About this document

This statement is the Queensland Divisions Network’s vision for the role of Divisions of General Practice in primary health care in Queensland. It includes an outline of the current and future role of Divisions in developing and implementing primary health care services in Queensland, as well as some suggestions for advancing the Queensland primary health care reform agenda.

The Queensland Divisions Network supports the vision of a reformed, well planned and integrated Queensland primary health care system - a system that is based on collaborative partnerships and provides coordination of care services to meet the needs of individuals and local communities.

The purpose of this paper is to stimulate discussion across the Queensland Divisions Network about the role that Divisions have, and should have, in primary health care in Queensland. The principles of this paper will assist in the development of meaningful partnerships with primary health care stakeholders and government investors in primary health care in Queensland.

The statement is structured into six sections as follows:

1. What is the Queensland Divisions Network?
2. What does the Queensland Divisions Network mean by primary health care?
3. Which principles should underpin a reformed QLD primary health care system?
4. What is the Queensland Divisions Network’s vision for primary health care in Queensland?
6. Appendix: Strategic influences on the primary health care policy environment.

This document builds on the Australia Divisions of General Practice (ADGP) Primary health care (PHC) position statement, and the Queensland Divisions Network Position Statement on The Role of General Practice in Primary health care.

The Queensland Divisions Network acknowledges that the Queensland primary health care system is part of a dynamic and rapidly changing health and community services environment. The Queensland Divisions Network seeks to realise a vision for primary health care service delivery that meets Queenslanders’ ongoing primary health care needs in an adaptable and sustainable manner.

Section 1: What is the General Practice Queensland Network?

The Queensland Divisions Network is a unique and well established primary health care infrastructure with the potential to provide improved health care solutions for Queensland. The Network comprises General Practice Queensland (General Practice Queensland) as the State Based Organisation, together with 18 Divisions of General Practice. This network links over 3,000 GPs, 1,300 General Practices, 1,420 practice nurses as well as other practice staff and allied health providers across Queensland.

At the National level, Divisions have proven to be an effective mechanism to implement and manage new health initiatives. Divisions play a key role in influencing and leading change in the primary health care sector and have led the coordination and implementation of programs such as Nursing in General Practice.

---

1. Australian Divisions of General Practice 2005. Primary health care Position Statement
2. Queensland Divisions Network October 2005
Practice, Immunisation, Lifescipts: the lifestyle prescriptions initiative, the Better Outcomes in Mental Health Care initiative, the Aged Care GP Panels Initiative, Chronic Disease Management initiatives and the Rural Palliative Care initiative.

In Queensland, Divisions of General Practice are implementing a number of programs that pool federal and state funds and/or integrate programs for better coordination and more efficient and responsive local service delivery. This approach facilitates the development of innovative health care solutions that maximise resources through multidisciplinary models of care. With a cohesive network across the geographic diversity of Queensland, Divisions have the ability to engage with consumers and community organisations to understand and respond flexibly to the primary health care needs of local communities.

Section 2: What does the Queensland Divisions Network mean by primary health care?

Definitions

The following definition of primary health care, as outlined by The World Health Organisation (WHO) Alma Ata, was agreed to at the November 2004 Board Chairs Forum, and the February 2005 Queensland Divisions Forum, and is used throughout this paper.

Primary health care

Primary health care is the provision of essential health based on practical, scientific and socially acceptable methods and technology. It is made universally accessible to individuals and families in the community through their full participation and at an affordable cost to the community and country. PHC is the central function and main focus of the country’s health system and of the social and economic development of the community. It is the first contact of the individual, family and the community with the national health system, bringing health care as close as possible to where people live and work, and constituting the first element of a continuing health process.3

The Declaration incorporates an understanding that health is determined by issues of equity, access, acceptability, affordability, appropriateness, participation, prevention, intersectoral action and the availability of essential health care. In broad terms, the Declaration of Alma Ata incorporates an optimistic framework for primary health care particularly for people from the most disadvantaged communities.

