

Adelaide PHN

GP / Hospital Consultant Workshop Summary Report

SALHN
October 2019

1 Introduction

On the 15th October 2019 Adelaide Primary Health Network (PHN) hosted a workshop to give SALHN, GPs and Hospital Consultants working in the Adelaide metropolitan region an opportunity to provide us feedback, specifically – what do 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 held at Noarlunga GP Plus Building and facilitated by Brett Haly from Enzyme.

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;
- Identify and agree a set of next steps for success.

3 Participants

There were 11 participants from across the southern metropolitan region – 6 General Practitioners and 5 Hospital Consultants.

4 Issues and Opportunities

4.1 Affinity Diagram

Participants individually brainstormed the Issues and Opportunities involved in reaching a successful and productive working relationship between Adelaide PHN, SALHN and GPs / Hospital Consultants, 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 Patient centred care

- Patient care should be focussed
- Define what 'better health outcomes' are. What do we want?
- Honesty from political stakeholders re: standard of care that **can** be provided

B Lack of two way communication between all parties

- Communication remains a problem. Why are we still faxing? Why wait four weeks to type letter?
- Lack of communication.
- Discharge summaries not arriving in a timely manner.
- Increasing direct / verbal communication.
- Lack of GP representation at MDT's and clinical case meeting.
- Respectful and appropriate feedback for inadequate referrals (not just a brick wall – long wait).
- Appropriate, accurate and timely clinical handover. On the day of discharge or prior to discharge if planned.
- Hotline number – speciality specific for GPs to be able to call upon.
- Barriers to hospital consultant advice (always directed to SHV / REG).
- Lack of open communication / unwillingness of hospital doctors to identify themselves or give adequate contact details or own their responsibility.
- GP Integration Unit to be activated.

C Collaborative education for all parties

- Local education for GPs from local SALHN staff.
- Educating junior doctors **early** in their career.
- Participation in GP education sessions.
- Knowledge of ability and desires of individual practices and GPs.

D Conflicting priorities / realistic goals

- Mismatch of goals. Patient wants to get better. SALHN wants to minimise clinics consultants wait to see patients.
- Timeline for delivery of projects must be realistic.
- Avoid implementing small parts of too many over ambitious projects.
- Give new strategies time to prove themselves (i.e. stop changing strategies every 5 minutes).
- Good change management, properly supported and realistic.
- Those making decisions are often removed from actual patient care and fail to understand difficulties.
- 'Death' by committee – good ideas and not delivered.

E Lack of understanding of APHN role

- APHN role is unclear.
- Set up a Southern Adelaide PHN.
- Lack of representative body for General Practice.
- Lack of understanding of role, use of Adelaide PHN, some related ego issues.
- Poor understanding of roles.
- Too many organisations.

F Shared IT solutions

- Software needs to be linked to Medical Director, EPAS / Sunrise.
- GP access to DACIS / Sunrise (read only).
- Use currently available tech / electronic communication better.
- Access to PMC / SAHLN results / documents for GPs – OACIS or similar.

- Timeliness and high **quality** communication. Single (electronic) platform for GPs and Hospital Health Care Providers.
- Secure electronic messaging between GPs and Hospital.
- Secure digital communication.
- SALHN website to be kept up to date.
- Communication in and out of hospital common IT system.
- EMR is a disaster.

