

GP Connect

Keeping GPs informed in the changing primary health landscape



12 December 2019

GP feedback critical to Outpatient Reform Program

Preliminary feedback from WA Health on the 2018 Survey

Late in 2018, the System Clinical Support and Innovation (SCSI) Unit – Department of Health, partnered with WA Primary Health Alliance to undertake a survey regarding the experience of GPs when they interact with public hospital outpatient services and the Central Referral Service (CRS).

The survey findings have provided rich feedback from the GP community to advise key areas of concern and pressure points related to interacting with outpatient services. This has been used as a reference point for work in progress and will continue to inform future works as part of the system-led Outpatient Reform Program (OPR).

As projects within OPR are defined and progressed, additional feedback will be sought from primary care to improve the collaborative work between the primary and tertiary arms of the health system.

The purpose of the survey was to determine:

- Factors that influence a GPs decision to refer to public specialist outpatient services
- Current level of GP understanding regarding referral management processes, and feedback about the existing referral templates
- Current level of GP understanding regarding the Central Referral Service (CRS) and its functions, and suggestions for desired improvements/enhancements
- Desired level of feedback and follow-up from outpatient services.

Key feedback and action:

- More than 170 GPs responded to the survey
- Key findings from the survey are being used to inform and focus work under the remit of the (OPR).

OPR ultimately aims to improve access to outpatient services for those patients who require specialist care within the public sector.

The program will be delivered in a phased approach. Phase one work underway that relates to feedback provided in the survey includes:

- Improving system data quality – that will support the system being able to provide more meaningful information sharing with patients and clinicians.
- Development of a patient application (App) to allow patients being to manage their appointment information electronically.
- Implementation of recommendations to improve the effectiveness and efficiency of the CRS – including preliminary scoping to understand how CRS can improve electronic communication and referral management.

Phase two work will include developing clear referral criteria for specialties across the system – enhancing information available for GPs at the point of referral. This information will be linked to HealthPathways where appropriate and developed in consultation with relevant stakeholders from WAPHA, primary care and Health Service Providers.

SCSI would like to convey their sincere thanks to all GPs and referrers who responded to the survey. More detailed feedback from the survey and on the OPR is progressing with the Department of Health Communications team and will be available soon.

GP Hospital Liason Updates

Referrals for Outpatient Appointments at PCH

In the past, some referrers have been sending referrals to individual departments via fax or email.

From 10 December 2019, all non-urgent referrals will go to CRS (as usual) and urgent referrals should be directed to the Perth Children's Hospital (PCH) Referral Office.

Urgent referrals must always be discussed with the PCH Consultant/Register on call before the referral is sent. The name of the doctor contacted should be recorded on the referral. Each referral is to be faxed individually to the PCH Referral Office on 6456 0097 or emailed to pch.referrals@health.wa.gov.au

Further information regarding referrals is on the PCH website under Health Professionals page and the GP Liaison tab available on the [PCH website](#).

Dr Maree Creighton
Hospital Liaison GP, Perth Children's Hospital
maree.creighton@health.wa.gov.au
Available: Tuesday 9am-12pm and Wednesday 12pm-5pm

RGH Respiratory Requests

The Rockingham General Hospital (RGH) Respiratory Department can accept most respiratory requests, however if GPs suspect a Lung Cancer diagnosis, the most appropriate request would be to the [Fiona Stanley Hospital Fast Track Lung Cancer Clinic](#).

GPs can refer patients directly to RGH for pulmonary rehabilitation. Please refer to the [Respiratory Requests Pulmonary Rehabilitation South Metro HealthPathway](#) for inclusion/exclusion criteria and the referral form.

Dr Simone Stubbs
HLGP Rockingham General hospital
simone.stubbs@health.wa.gov.au
Available Thursdays

FSH virtual immunology clinic to reduce wait times

A new model for providing specialist immunology advice for suitable patients referred to immunology at Fiona Stanley Hospital (FSH) will be piloted in 2020.

After triaging of referrals sent via CRS, selected patients will be offered a phone consultation with an immunology consultant at an appointed time (Monday to Friday mornings). Initial assessment, investigation and management will be provided and a follow-up appointment arranged three weeks later.

