

# **Adelaide PHN GP Round Table Summary Report May 2019**

## 1 Introduction

On the 8<sup>th</sup> May 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 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 The Precinct Conference Centre 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;
- Challenge the status quo and stimulate thinking;
- Identify and agree a set of next steps for success.

## 3 Participants

There were 12 participants from across the metropolitan region – 8 General Practitioners and 4 Practice/Business Managers.

## 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 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 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 RGP's
- 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 general 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)***

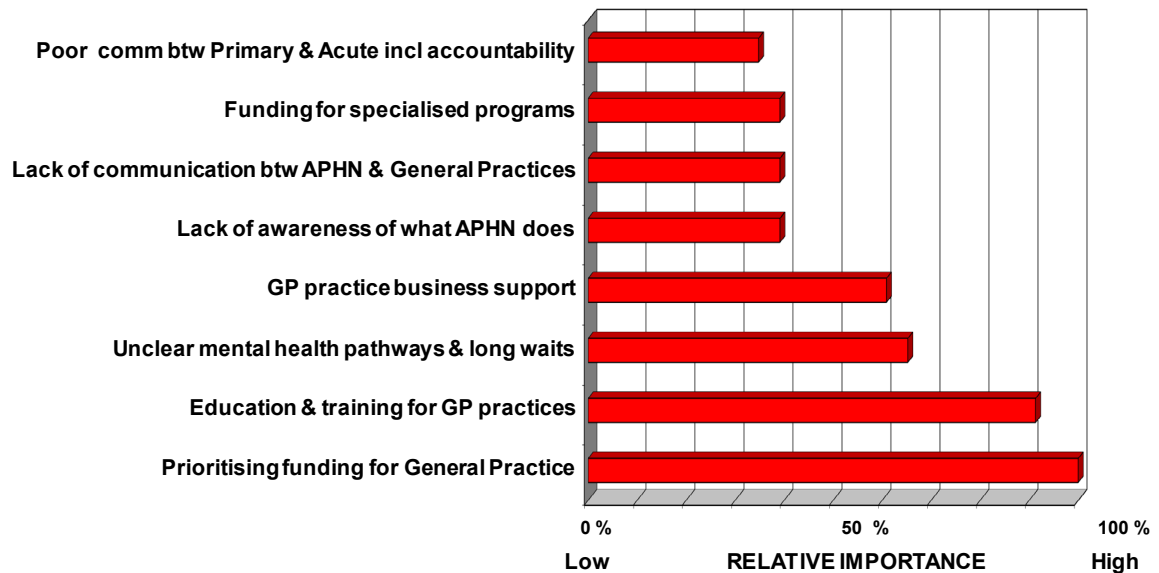
- Improving communication between A&E and GP (direct phone line for GPs / same day faxed information re: A&E attendance)
- Improve cooperation and communication between Primary and Acute Care
- Multidisciplinary input for all discharges. If the pharmacist cannot explain why a patient is on a blood thinner 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

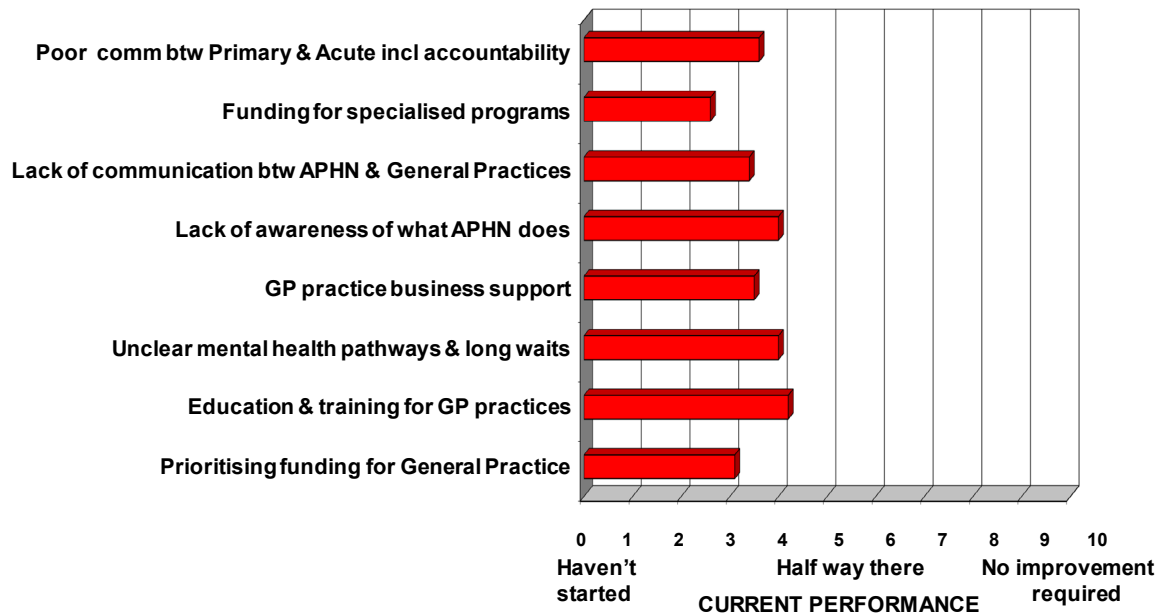
## 4.2 Critical Issues and Opportunities Charts

