



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Relationships between General Practitioners and Community Health Services

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Aim

To encourage effective relationships between General Practice and the Community Health sector that lead to better health outcomes for patients.

Principles

- Collaborative working relationships are in the interests of both General Practice and the Community Health sector in providing the most effective primary health care
- Effective relationships are based on factors such as clear and appropriate role definition, agreed working practices and mutual understanding of skills.

Background

General Practice and community health services (CHS) share a common goal of providing community based primary health care that promotes health and well being as well as treating illness.

Historically there are many differences in organisation, remuneration, tradition and culture between the two sectors. For example, patient rebates for GP consultations are funded federally through Medicare; community health services are mostly "free" at the point of delivery and have been the responsibility of State governments for the last 20 years.

While there have always been many examples of good relationships between GPs and CHS, particularly in areas such as child and family health, the differences in culture and organisation

have not encouraged effective coordination. This has been compounded by a lack of effective policy initiatives to promote coordination from the Commonwealth or State Health Departments or Area/Regional health services.

Particular problems have included lack of accepted protocols for referral between the two sectors; lack of shared and up to date information about local health priorities, available services and practitioners; lack of mutually agreed definition of roles and guidelines for effective working relationships; lack of training for GPs in adopting a community health focus and lack of financial remuneration for GP involvement in local health services.

Nature and Scope of Community health services and General Practice

CHS at present employ at least 23,578 staff within 4,684 centres/services. At least \$1.2 billion is spent by State governments across Australia on community health services. While occasions of service data are incomplete, at least 20.1 million occasions of service were delivered in 1992/3.¹

CHS consist mostly of multidisciplinary teams and salaried health professionals. Core services cover health promotion, early identification and intervention, and assessment and care of health problems. Particular services include home nursing, mental health, health promotion, screening of school children, maternal and child health, counselling for social and emotional problems, drug and alcohol services, services for aged and disabled people, palliative care, sexual health, services for non English speaking people and community development.

Health professionals employed include nurses, social workers, psychologists, physiotherapists, occupational therapists, podiatrists, speech pathologists, nutritionists, health promotion officers, ethnic health workers, drug and alcohol workers and community development officers. Some services employ doctors but they are a small component of the overall sector.

There are 17,360 vocationally recognised GPs in Australia. Medicare spends approximately \$2 billion per year on payments to patients for GP services. Changes in General Practice in the last 15 years include:

- the recognition of the RACGP Training Program as providing the vocational training for General Practice
- the recognition of General Practice as a distinct discipline
- the recognition of the RACGP's program of Quality Assurance and Continuing Education;
- the establishment of undergraduate departments of General Practice
- the formation of Divisions of General Practice which assist GPs to work together on a geographically defined basis
- the development of Entry Standards for general practices
- the establishment by the Commonwealth government of the General Practice Evaluation Program.²

Current trends

Both General Practice and community health services have been affected by similar trends in relation to:

- Specialisation of medicine and health programs
- A changing role of hospitals including "hospital in the home" programs and greater reliance on community based care
- Growing complexity and fragmentation of community based health and social services.

Such trends potentially undermine integration and continuity of care. Both sectors are also affected by demographic changes, such as the ageing of the population, and increase in chronic illness. In the light of such factors greater coordination will be necessary to achieve better health outcomes.

Both General Practice and the Community Health sector wish to improve community based service coordination, communication between community based services and hospitals and continuity of care. This coincides with government concern to obtain better value for money in health services and to orient health care to patient needs in a more responsive and coordinated way.³ The current Coordinated Care trials involve both sectors in their attempt to model and evaluate improved service coordination.

The RACGP is exploring strategies to improve collaboration with CHS. Examples include Commonwealth funded projects involving both the RACGP and the Australian Community Health Association (ACHA) to explore factors which facilitate and those which hinder collaboration between Divisions of General Practice; and assistance being given to some Divisions to develop resource directories.

Position of the RACGP

- The RACGP wishes to promote effective linkages between General Practice and community health services in order to promote a cohesive community based health sector that will provide high quality and cost effective care.

Recommended Role for Individual GPs

- That GPs explore locally appropriate strategies to promote coordination with community health services. Divisions of General Practice provide opportunity to implement such strategies for a defined geographic area.

Strategies

The RACGP will:

- continue to collaborate with the ACHA concerning strategies, including different service arrangements such as the models being piloted in the Coordinated Care trials, which meet mutual needs and promote coordination
- advocate for a national primary health care strategy to promote a more integrated community based health sector with effective links to social support services
- participate in the development of appropriate role definitions of community health practitioners such as nurse practitioners or women's health nurses to facilitate collaborative working relationships
- promote the use of resource directories of GPs, local community health staff and other services suitable for Divisions of General Practice
- advocate for implementation of agreed guidelines by State health authorities, local health services and GPs to promote referral and information exchange between General Practice and community health services. Strategies for improved data communication concerning shared clients include use of a shared core data base, appropriate coding of the presenting problem and the use of information technologies
- promote research exploring effective methods of collaboration between GP and CHS
- advocate for agreed protocols to ensure protection of consumers's rights to privacy about health information while enabling community based health personnel to obtain access to shared information when needed
- encourage consistency between standards adopted by the RACGP and the ACHA Community Health Accreditation Standards Program (CHASP)
- promote training programs for both GP registrars and for Community Health staff which foster a common understanding of primary health care principles, complementary roles and the ability to work effectively in a team.

References

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3. Commonwealth Department of Human Services and Health . Health and Community Services: Meeting People's Needs Better. Discussion paper. 1995.

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