Primary health care involves health promotion, illness prevention, and management of health issues over time. Primary health care emphasises working with individuals and communities to maintain and improve their health and wellbeing. An efficient and effective general practice sector is essential for the success of primary health care.

To meet the challenges of the future, the Queensland Divisions Network recognises the need to be clear about the role of Divisions in maintaining and improving individuals’ and communities’ health outcomes. Queensland Divisions also acknowledge the importance of engaging others in discussions about possible models of primary health care, based on what is known now, and what we can plausibly anticipate.

Section 3: Which principles should underpin Queensland’s primary health care system?

The Queensland Divisions Network supports the objective of developing an integrated primary health care system which, through well governed collaborative partnerships, provides appropriate multidisciplinary care to individuals and communities according to their needs.

The Queensland Divisions’ Network suggests that the key principles underlying integrated primary health care include, but are not limited to:

- Access to timely and coordinated care across service delivery settings.
- A focus on prevention, early detection and intervention, including increased self-management and personal responsibility for health, within a holistic view of health and wellbeing.
- General practice based multi-disciplinary and inter-organisational teams of health service providers with a focus on managing and preventing chronic disease, especially those significantly affecting Queenslanders.
- A partnership approach to integrated service provision which includes clear governance structures and role definitions.
- Balanced investment that can utilize funding from multiple sources to integrate and coordinate services from various sectors.
- Appropriate infrastructure such as facilities to house multidisciplinary teams and IM/IT systems provision and support.
- A whole of government approach to investment in primary health care.

These principles highlight the importance of general practice, as well as allowing for access to or more formal partnerships with other health and community services as appropriate. Building on these principles, Divisions are ideally placed to further develop Queensland’s primary health care system because they:

- Offer a comprehensive infrastructure that supports and links general practice with the wider health system to provide integrated service delivery models at the State, Area Health Service and local level.
- Already have multiple linkages and collaborative partnerships with relevant primary health care services and providers.
- Are recognized for their commitment to sound governance structures (clinical and management) through the adoption of accreditation mechanisms and corporate governance structures. This results in a high level of community trust and accountability that is publicly defensible.
- Have a demonstrated record in successfully delivering effective and efficient health services, in partnership with key stakeholders that meet the needs of their communities through the provision of integrated service delivery.
- Are a proven and effective mechanism to implement and manage new health initiatives and influence change in the primary health care sector.
- Have the ability to hold and pool funds from multiple sources to ensure balanced investment in primary health care.
- Engage with consumers and community participants to understand, identify and facilitate the development of local health care solutions that maximize available resources.
- Understand the need for consistent, standardized data sets so that care needs are supported by accurate and reliable data.
- Can build on their current IM/IT support infrastructure and are actively working towards shared e-health records.

Section 4: What is the Queensland Divisions Network’s vision for Queensland’s primary health care system?

The Queensland Divisions Network supports primary health care as the focus for health care delivery with general practice based multidisciplinary teams as the key component of such care. Evidence

1 Such as and including type II diabetes, coronary heart disease, stroke, chronic obstructive pulmonary disease, asthma, renal disease and associated depression, including national priority areas.

2 Wagner E, Austin B and Von Korff M.1996 Organising Care for Patients with Chronic Illness. The Millbank Quarterly (74) 511-534

3 Sibbald B, Laurant M, Scott T. 2002 Changing Task Profiles in Saltman A, Rico A, and Boerma W(Eds) Primary Care in the Drivers Seat? Organisational Reform in European Primary Care
shows that team based approaches are of particular value in the management and prevention of chronic disease, and can assist with some of the health workforce issues that Queensland and the rest of Australia currently face.

The need for a shift in emphasis from hospital based and secondary care to primary health care is also increasingly recognized by the Commonwealth and State levels of government. The Queensland Government’s Health Action Plan, Queensland Strategy for Chronic Disease 2005 – 2015 and joint government initiatives such as the Australian Better Health Initiative (ABHI) all underline and support the role of multidisciplinary primary health care teams as a means of promoting and maintaining health and wellness.

