Adelaide PHN GP Round Table Issues and Opportunities Consolidation Report

Nov 2018 - May 2019

1 Introduction

This report documents the outputs of Adelaide PHN's GP Round Table Issues and Opportunities Workshops. The workshops focussed on the Issues and Opportunities to achieve a successful and productive working relationship between Adelaide PHN and GPs, for better health outcomes.

The study included three Issues and Opportunities Workshops and a Consolidation Workshop, which were facilitated by Brett Haly from Enzyme.

2 Objectives

The Objectives of the GP Round Table Issues and Opportunities workshops were to:

- Bring everyone to a common understanding of the background and current situation;
- Identify and prioritise the Issues, Opportunities and Critical Success Factors involved in reaching a successful and productive working relationship for better health outcomes;
- Challenge the status quo and stimulate thinking;
- Identify and agree a set of next steps for success.

3 Participants

The GP Roundtable study included three workshops. Participants for each are represented below:

Workshop	Participants
21st November, 2018	16
19th March, 2019	8
8th May, 2019	12
Total	**36**

4   Issues and Opportunities

4.1   Consolidated Affinity Diagram

A consolidated affinity diagram was built using the headings from the three GP Round Table Issues and Opportunities Workshops. The affinity diagrams from each individual session which provide the detailed meaning behind each heading (indicated by letters in brackets) are located in the Appendix from Page 11.

In A below, the numbers refer to the following:

84	The raw score given to the Issue / Opportunity by the workshop participants. It is arrived at by adding the totals from the individual session headings (the dot vote scores).
3.4	The average of the Current Performance figures by the workshop participants. During the workshop the participants were asked to indicate the Current Performance of how well each Issue / Opportunity is being addressed.

Workshop	The particular workshop the heading came from:
	   − **Nov 18** – workshop held on 21st November 2018
	   − **March 19** – workshop held on 19th March 2019
	   − **May 19** – workshop held on 8th May 2019

A	Lack of awareness of what Adelaide PHN does	84	3.4	
		Importance	**Performance**	**W'shop**
•	Lack of understanding of what Adelaide PHN does by grass root GPs (A)	46	*2.9*	Nov 18
•	Greater understanding of Adelaide PHN functions and capacity (D)	20	*3.4*	March 19
•	Lack of awareness of what Adelaide PHN does (A)	18	*4.0*	May 19

B	**Lack of communication and trust between Adelaide PHN and general practice**	88	3.6	
		Importance	**Performance**	**W'shop**
•	Lack of confidence and trust (B)	32	*3.6*	Nov 18
•	Adelaide PHN and general practice communication (G)	20	*4.2*	Nov 18
•	Lack of collaboration to achieve a common goal (A)	18	*3.0*	March 19
•	Lack of communication between Adelaide PHN and general practices (F)	18	*3.4*	May 19

C	**Advocate, facilitate and prioritise for general practice needs**	64	3.3	
		Importance	**Performance**	**W'shop**
•	Advocacy and facilitation (H)	12	*3.6*	Nov 18
•	Federal and State government advocacy (I)	6	*3.1*	March 19
•	Prioritising funding for general practice (B)	46	*3.1*	May 19

D	**Use of technology and data for better outcomes**	48	3.6	
		Importance	**Performance**	**W'shop**
•	Advocating IT innovation (C)	30	*2.6*	Nov 18
•	Use of technology and data for better health outcomes (F)	18	*5.1*	March 19

E	Lack of collaboration and poor relationships between primary and acute	126	2.9	
		Importance	Performance	W'shop
•	Lack of collaboration between primary and secondary care (D)	68	*2.5*	Nov 18
•	Poor relationship between acute and primary care (E)	42	*2.7*	March 19
•	Poor communication between primary and acute including accountability (G)	16	*3.6*	May 19

F	Education, training and business support for GP practices	114	4.4	
		Importance	Performance	W'shop
•	Education and training (F)	28	*5.5*	Nov 18
•	Building workforce capacity (G)	16	*4.1*	March 19
•	Education and training for general practices (D)	42	*4.2*	May 19
•	General practice business support (E)	28	*3.5*	May 19

