

Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Royal Australian College of General Practitioners
6. Location	<input type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input checked="" type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input type="checkbox"/> Other, please specify _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

26 September 2018

Ms Robyn Kruk AM
Chair, Sustainable Health Review Panel
C/- Sustainable Health Review Secretariat
189 Royal Street
EAST PERTH, WA 6004

Dear Robyn

Sustainable Health Review – Response to the Interim Report

Further to our original submission to the Sustainable Health Review (the Review), we wish to provide a further submission in relation to the overall themes and preliminary directions outlined in the Interim Report. The Royal Australian College of General Practitioners (RACGP) thanks the Sustainable Health Review Panel for the opportunity to be involved in this process, including participation in Sustainable Health Review roundtable events.

Introduction

In our initial submission twelve months' ago, we identified five priority areas for consideration in the Review:

- Hospital - GP communication and referral
- Urgent care pathways
- Residential aged care – access to medical care
- Pre-vocational training (PGPPP)
- Forum for engagement with primary health stakeholders

We note that some of these have been picked up in the key points that emerged from the SHR Primary Health Roundtable; our second submission will continue to address some of the issues raised in Action 1, 2 and 3.

We continue to recommend the establishment of a regular Ministerial forum that includes key primary health stakeholders to provide advice and guidance to the Department of Health to inform the delivery of patient-centred, high quality and financially sustainable healthcare across the State.

Background

When we engage with GPs around Western Australia, they report being less concerned with health economics and expensive patients than for improvements for general practice and patient care.

At the core, GPs want medical professionals to make use of general practice in a meaningful way, and to be respected as equal participants in the delivery of quality health care.

Further to the Recommendations and Opportunities identified under 'Direction 7 – Create and support the right culture' in the Interim Report that appears to be tertiary-centric, we suggest that any system-wide cultural reform also needs to consider ways to improve engagement between the tertiary and primary health care systems with a view to improved patient safety and outcomes, and reduced duplication.

In line with Direction 7, RACGP proposes a set of implementable ideas that together will go a way to ensuring a generation of clinicians will better-understand general practice and consequently better-engage with GPs.

We propose a set of projects to 'put general practice first':

- Develop an 'Orientation to general practice' program delivered in hospitals by GPs to junior doctors
- Redesign the Central Referral Service
- Rethink the purpose and format of discharge summaries
- Reimagine the role of the Hospital Liaison GP
- Incorporate FRACGP specialist GPs into hospital outpatient departments

Develop an 'Orientation to general practice' program delivered in hospitals by GPs to junior doctors

One of the ideas that emerged from the Primary Health Roundtable was providing opportunities for junior doctors to gain first-hand experience in settings external to the hospital, whether that be general practice or other primary health settings. We agree with this concept.

A related idea, though, is to provide information/education about general practice to junior doctors where they already are – in the hospitals. We believe that there are topics about the health system that they need to know, such as: the scope of general practice, how health is funded, how patients transit through the health system. There are also clinical topics that could be provided to prepare junior doctors for placement in general practice and community settings, such as: common skin conditions, contraception, upper respiratory infections, paediatrics.

RACGP could be funded to develop, deliver and assess such a program in collaboration with, for example, Western Australian General Practice Education and Training (WAGPET). There is an existing pool of GP medical educators who could deliver the content.

Redesign the Central Referral Service

Action 1 arising from the Primary Health Roundtable was to ‘Establish appropriate and effective transfer of care arrangements between GPs and Hospitals’. We support the recommendation to prioritise funding and attention to “b) facilitate electronic referrals”.

GPs often feel the need to ‘work around the system’ to ensure patients referred to hospital-based services can be seen in a timely manner. Others would like to see a consistent pathway to ensure that the need for a referral is warranted before sending in a patient, such as exists at the Midland Physician Service (MPS). At the MPS each referral is assessed by a consultant or senior registrar and where possible, advice is given to the GP to manage the patient out of hospital. A feedback loop for cases that could have been managed in general practice would assist with identifying professional development for GPs.

GPs should be consulted directly about ways to improve the Central Referral Service.

Rethinking the purpose of discharge summaries

For the reasons outlined in our previous submission, it is essential that a patient’s GP receive their hospital discharge information in a timely manner to maintain continuity of care between the acute presentation in the hands of a physician and the ongoing care with a GP. Clear and succinct discharge summaries will reduce the chances of readmission.

Discharge summaries are trying to do too many things at once, including documenting the patient’s history, identifying information for the purpose of coding, and providing a handover statement.

GP’s want clear information that is timely, relevant, and consistent across the system. As key recipients of this communication, GPs need to be consulted about ways to improve discharge summaries.

Incorporate FRACGP specialist GPs into hospital outpatient departments

Primary care should participate in determining how patients can be navigated back to general practice. A starting point for demonstrating a commitment to continuity of care would be to incorporate FRACGP specialist GPs into hospital outpatient departments.

Reimagine the role of the Hospital Liaison GP

The model of Hospital Liaison GPs (HLGPs) is inadequate. These positions are underfunded, under resourced and HLGPs are in no way the voice of general practice.



RACGP

Royal Australian College of General Practitioners

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It is our view that the capacity of HLGPs should be enhanced to improve the understanding of the central role of general practice in a patient's journey, and to improve integration with the primary care sector.

We recommend that the Department of Health work with HLGPs and the RACGP to reimagine the role of HLGPs in the health system.

Thank you for considering our submission. If you would like to discuss any of the above matters further, please contact us care of the RACGP WA State Manager, Mr Hamish Milne on 08 9489 9555 or [REDACTED]

We look forward to working with the government to help shape the future of the health system in Western Australia.

Yours sincerely

Dr Timothy Koh
Chair, RACGP WA

Dr Sean Stevens
Deputy Chair, RACGP WA