

Adelaide PHN GP Round Table Summary Report 21 November 2018

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1. Introduction

On 21 November 2018 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 16 participants from across the central, southern and northern metropolitan region – 14 general practitioners.

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 four to five of the most important, transcribing them onto white sticky notes (one issue/opportunity per sticker). The sticky notes 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 does 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 PHN actually is/does
- History → (Divisions; Medicare Locals; PHNs) → This was GP money
- What Adelaide PHN does?
- GPs' 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 – integrated 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 integrated 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 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

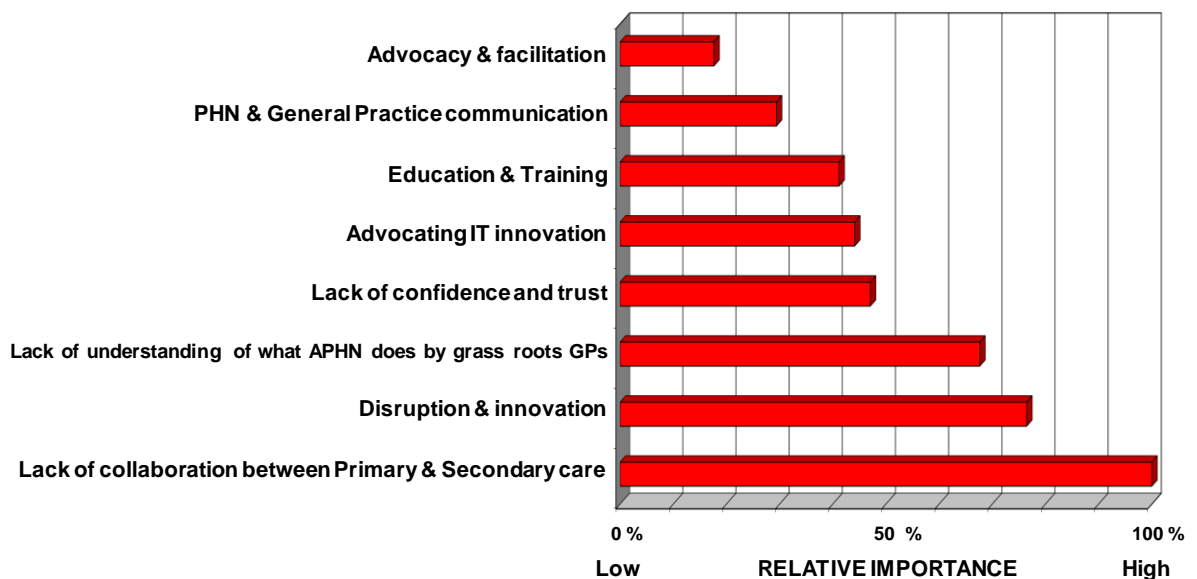
- Closer communication with GPs – grassroots
- Clear communication: → language; ↔ pathways
- Communication – poor at getting message out
- Achieving direct communication with GPs (rather than just with practices)
- Engagement with RACGP, AMA and SA Health
- Improve engagement with GPs and PHN
- Collaborative 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 – integrated 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

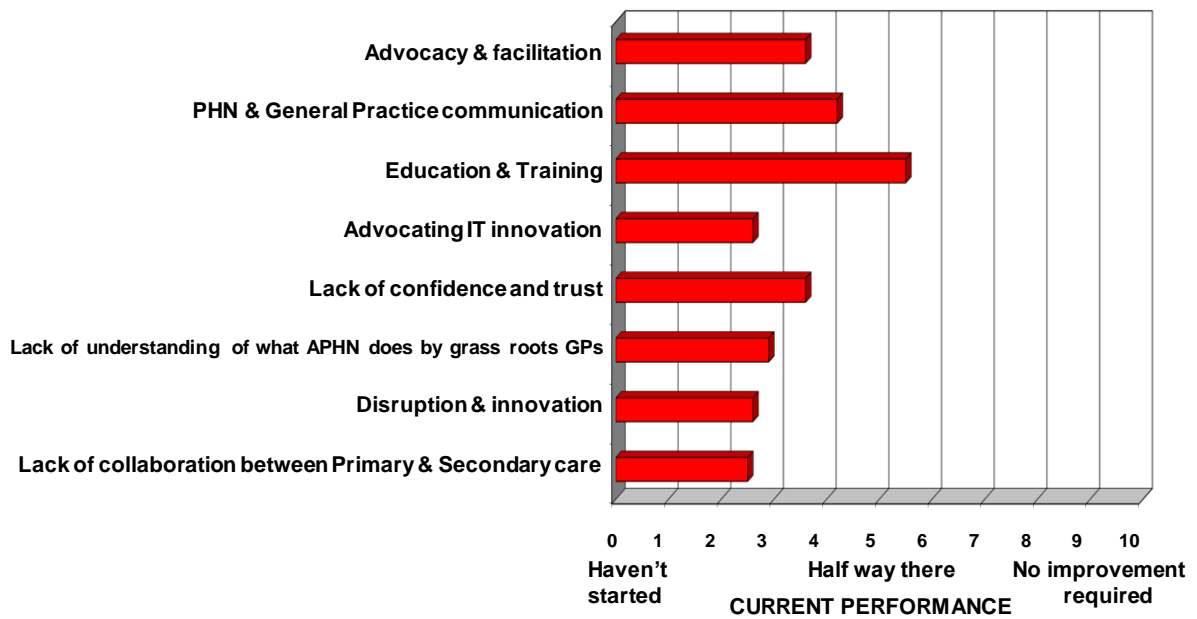
4.2 Critical Issues and Opportunities Charts