G	Disruption for innovation and improvement	62	2.3	
		Importance	Performance	W'shop
•	Disruption and innovation (E)	52	*2.6*	Nov 18
•	Sharing success stories for improvement (B)	10	*1.8*	March 19

| H	Difficulty accessing mental health services and other specialised services	98	3.5	
		Importance	Performance	W'shop
•	Difficulty in accessing quality mental health services (C)	40	*3.4*	March 19
•	Access to specific services (H)	10	*4.2*	March 19
•	Unclear mental health pathways and long waits (C)	30	*4.0*	May 19
•	Funding for specialised services (H)	18	*2.6*	May 19

4.2   Critical Issues and Opportunities Charts - Consolidated

### Hierarchy of Issues / Opportunities - Overall
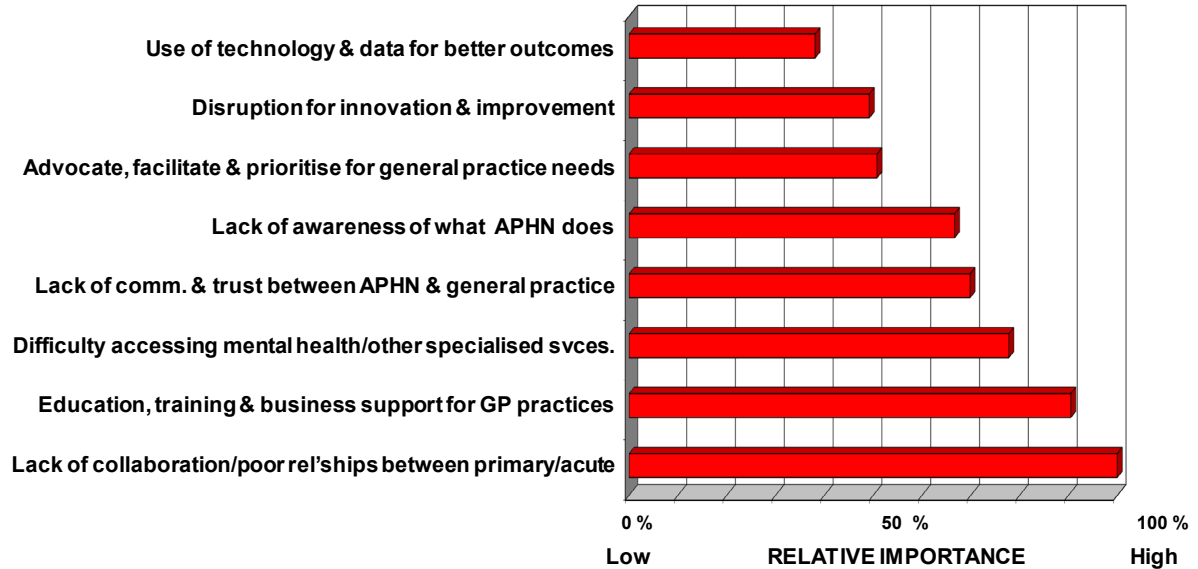
The most important Issue / Opportunity is set to 100% and the remaining expressed relative to the most important. As can be seen in the above chart the most important Issue / Opportunity is 'Lack of collaboration / poor relationships between primary and acute'.

