza
210 The Entrance Road
ERINA NSW 2250
T: 02 4365 2294
W: www.ccdgp.com.au

Central Sydney GPN
Level 1, 381 Liverpool Road
ASHFIELD NSW 2131
T: 02 9799 0933
W: www.csdgp.com.au

Dubbo Plains DGP
Bowfield House
Level 2, 258–260 Macquarie Street
DUBBO NSW 2830
T: 02 6884 0197
W: www.dubboplainsdgp.com.au

Eastern Sydney DGP
Suite 103, Level 1
35 Spring Street
BONDI JUNCTION NSW 2022
T: 02 9389 0874
W: www.esdgp.org.au

General Practice Network Northside
Unit 8, 6–18 Bridge Road
HORNSBY NSW 2077
T: 02 9477 8700
W: www.gpnn.org.au

Hastings Mcleay GPN
53 Lord Street
PORT MACQUARIE NSW 2444
T: 02 6583 3600
W: www.hmdgp.org.au

Hawkesbury-hills DGP
Suites 2–5 The Terrace
40 Panmure Street
ROUSE HILL NSW 2155
T: 02 8884 9444
W: www.hhdgp.com.au

Hunter Rural DGP
12 Garnett Road
EAST MAITLAND NSW 2323
T: 02 4933 3824
W: www.hrdgp.org.au

Hunter Urban DGP
Level 2, 123 King Street
NEWCASTLE NSW 2300
T: 02 4925 2259
W: www.hudgp.org.au

Illawarra DGP
Suite 3, Level 1, 336 Keira Street
WOLLONGONG NSW 2500
T: 02 4226 7052
W: www.idgp.org.au

Liverpool DGP
Suite 303, Level 3, 13–15 Moore St
LIVERPOOL NSW 2170
T: 02 8778 7300

Macarthur DGP
1 Bolger Street
CAMPBELLTOWN NSW 2560
T: 02 4625 9522
W: www.macdivgp.com.au

Manly Warrringah DGP
c/o Mona Vale Hospital
Coronation Street
MONA VALE NSW 2103
T: 02 9979 7825
W: www.mwdgp.com.au

Mid North Coast DGP
Suite 2, Level 1, 92–96 Harbour Dr
COFFS HARBOUR NSW 2450
T: 02 6651 5774
W: www.mncdgp.org.au

Murrumbidgee GPN
15 Kurrajong Avenue
LEETON NSW 2705
T: 02 6953 6454
W: www.murrumbidgee.net.au

Nepean DGP
10 Macquarie Avenue
PENRITH NSW 2751
T: 02 4721 1150
W: www.nepeandgp.org.au

New England DGP
1st floor, 188–192 Beardy Street
Mall
ARMIDALE NSW 2350
T: 02 6771 1146
W: www.nedgp.org.au

NSW Central West DGP
The Scott's Centre
82 George Street
BATHURST NSW 2795
T: 02 6332 6646
W: www.cwdgp.og.au

NSW Outback DGP
258–260 Macquarie Street
DUBBO NSW 2830
T: 02 6872 4777

Northern Rivers GPN
Suites 1–3, 16 Carrington Street
LISMORE NSW 2480
T: 02 6622 4453
W: www.nrgpn.org.au

Northern Sydney GPN
Level 1, 134–136 Hampden Road
ARTARMON NSW 2064
T: 02 9411 3533
W: www.nsgpn.org.au

NW Slopes DGP
1st floor, Koolkuna Building
34 Dean Street
TAMWORTH NSW 2340
T: 02 6766 1394
W: www.nwsdgp.org.au

Riverina DGP
1/185 Morgan Street
WAGGA WAGGA NSW 2650
T: 02 6923 3100
W: www.rdgp.com.au

Shoalhaven DGP
Unit 5, Level 1, 59 Berry Street
NOWRA NSW 2541
T: 02 4423 6233
W: www.sdgp.org.au

SE Sydney DGP
Level 2, 6–8 Crewe Place
ROSEBERY NSW 2018
T: 02 9663 5958
W: www.sesdgp.com.au

Southern GPN
Level 1, 73 Vulcan Street
MORUYA NSW 2537
T: 02 4474 5100
W: www.sgpn.com.au

Southern Highlands DGP
c/o Bowral Hospital
BOWRAL NSW 2576
T: 02 4861 6084
W: www.shdivgp.com.au

St George DGP
41 Dora Street
HURSTVILLE NSW 2220
T: 02 9585 2044
W: www.stgeorgedgp.asn.au

Sutherland DGP
Suite 502, Level 5, 3–5 Stapleton Avenue
SUTHERLAND NSW 2232
T: 02 9525 4011
W: www.shiregps.org.au

Sydney South West GPN
Chase Commercial Tower
Suite 7b, Level 2, 25 Smart Street
FAIRFIELD NSW 2165
T: 02 9726 1663
W: www.sswgpn.com.au

Tweed Valley DGP
7 Nullum Street
MURWILLUMBAH NSW 2484
T: 02 6672 5158
W: www.tvdgp.org.au

Wentwest Limited
Level 3, 20 Wentworth Avenue
PARRAMATTA NSW 2150
T: 02 8833 8000
W: www.wentwest.com