General practice: A central role in integrated primary health care

Primary health care accentuates a more social model of care that recognises the broader factors (including social determinants) contributing to health status. Primary health care also emphasises the importance of delivering care in socially and culturally acceptable ways that place the consumer at the centre of service delivery.

The core values and roles of general practice are well aligned with, and central to the delivery of such care. As stated\(^6\) in the *Queensland Divisions Network Position Statement – The Role of General Practice in Primary health care in Queensland, October 2005*), general practice is the setting for:

- Forming long term, trusting, relationships with patients, families and communities to enable longitudinal, holistic care and patient partnership in treatment choices.
- Keeping the narrative of the person or family’s life.
- Clinically autonomous assessments, treatment, referral and care co-ordination functions, including to allied health and specialist services in keeping with relevant shared care and the primary health care ethos.
- Health promotion across the life continuum and across the health continuum.
- Primary prevention services (immunization, screening etc) as well as secondary prevention services, with a strong focus on lifestyle risk factors.

Importantly, general practice is often the first point of contact for a patient and their families with the primary health care system and the principal provider of medical advice to patients. The multidisciplinary approach of primary health care also means, however, that general practice needs to be supported to provide access to the wider primary health care team, both within and beyond the general practice setting. Access to the broader multidisciplinary team is especially important in circumstances in rural and remote communities, where people may not always have direct access to general practice. As well as GPs, other key players in the primary health care team include Practice Nurses, Practice Managers, Allied Health Professionals, Community Pharmacies, Community Health Services, Community Nursing Services, Aboriginal Health Workers, Aboriginal Community Controlled Health Services, Home and Community Care (HACC) and other related services.

Linking the various services and multidisciplinary team players together is central to the provision of Integrated Primary health care. This coordination role is critical, whether services and different members of the team are geographically close to each other, as may be the case in urban settings, or whether services and providers are dispersed, as may be the case in more rural and remote settings. Even when services are co-located, as they may be in the Health Precinct concept currently being developed in Queensland and other parts of Australia, service coordination will still be required to ensure that patients’ care is well coordinated and that service utilization is maximized, avoiding both duplication and gaps.

---


\(^{6}\) Queensland Divisions Network October 2005
The role of Divisions in primary health care – the vision

The Queensland Divisions Network supports the following vision statements for primary health care service delivery in Queensland. The arrangements for primary health care service delivery in any or all of these areas need to be determined locally, collaboratively, and in partnership between Divisions, GPs and other primary health care providers, both government and non-government.

Within a well planned and integrated Queensland primary health care system, Divisions could have the following roles:

Improving access to primary health care services:

- Enhancing general practice’s role as a principal point of contact with the primary health care system.
- Further developing the multidisciplinary, general practice-based team focus, with general practice as a recognised entry point to care and diagnosis.
- Collaborating with relevant stakeholders to enhance individual and community access to relevant and essential primary health care services and their necessary clinical and service delivery linkages.
- Supporting initiatives that further improve Aboriginal and Torres Strait Islander health. Initiatives will need to be informed by evidence that shows how they will lead to demonstrable improvements.

Partnering with other primary health care providers in service planning and development:

- Partnering with local primary health care patients/consumers and other stakeholders in community development activities to determine local priority primary health care needs.
- Developing financing, service delivery, and governance models to meet priority target groups’ primary health care needs.

Providing services directly:

- Divisions role as an alternative direct service provider, including managing Commonwealth and/or State Government service delivery contracts for defined populations or target groups.
- Developing flexible approaches that can be adapted to the varying needs and capacities of individuals, communities and localities that exist within Queensland.