Issues / Opportunities Performance - Overall
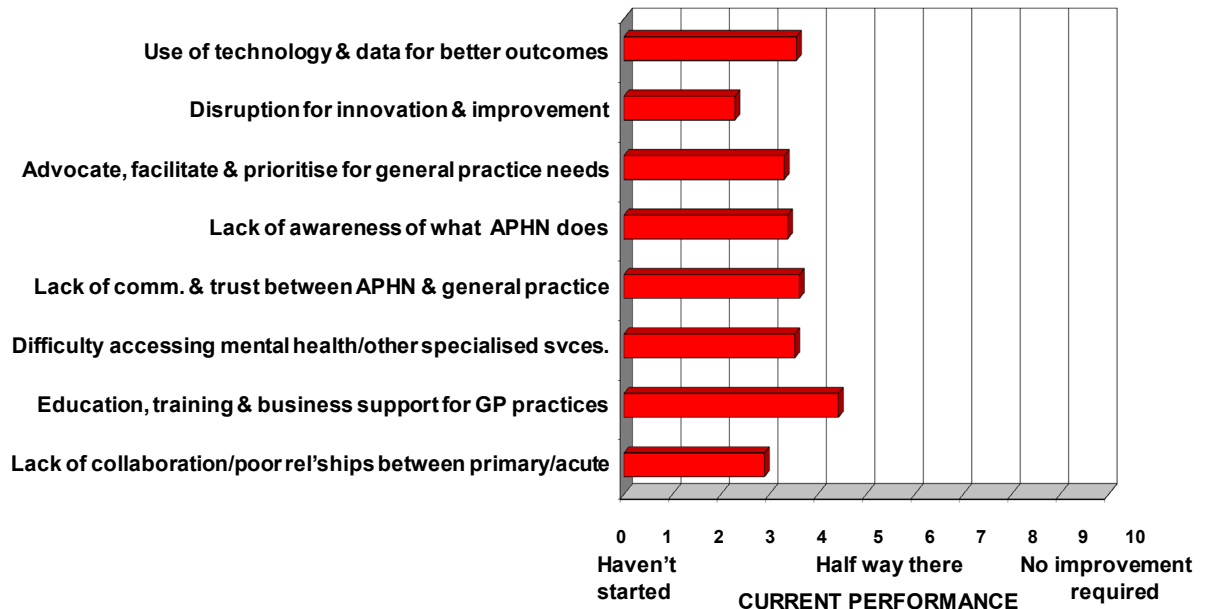
One of the OptionFinder® votes was Current Performance, where the Participants were asked to indicate the Current Performance of how well each Issue / Opportunity is being addressed. The consolidated outcome is shown in the above Chart

Issues / Opportunities Pareto - Overall
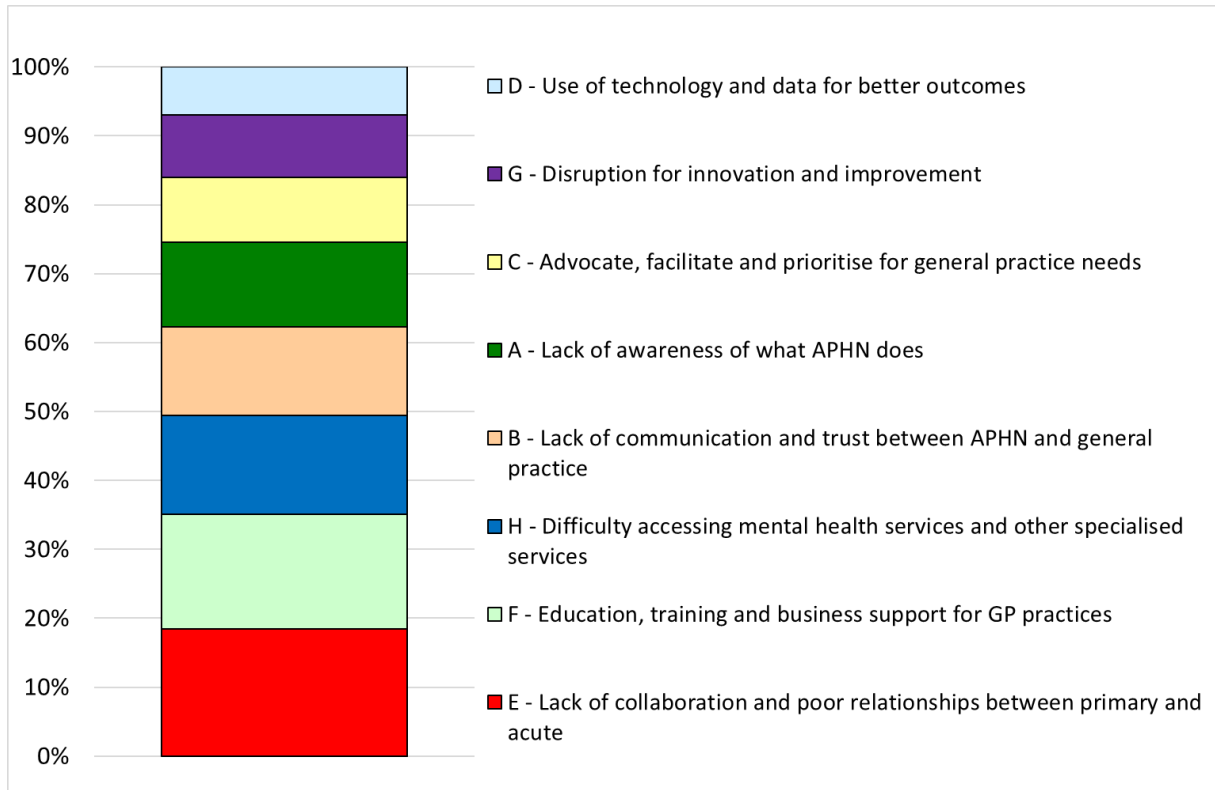
The Pareto Chart is calculated by adding together the scores for all Issues / Opportunities and then expressing each as a percentage of the total. It helps to identify the few Issues / Opportunities that constitute the majority of the weight of importance.