Appendix C – Interview questions

Focus	Questions
1. Personnel	Is there a Youth Health Coordinator? Is there a designated youth health project person at division? How many days per week do they work on youth health? Is this sufficient? What other resources for youth health would you like? What proportion of your GPs' clientele consist of young people? What specific youth health work does the division/do GPs in that division do (eg. youth clinic/ program)?
2. Evidence-based approach	Where do the ideas for new youth health access projects/training come from? What determines the initiation of new youth health projects/training in your division (eg. previous projects/research/other divisions' work/local GP champions initiating/funding)? How do you currently find out about other youth health projects/training? What are the areas of greatest need in youth health in your division in terms of training?
3. Professional development	What training in youth health is provided by the division? How often? What is the involvement of GPs in your area in youth health programs or training (eg. attend/facilitate regular youth health interest groups)? What is needed to enable your division to better provide youth health projects/training? Do division staff need greater skills to provide better youth health training? Do you ask the GPs what they need/want? Do you have peer training by successful adolescent practitioners? Do you have any training for other practice staff?
4. Accessibility	What youth health activities is your division involved in? How do your GPs provide greater access (eg. after-hours clinics/youth-friendly waiting rooms/ bulk billing)? Do your GPs offer a youth-specific confidentiality policy/long or flexible appointment system/ greater physical accessibility (eg. school clinics/GPs in Schools program)? Are there any youth health champions in your division?
5. Collaboration and partnerships	Do you collaborate with other divisions/organisations on youth health projects/training? Who & how? How did you set up this partnership? Who set it up? Why? What barriers and facilitators are there for this partnership? How do you share expertise with partners?
6. Youth participation	How are young people involved in your projects? Do you have ongoing representation of young people/one-off representation? Do you pay your young representatives? Do you get young people's opinions on projects/work you do with youth/training of GPs around youth?
7. Evaluation	How do you determine the effectiveness of your youth health activities? Do you evaluate against aims and objectives? Do you evaluate GP satisfaction or increased skills and confidence? Do you incorporate this information into your new projects/work? Do your division/GPs need further training in this area?
8. Sustainability	What are the constraints/barriers/influences in youth projects and/or training sustainability? Do you have budgets built into your programs? Do you have short-term one-off project funding? Do you have varied funding sources? Do you have partnerships? Do you have advice to other divisions planning to implement youth health projects and or training?
9. Future vision	Are there any youth health projects/training you would like to be able to offer in one year's time? What would be needed to enable this to happen?
10. Other comments	Any other comments or information that you think may assist in helping divisions improve youth health training/project facilitation?

Appendix D – NSW DGP youth health initiatives

Division	Region	GP training	*GPs in Schools*	YH School Programs	Youth health clinics	*headspace*	Promotional materials	Young parents interventions	Healthy eating/ Fitness programs	Youth-friendly practice	Voucher programs	Youth health forums	Community youth forums	ATSI initiatives	Youth committee	**Program Notes**
Central Coast DGP	Urban	✓	✓		✓	✓					✓				✓	
Central Sydney GPN	Urban	✓		✓		✓				✓						School link briefing
Eastern Sydney DGP	Urban		✓									✓				Youth wellbeing forum
GP Network Northside	Urban	✓	✓										✓			
Hawkesbury – Hills DGP	Urban	✓														
Hunter Urbane DGP	Urban					✓										
Illawarra DGP	Urban		✓		✓	✓	✓									Radio community announcements/brochure
Macarthur DGP	Urban					✓										
Mid North Coast DGP	Rural	✓	✓	✓	✓	✓	✓	✓		✓						*Maybe Baby*
Nepean DGP	Urban	✓	✓	✓	✓		✓	✓		✓	✓					The Junction Youth Heath Medical Service
NSW Central West DGP	Rural					✓										
NSW Outback DGP	Rural	✓		✓				✓		✓				✓		Community infrastructure
Northern Rivers GPN	Rural	✓	✓								✓		✓		✓	
Northern Sydney GPN	Urban		✓													
North West Slopes	Rural	✓														
Riverina DGP	Rural		✓			✓				✓						
St George DGP	Urban	✓		✓	✓		✓	✓	✓	✓						Reconnect, Help at Hand
Shoalhaven DGP	Rural	✓	✓	✓			✓	✓	✓					✓		
Southern GPN	Rural	✓	✓		✓		✓	✓		✓				✓		Healthy for life'
Sutherland DGP	Urban	✓	✓		✓		✓								✓	
Tweed Valley DGP	Rural						✓									*Help for Kids* program
Wentwest Limited	Urban					✓										
No. of Divisions with program		12	12	6	7	9	8	6	2	7	3	1	2	3	4	

Appendix E – DGP Youth Health Forum program

Welcome to country Uncle Greg Sims
Welcome to CHW Dr Tony Penna (The Children's Hospital at Westmead)
NSW DGPs working together Matt Hanrahan (Alliance of NSW Divisions; now General Practice NSW)
The GP Strategy: Advancing Adolescent Health through General Practice Linda Ramsbottom (NSW CAAH)
Findings from our research Diana Bernard (NSW CAAH)
MORNING TEA
Workshop: GP education Up-skilling GPs to connect with adolescents – what works? • Education delivery options • Topics and speakers • Involving young people • Putting youth health on the agenda • Involving GP champions • Evaluating programs
Nepean DGP Youth health access initiatives: collaboration and sustainability
St George DGP Youth health access initiatives: collaboration
Eastern Sydney DGP Youth health access initiatives: successful funding proposals
LUNCH
Workshop and 'coffee shop': Access projects Connecting young people to primary health: how to and lessons learnt • Project proposals and funding submissions • Working with others: collaborations and partnerships • Engaging GPs • Involving young people • Sustainability: keeping things going • Evaluation: lessons learnt
Coffee-shop-style feedback
Central Coast DGP Developing and sustaining collaboration, professional development and engagement of GPs
South East NSW DGP Finding funding 'outside the square'
Illawarra DGP Evaluating youth health programs
GP Resource Kit, 2nd edition Dr Melissa Kang (University of Sydney at Westmead)
Where to from here? Future directions Linda Ramsbottom (NSW CAAH)