

Adelaide PHN GP Round Table Summary Report March 2019

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1. Introduction

On the 19th March 2019 Adelaide Primary Health Network (PHN) hosted a Round Table Workshop to give Gps working in the Adelaide metropolitan region an opportunity to provide us feedback, specifically – what you want us to be doing to support general practice and how we can enhance the relationship between primary, acute and tertiary care.

This report documents the proceedings and outputs of the issues and opportunities workshop, facilitated by Brett Haly from Enzyme, held at Jarmer's Kitchen in Bowden.

2. Objectives

The Objectives of this workshop 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;
- Challenge the status quo and stimulate thinking;
- Identify and agree a set of next steps for success.

3. Participants

There were 8 participants from across the metropolitan region – 7 General Practitioners and 1 Practice Manager.

4. Issues and opportunities

4.1 Affinity Diagram

Participants individually brainstormed the Issues and Opportunities involved in reaching a successful and productive working relationship. 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 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 APHN
- 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 GP's with disruption and change in industry
- Rolling out health pathways 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) and 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 APHN is responsible for
- Awareness to all the doctors about services available from / by APHN
- Clarity about APHN programs
- Education about APHN initiatives and ways APHN can help GPs
- Workshops for GPs in regard to available resources from APHN
- Egos, politics, agendas, legacies (Divisions, ML's) etc
- Lack of understanding of what APHN does / capacity
- APHN role definition
- Communication about APHN activities at GP level face to face
- Governance / transparency

- Increase transparency
- Lack of understanding of services provided
- Lack of understanding of what APHN 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

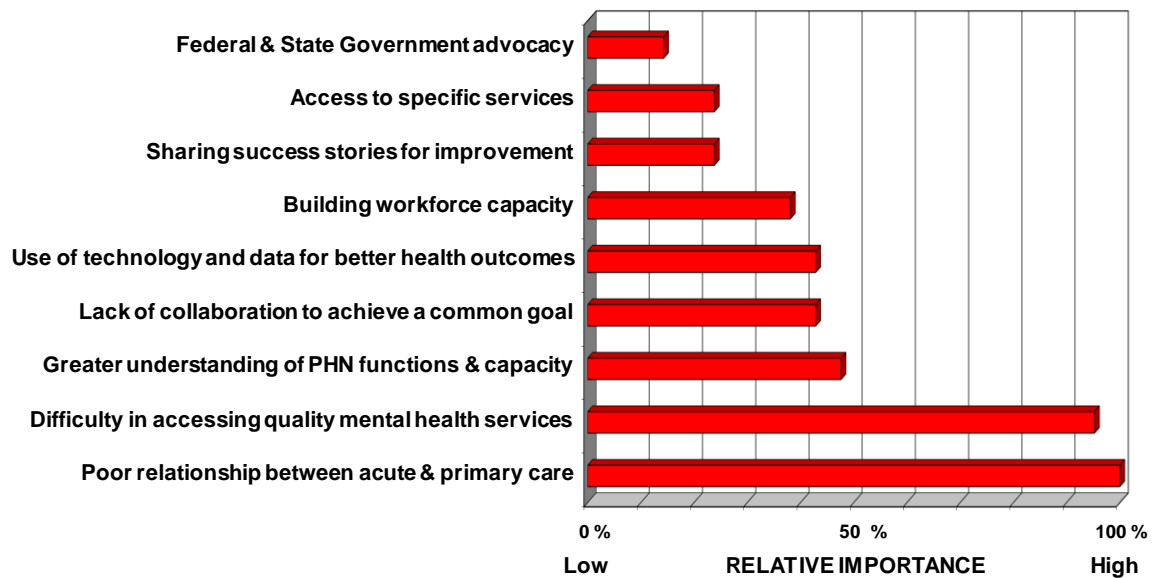
I. Federal and state government advocacy

- Advocacy for GP's with State / Federal Government
- Increased funding in chronic disease management
- Advocacy regarding social determinants of health