The above consolidated Pareto chart shows that approximately 75% of the total weight is coming from five Issues and Opportunities:

- *E – Lack of collaboration and poor relationships between primary and acute;*
- *F – Education, training and business support for GP practices;*
- *H – Difficulty accessing mental health services and other specialised services;*
- *B – Lack of communication and trust between APHN and general practice and*
- *A – Lack of awareness of what APHN does.*

4.3   Issues and Opportunities Charts - Consolidated

These tables form the basis of the Charts which are to be found on the preceding pages.

In the table below *'Lack of collaboration and poor relationships between primary and acute''* received a raw score of 126, making it the highest scoring Issue/ Opportunity and the most important. The top scoring Issue/ Opportunity is set to 100% and the remaining items expressed relative to that in terms of importance.

		Raw Score
E	Lack of collaboration and poor relationships between primary and acute	126
F	Education, training and business support for GP practices	114
H	Difficulty accessing mental health services and other specialised services	98
B	Lack of communication and trust between APHN and general practice	88
A	Lack of awareness of what APHN does	84
C	Advocate, facilitate and prioritise for general practice needs	64
G	Disruption for innovation and improvement	62
D	Use of technology and data for better outcomes	48
	Total	**684**

The Pareto Columns in the table below show the impact of each Issue/ Opportunity as a percentage of the total.

		Normalise	Perf.	Pareto	
				%	Cum%
E	Lack of collaboration and poor relationships between primary and acute	100	2.9	18%	18%
F	Education, training and business support for GP practices	90	4.4	17%	35%
H	Difficulty accessing mental health services and other specialised services	78	3.5	14%	49%
B	Lack of communication and trust between APHN and general practice	70	3.6	13%	62%
A	Lack of awareness of what APHN does	67	3.4	12%	75%
C	Advocate, facilitate and prioritise for general practice needs	51	3.3	9%	84%
G	Disruption for innovation and improvement	49	2.3	9%	93%
D	Use of technology and data for better outcomes	38	3.6	7%	100%

*The Pareto figures have been rounded to the nearest whole number

APPENDIX A – Affinity Diagrams

Following are the affinity diagrams from the three GP Roundtable workshops.