### *Hierarchy of Issues / Opportunities*



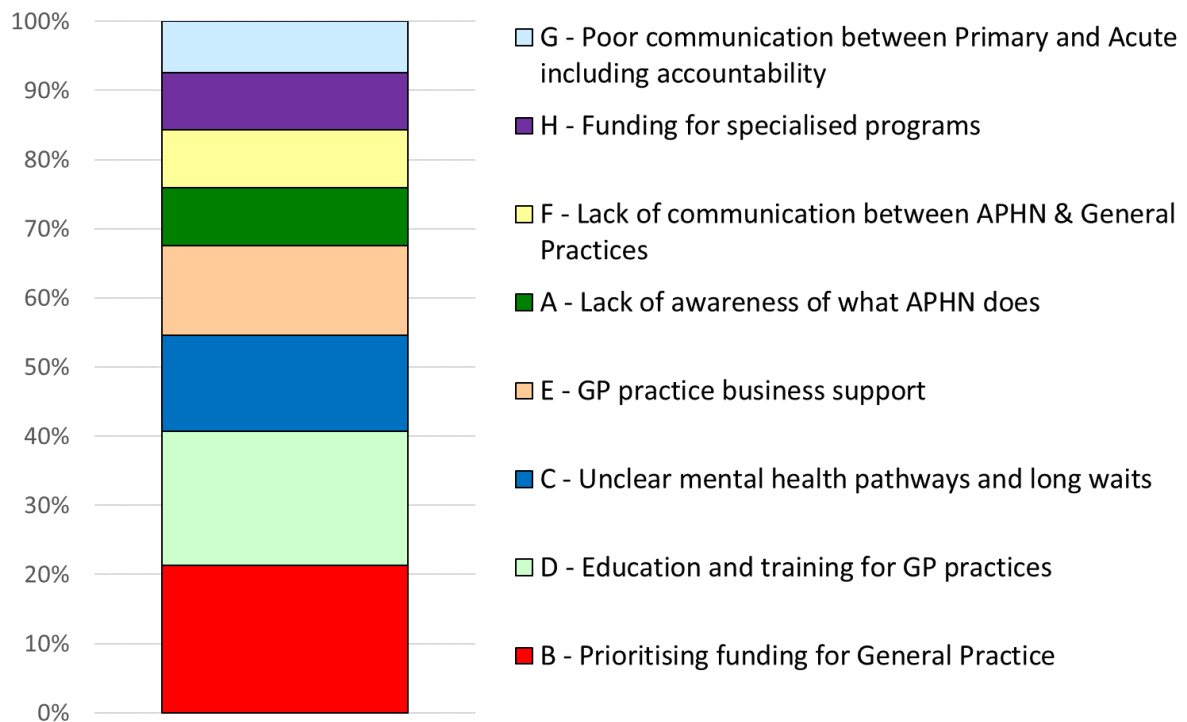
The most important Issue / Opportunity is set to 100% and the remaining expressed relative to the most important. As can be seen in the above chart the most important Issue / Opportunity is 'Prioritising funding for General Practice'.

### *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 approximately 70% of the total weight is coming from four Issues and Opportunities:*

- *B – Prioritising funding for General Practice;*
- *D – Education and training for GP practices;*
- *C – Unclear mental health pathways and long waits and*
- *E – GP practice business support.*