On this occasion the patient will have been asked to make a longer appointment with the referring GP. A video call using smart phone, tablet or computer webcam made through secure channels will allow review and an ongoing management plan to be formulated by the consultant and GP in the presence of the patient.

It is anticipated that this process will replace a physical outpatient clinic attendance in most cases and markedly reduce the time a patient would normally wait for an appointment. No change to usual GP referral practices will be required. Feedback will be sought from referrers and patients who engage in this new model of outpatient access.

Dr Monica Lacey
Hospital Liaison GP, FS & FHG
monica.lacey@health.wa.gov.au
Available: Monday and Thursday

Clinical Updates

Paper based payments for National Bowel Cancer Screening Program ceased

Following the November 2019 transition of the National Bowel Cancer Screening Register to the National Cancer Screening Register, in 2020, payments for paper-based Program forms will conclude. GPs can continue to submit Program forms until this time and will receive further information on functionality of the new register and administrative arrangements in the coming months. Updates and information about these changes are available [NCSR website](#) or by calling 1800 118 868.

Initial intake and referral procedure for primary mental health services

The Commonwealth has issued guidance to Primary Health Networks (PHNs) that requires the establishment of processes to ensure patients referred to commissioned services have a standardised initial assessment to support treatment choices. See the [National Guidance Initial Assessment and Referral for Mental Healthcare](#) for more information.

Rather than devolve this responsibility to referrers, many already fully occupied managing existing workloads, WA Primary Health Alliance will collaborate with the sector to commission a new “measurement-based care” service. This will enable GPs to request a mental health assessment, formulation and recommendations, undertaken by an experienced clinician operating from a virtual clinic, and standardised according to the national guidance recommendations.

The new service will establish integrated workflows with commissioned providers, so will also be able to act on referral options with GP authorisation, ensuring that not only is the initial assessment provided in a timely manner, but referrals are similarly managed.

The national guidance identifies eight domains that should be covered when conducting an initial assessment to determine next steps in the referral and treatment process. The eight domains fall into two categories:

1. Primary Assessment Domains (1 to 4):

These cover Risk of Harm, Symptoms and Distress, Functioning and Impact of Co-existing Conditions. Primary Assessment Domains represent the basic areas for initial assessment that have direct implications for decisions about assignment to a level of care.

2. Contextual Domains (5 to 8):

These cover Treatment and Recovery History, Social and Environmental Stressors, Family and Other Supports, and Engagement/ Motivation. Assessment on these domains provides essential context to moderate decisions indicated by the primary domains.

Core processes, documentation and associated information management will be designed with GPs to meet general practice requirements, including compatibility with practice software, MHCP and My Health Record. Processes will also be enabled to ensure those GPs who prefer to undertake the assessment themselves and directly refer to services can do so without the need to use the “central gateway”.



More details can be found in the [WAPHA Mental Health Activity Work Plans 2019-2020](#) (see Priority Area 7: Stepped Care MH1.10a-1.03b).

WA Primary Health Alliance has prepared a detailed project plan to guide the development of the IAR model for Western Australia over the next two years, including project governance and resourcing, work program, timelines and milestones. Effective engagement with GPs and other stakeholders is core to the plan, as critically important to the success of this initiative. To discuss this project further please email Dr Daniel Rock daniel.rock@wapha.org.au

Better Health, Together – Chronic Heart Failure

In this month's [Better Health, together video](#), WA Primary Health Alliance CEO, Learne Durrington sits down with Dr Norman Swan from the ABC Health Report to talk about our increasing focus on improving care for people living with chronic heart failure.

Contribute to system improvements at SCGH

WA Primary Health Alliance is currently seeking a forward thinking, innovative GP for the Hospital Liaison GP position located at Sir Charles Gardiner Hospital (SCGH). The ideal candidate will be currently practicing within the SCGH catchment area and have a keen interest in facilitating cross sector integration and coordination of care between the hospital, community and general practice. For more information visit www.wapha.org.au/about-us/careers/