Workshop 1 – 21st November 2018

Participants individually brainstormed the Issues and Opportunities involved in reaching a successful and productive working relationship between Adelaide PHN and GPs, for better health outcomes. They then selected up to 6 of the most important, transcribing them onto white Stikki notes (one Issue / Opportunity per sticker). The Stikkis were then placed on a wall in theme sets, and the group developed headings for each of the sets. The affinity diagram method of combining and synthesising associated ideas was used to identify the Issues and Opportunities as follows:

A   Lack of understanding of what Adelaide PHN does by grass roots GPs
- Put GPs first and foremost in primary care
- Decisions are too high level – need decisions for support immediately
- Relevance – what is the value add
- Small amount of funding for general practice support
- The need for PHN to show true **value** to GPs: financial; clinical
- Flexible fund for general practice to help support with immediate problems **quickly**
- GPs have lack of understanding of what Adelaide PHN actually is / does
- History → (Divisions; Medicare Locals; PHNs) → This was GP money
- What Adelaide PHN do?
- GP's perceptions about whether Adelaide PHN is useful or can be useful
- The fact that most GPs haven't a clue about your services
- Unhappy / territorial. GPs from previous Divisions, Medicare Locals
- Poor understanding of services provided by Adelaide PHN

B   Lack of confidence and trust
- Foster respect and trust, such that data can be shared for patient benefit
- Creating a trustworthy relationship between PHN and GPs
- Willingness to work with others – trust!
- Developing trust in Adelaide PHN to enable better interaction
- Confidence and trust
- Confidence and trust in Adelaide PHN
- Government programs cycle – they come and go; starting and stopping programs can be damaging

C   Advocating for I.T. innovation
- Safe scripts make it happen!
- Polypharmacy – I'care is the ideal place to monitor and limit polypharmacy
- Digital prescribing
- Help with clinical software, letter templates
- Support practice admin and nurses

D   Lack of collaboration between primary and secondary care
- Primary care ED: many ED; presentations could be rapidly managed in l'care setting
- The need for a **common vision** for primary and secondary care stakeholders
- The need for a more integrated and better connected primary and secondary care interface
- Medicine vs. compliance
- Lack of access to services especially in public sector (for patients)
- Communication with: Adelaide PHN – GP; GP – Adelaide PHN; GP – Hospital – GP
- Community services and delivery
- Red tape
- Poor communication and lack of consistent practices between state and federal government and non-government organisations
- Integrated care models between GPs and tertiary centres
- Timely response to GP's questions about services provided
- Improving patient care (?)
- Complicated referral process to access services provided
- Timely access to services provided by Adelaide PHN for patients
- Interdisciplinary involvement priority → a. dentist; b. pharmacist; c. other allied health

E   Disruption and innovation
- Set 'WIGS' – Wildly Important Goals: Define; Fund; Nurture; Measure
- Think outside the square…address issues like employment and housing and education that impact on health. The social determinants of health
- Disruption: ability to explore doing things differently
- Willingness to be challenged and able to change (learn)
- Carefully selecting projects that are relevant to general practice
- Lack of clear vision for what general practice should become
- New models of care / different funding models
- Focus on patient outcomes not practice outcomes
- Need for all citizens to be registered with only one GP or general practice at a time
- GPs fear of accountability
- Critical thinking in primary care
- Many private GP practices lack vision and/or innovation
- Future of Health Care Home
- Phase out fee for service – new models of care that encourage integration and collaboration

F   Education and training
- Clinical skills → examination
- Mentoring stations (experienced GPs support others less)
- Targeted education for GPs and patients
- Provision of quality CPD provided in local areas with GPs only to enable networking
- Ease of access to training provided by Adelaide PHN for clinician

G **PHN and GP communication**
- Closer communication with GPs – **grassroots**
- Clear communication: → language; ↔ pathways
- Communication – poor at getting message out
- Achieving direct communication with GPs (rather than just with practices)
- Engagement with RACGP, AMA and SA Health
- Improve engagement with GPs and PHN
- Collaborative planning for support to GPs
- Survey all GPs - what they want
- Developing personal relationships with GPs to enhance shared goals

H **Advocacy and facilitation**
- PHN to grab opportunity to help Shine SA to not close two centres
- Post natal mental health – I'care is able to help this significant problem
- Encourage, support and advocate for GP continuity of care (aged care and elsewhere)
- Patient centred care to improve outcomes