G Clear transparent referral process

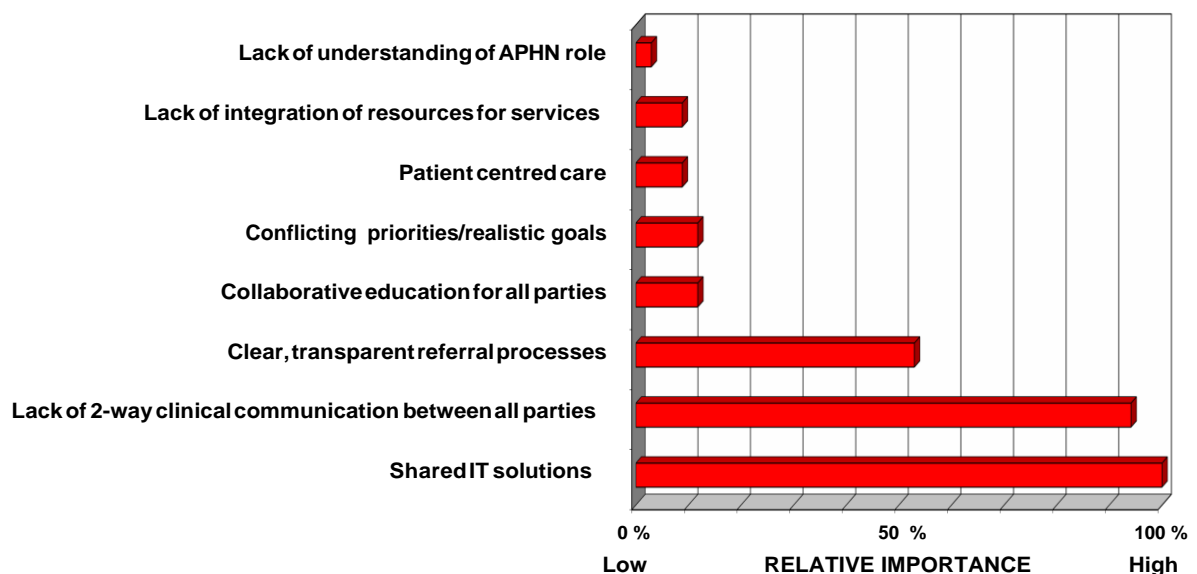
- Lack of clarity of what public hospital outpatients should and should not provide.
- Creating a transparent referral process where pathways are well defined and roadblocks are removed.
- Poor referral system.
- Improving referrals. What does clinic **need** vs. What does GP need to **tell** them.
- Lack of clear pathway and decision support e.g. e-referral.
- Too many clerical bits of paperwork.
- Too many complex protocols at SA Health – keep things simple.
- Swamping of outpatient service - ‘low value’ referrals.
- Public / private conflict of interest or misunderstanding.
- Long waiting periods for public referrals.

H Lack of integration of resources for services

- Funding issues for General Practices.
- Primary Care funding is lacking.
- Integration of resources between primary care and secondary / tertiary care.
- Closer working relationships between groups, single employer, realistic meeting, some banner e.g. AMA, colleges, education.