4.2 Critical Issues and Opportunities

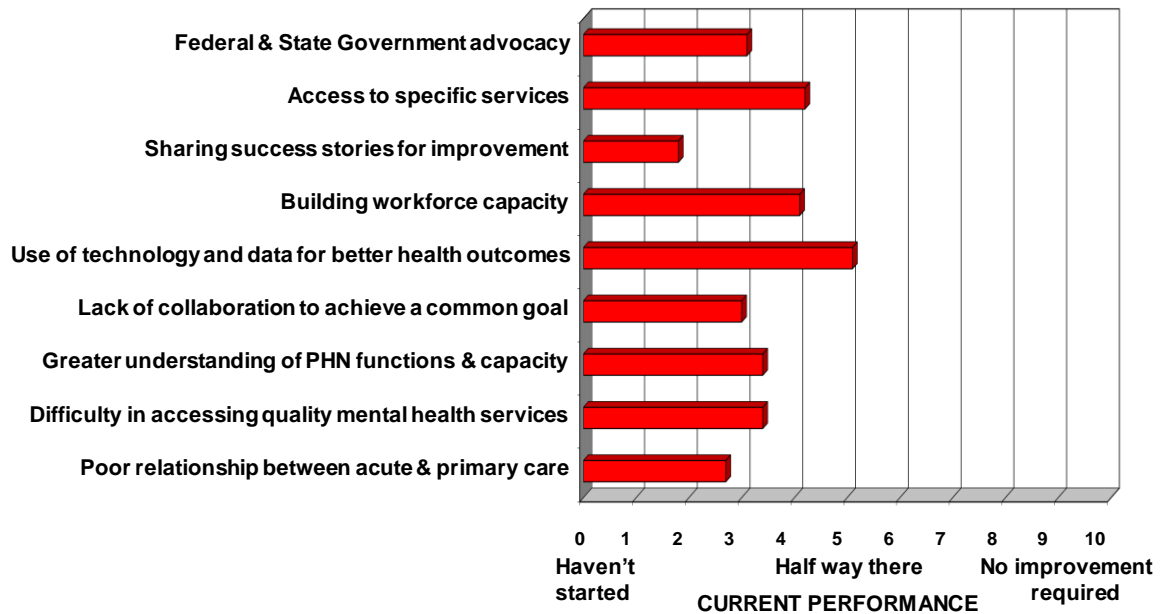
5.4 Critical Issues and Opportunities Charts

Hierarchy of Issues / Opportunities

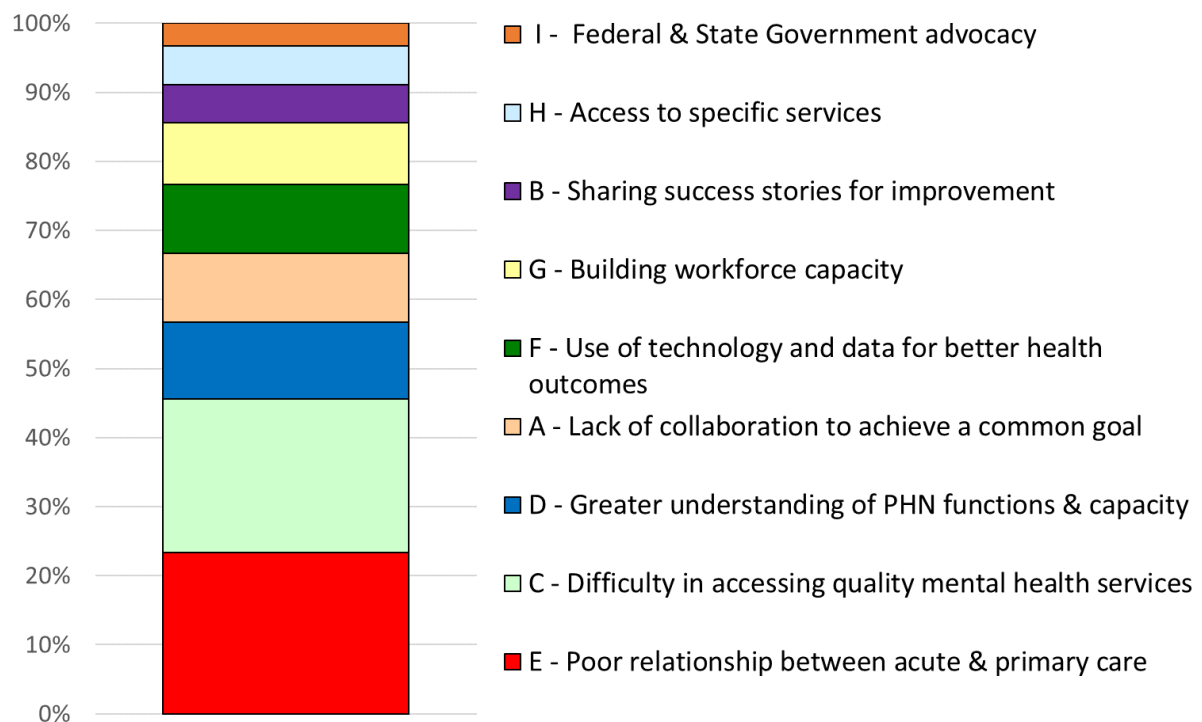


The most important Issue / Opportunity is set to 100% and the remaining expressed relative to the most important. As can be seen in the above chart the most important Issue / Opportunity is 'Poor relationship between acute and primary care'.

Issues / Opportunities Performance



Issues / Opportunities Pareto



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 Pareto chart shows that approximately 55% of the total weight is coming from three Issues and Opportunities:

- *E – Poor relationship between acute and primary care;*
- *C – Difficulty accessing quality mental health services and*
- *D – Greater understanding of PHN functions and capacity.*