Workshop 2 – 19th March 2019

A *Lack of collaboration to achieve a common goal*
- Willingness of GPs to work as a team - with others to contribute to a common goal
- Establish network opportunities for practice managers
- Inter relationship with other GP bodies e.g. RACGP, AMA CGP
- Good relationship, easy access to Adelaide PHN
- Communication between PHC – workers and PHN staff / programs / services
- Increased communication
- GP engagement
- Improved communication between GPs and allied health
- Trust in: people; good things can be achieved; the process

B *Sharing success stories for improvement*
- Defining GP champions – success stories – patient outcomes
- Positivity – we only communicate negatives!
- Innovation
- Help GPs with disruption and change in industry
- Rolling out HealthPathways and increasing it's awareness

C *Difficulty in accessing quality mental health services*
- Difficulty in accessing quality mental health care
- Access to timely and quality mental health clinicians
- Difficulty in accessing urgent mental health care (youth) men
- Better system to access psychiatrist for our mental health patients
- Preventive mental health strategies and programs

D   *Greater understanding of PHN functions and capacity*

- Ensuring sustainability and quality of programs offered
- Inability to quickly to respond to market changes
- Lack of funding for support of GPs
- Reasonable expectations. Do you know what we do? What we can't do and why?
- Understanding exactly what Adelaide PHN is responsible for
- Awareness to all the doctors about services available from / by Adelaide PHN
- Clarity about Adelaide PHN programs
- Education about Adelaide PHN initiatives and ways Adelaide PHN can help GPs
- Workshops for GPs in regard to available resources from Adelaide PHN
- Egos, politics, agendas, legacies (Divisions, MZ's) etc
- Lack of understanding of what Adelaide PHN does / capacity
- Adelaide PHN role definition
- Communication about Adelaide PHN activities at GP level face to face
- Governance / transparency
- Increase transparency
- Lack of understanding of services provided
- Lack of understanding of what Adelaide PHN does
- Communication – tell us what you want!
- GPs need to be acknowledged and responded to

E   *Poor relationship between acute and primary care*

- Lack of advocacy (dealing with SALHN) (need a GP Liaison Officer!)
- Multimorbidity polypharmacy especially with tertiary care hand and over to GP
- Co-ordinate regular feedback and liaison with GP practices and SALHN
- Lack of collaboration between primary and secondary care
- Collaboration between primary and secondary care
- Report cards for general practices on SA Health hospital utilisation (admissions / ED / OPD)
- Lack of engagement between hospital (SA Health and Private) and general practice
- Feeling services are unevenly distributed

F   *Use of technology and data for better health outcomes*
- Previously a computer technician could visit the practice and look at the practice data and analyse areas that would need improvement in patient care / outcomes
- Transparency relating to PHN use of practice level data
- Improve in technical support such as software backup systems
- Practices linked with data base of the patient demographics and disease burden in the area
- Awareness of unmet health care needs in the community
- IT support – using practice data to improve patient outcomes

G   *Building workforce capacity*

- Training to practice staff – to improve their ability to handle difficult patients Improve their confidence especially the new younger staff
- Commissioned GP nurse training which supports Team Based Care in chronic disease management
- Medical Practice Assistant training scholarships for practice staff

H   *Access to specific services*
- Aboriginal health - improve access and follow up; most of them don't keep up with regular follow up
- Access to community for chronic disease self-management programs
- Facilitating GPs to focus more on preventative health

I   *Federal and state government advocacy*
- Advocacy for GPs with State / Federal Government
- Increased funding in chronic disease management
- Advocacy regarding social determinants of health

Workshop 3 – 8th May 2019

A **_Lack of awareness of what Adelaide PHN does_**
- Better understanding of Adelaide PHN functions
- Understanding the roles of personnel at Adelaide PHN
- Awareness of the programs that can be accessed by GP (South)
- Engaging with GPs, so know what PHN does or can do
- Lack of knowledge / awareness by GPs / Practices of PHN services and how they can assist practices and our patients
- Governance, trust, data issues
- Complaints not passed up the line nor responses received
- Follow through: PHN was promising to make interpreted letter for NESB patients for appointment notification at refugee forum and we **never** received presentations of lectures / education events as promised
- Appropriate referral pathways (South)