4.2 Critical Issues and Opportunities Charts

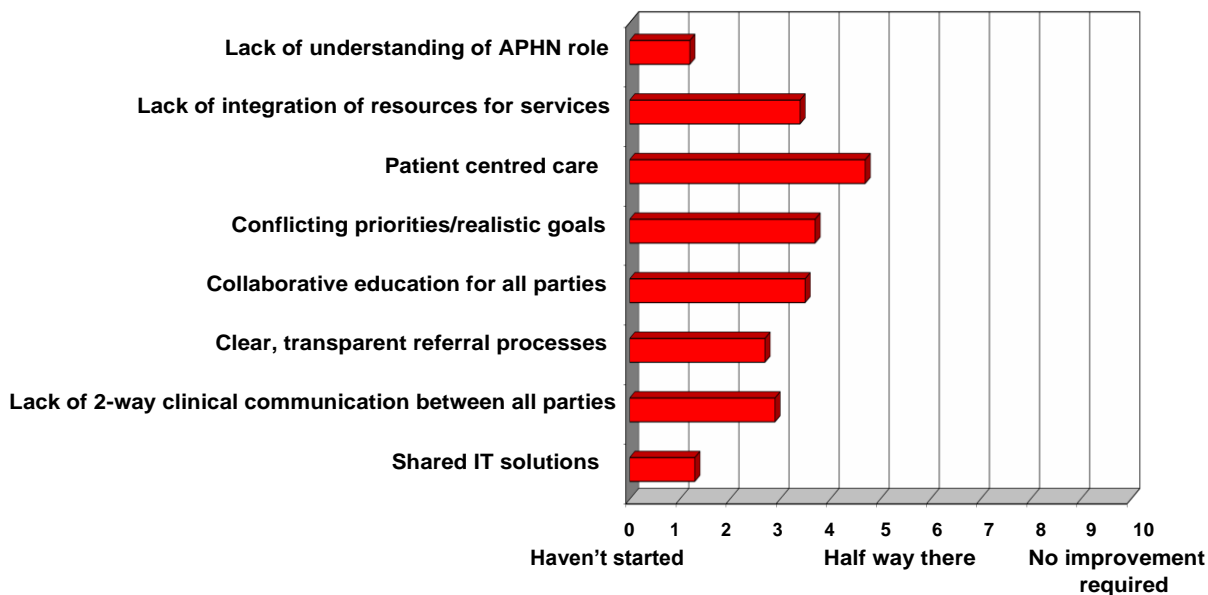
Hierarchy of Issues / Opportunities



The most important Issue / Opportunity is set to 100% and the remaining expressed

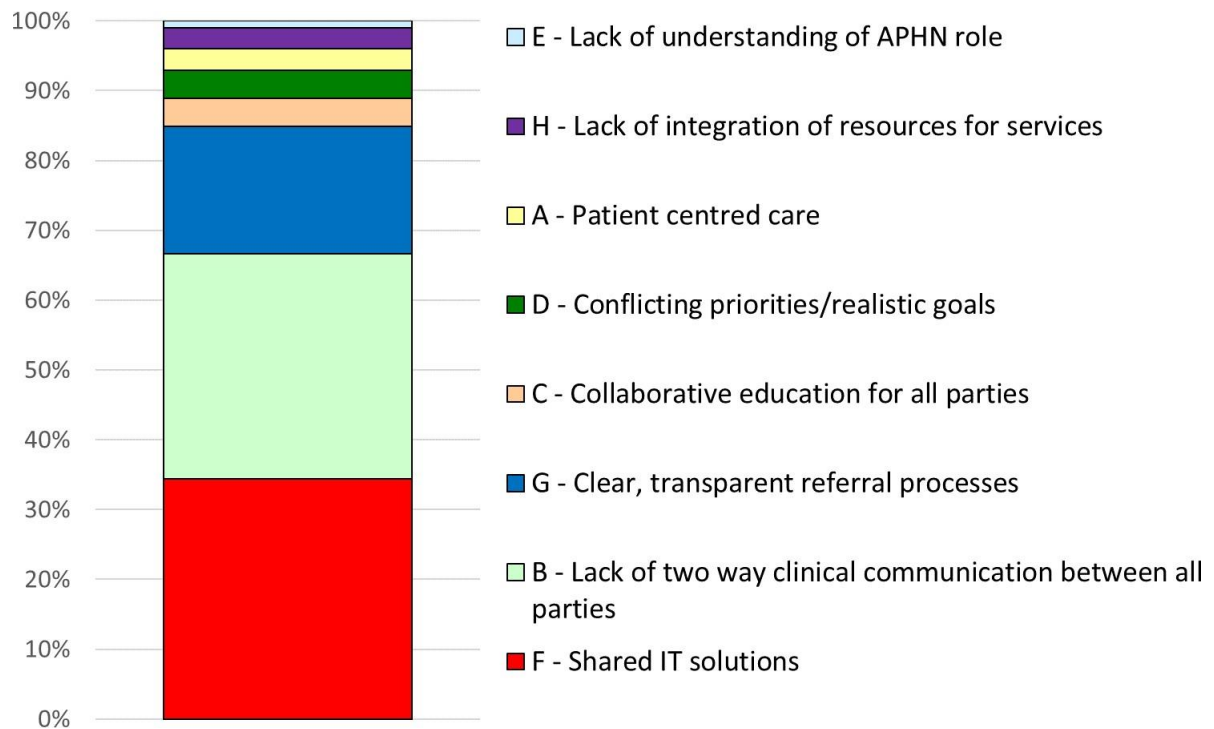
relative to the most important. As can be seen in the above chart the most important Issue / Opportunity is 'Shared IT solutions'.

Issues / Opportunities Performance



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 outcome is shown in the above Chart.

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 85% of the total weight is coming from three Issues and Opportunities:

- F – Shared IT solutions
- B – Lack of two way clinical communication between all parties
- G – Clear, transparent referral processes.