Hierarchy of Issues / Opportunities

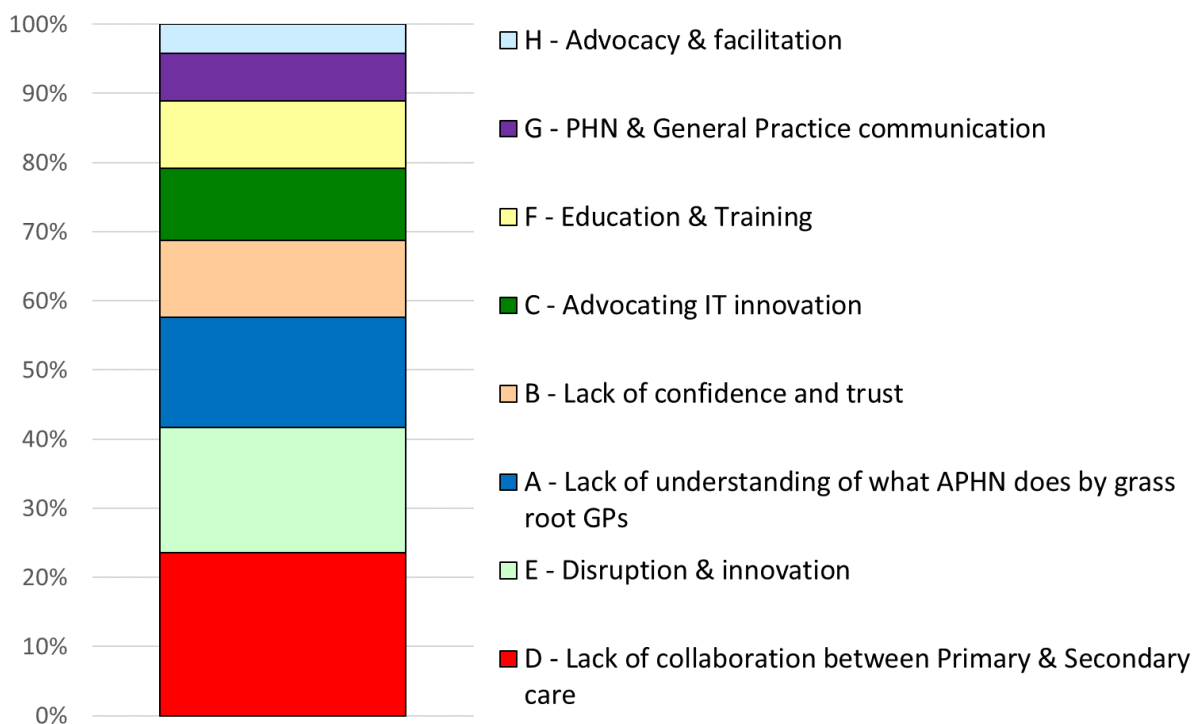


The most important issue/opportunity is set to 100% and the remaining expressed relative to the most important. As can be seen in the above chart the most important issue/opportunity is 'lack of collaboration between primary and secondary care'.

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 60% of the total weight is coming from three issues and opportunities:

- *D – Lack of collaboration between primary and secondary care;*
- *E – Disruption and innovation;*
- *A – Lack of understanding of what Adelaide PHN does by grass root GPs*