B **_Prioritising funding for General Practice_**
- PHN funding diverts $ from Medicare and therefore reduces the effectiveness in which GPs can perform their roles. We are outsourcing general practice to allied health but patients are seeing **us** for their care and we are ultimately responsible Increase remuneration to untie our hands
- Help with funding to make radiology and specialists more affordable
- Telehealth to access specialist care
- Referral system for specialists – public / private
- Promote general practice – State and Federal Government advocacy
- Address GP needs
- Needs of GPs
- Vision, direction, benefits to GPs
- Abolish "innovative" café / restaurant drop in clinics please and Health Care Homes. Cannot trust the government diverting funds from Medicare when we need direct $ support for GPs. Research opportunity to show increase Medicare funding decrease hospitalisations currently underfunded
- GPs feeling PHN funding and focus is not prioritising general practice
- Funded pharmacy support
- Case workers, transport assistance, remind patients to attend GP appointments and specialists appointments particularly for elderly, mentally ill patients and NESB patients. This costs the system paying for lost appointments and interpreting services

C **_Unclear mental health pathways and long waits_**
- Improve access to mental health services
- Urgent psychiatry appointments
- A clearer pathway for mental health appointments
- More allied health support e.g. mental health
- Quick access to GP / PASA (adolescent psych) (south)
- Access to commissioned services can be difficult due to long waiting times
- Perinatal mental health support (South)
- Support or program for increase suicide risk patients (southern)
- Programs frequently changing names / parameters / eligibility

D   Education and training for GP practices

- Why aren't education sessions recorded for reviewing online webinars? They would be good resources for review learning, sharing, especially when we can't attend
- Education and training for GPs
- Face to face visits at the practices MUST include GPs possibly practice owners as well as nurses / practice managers
- General education across the board (nurses, receptionists)
- Support for practices with changes e.g. new PIP funding and requirements
- GP practices would like to look to Adelaide PHN for help with staff training
- General support for GPs
- Regular personal contact at the practice i.e. attendance at practice meetings

E   GP practice business support

- Assistance would be appreciated with writing legal documents
- Level of support and access
- Lack of practice structures and processes support e.g. training, mentoring
- Link together some practices to work as a "buddy practice" - mentor each other
- Respect and acknowledgement of all ideas / suggestions
- Providing education around business support / ensuring viability of GP
- Engagements – Adelaide PHN needs to visit all GP practices and drug RGPs
- Need more GPs so they don't burn out
- Support practice on business management issues in medical centres
- Assistance recruiting doctors
- Debriefing support for GPs / PNs / admin especially those dealing with Mental Health "keep the practices healthy"

F   Lack of communication between APHN and General Practices

- Communication
- Lack of communication
- Communication could be improved
- Communication needs to improve between GP Practices and Adelaide PHN
- Frequent change in GP liaison staff
- Communication – a secure email service like HealthLink. Front line not passing feedback up the line
- Very poor follow through e.g. promised phone calls or contacts don't eventuate; no-one ever checks that email address
- Lack of technical knowledge and access to specific services

G *Poor communication between primary and acute (include accountability)*
- Improving communication between A&E and GP (direct phone line for GPs / same day faxed information re: A&E attendance)
- Improve cooperation and communication between primary and acute care
- Multidisciplinary input for all discharges. If the pharmacist can not explain why a patient is on a blood thinner and for how long, then it is because of consultant oversight. Patients cannot be discharged to fail at home without support when elderly, mentally unwell
- Co-operation GP, PHN, hospitals
- Lack of notification of closure of services and then how can we know where to refer patients to which hospital. Conspiracy, trust, transparency about closure, cut services

H *Funding for specialised programs*
- Promote programs to improve chronic disease management
- Support for practice to develop systems around CDM i.e. ATSI / CTG health checks and reg
- GP support services aimed at lowest common denominator
- Support for families with children especially in ASD / GDD
- Manpower constraints within the services – closing the gap; GP PASA