Preferred provider of regional primary health care fundholding:

- Divisions acting as a regional primary health care fund holder including pooling state and federal dollars to develop and delivery services responsive to community needs.
- (Fundholding by Divisions already occurs in Australia through Programs such as More Allied Health Services (MAHS), Better Outcomes in Mental Health Care and the Aged Care GP Panels Initiative.)

Coordinating services:

- Facilitating primary health care service coordination and service integration across both primary health care (integration) and primary and secondary sectors (continuity), including through the utilisation of service coordinators.

Promoting and advocating change:

- Collaborating with other stakeholders in the development of a comprehensive approach to primary health care reform in Queensland (i.e., linking individual projects, programs or initiatives closely with existing, proposed, and related initiatives, at the Commonwealth and State levels).
• Advocating for clear and transparent governance, program administration, and contract management arrangements for primary health care services.
• Driving local primary health care agendas, including community development and community engagement to determine community priority areas.
• Managing new initiatives/new models (as lead agency, as partner, as a member of a consortium – the models will be flexible and driven by local arrangements.)

Facilitating population health initiatives:

• Advocating for and managing population health initiatives that promote the health and wellbeing of the community.
• Development of systematic approaches to primary and secondary prevention through the establishment of practice based systems including recall-reminder systems, disease registers, evidence based decision support systems, establishment of clear referral pathways, practice audits and models of continuous quality improvement

Managing information and data:

• Developing adequate communication support for team based approaches to preventive and chronic disease care such as reliable IM/IT systems and robust, formal referral pathways.
• IM/IT systems that support the use of appropriate information to plan, delivery and evaluate services at a population level.

The Queensland Divisions Network welcomes opportunities to work with stakeholders to meet Queenslanders’ ongoing primary health care needs. The Network seeks to realise this vision and build on the experience of current and diverse service delivery models across Queensland Divisions.

Section 5: Current Divisions network PHC activity - examples of current models and tools on which to build integrated PHC service delivery frameworks.

The Queensland Divisions Network has in place several different service delivery models which, through careful expansion, could enhance statewide, integrated Primary health care.

Direct Service Delivery and Fundholding
Some Divisions currently act as the regional primary health care fund holder and pool state and federal dollars to develop and deliver services. North and West Queensland Primary Health Care (NWQPHC) is a good example of the extent of fundholding and service delivery that a Division of General Practice can undertake.

NWQPHC supports over 100 GPs and registrars in north and west Queensland, has approximately 90 staff attached to offices in Townsville, Longreach and Mt Isa and employs about 100 primary health care service providers. NWQPHC offers support in the areas of practice management, recruitment and professional development and in addition offers allied health outreach services and operates health clinics in Birdsville, Bedourie and McKinlay.

NWQPHC provides outreach allied health services in the disciplines of podiatry, psychology, dietetics, dementia advisory service, occupational therapy, speech therapy, continence advisory service, diabetes education and physiotherapy. NWQPHC staff work closely with GPs to ensure continuity of care and maximise patient outcomes.

NWQPHC has a number of contracts with Commonwealth and State Governments for a range of activities and services and frequently operates as a fundholder. For example, the funding for the Aboriginal Primary Health Care Access Program (PHCAP) is allocated to NWQPHC. This funding would
usually be provided to the Aboriginal Community Controlled Health Services. Consequently NWQPHC works closely with the local Aboriginal and Torres Strait Islander People in regard to the delivery of primary health care services.

**Service Coordination**

Service coordination is critical to ensure that patients’ care is well coordinated, service utilization is maximised and duplication is avoided. The Team Care Coordination initiative undertaken by GPpartners is a good example of the capacity of Divisions of General Practice to increase access to primary health care and effectively manage the chronically ill.

Team Care Coordination aims to improve the health and wellbeing of patients with chronic and complex conditions through a coordinated care team approach. This multidisciplinary team consists of a service coordinator employed by GPpartners working closely with the patient’s general practitioner, nurse and other involved health care providers and is supported by a secure electronic health record. Brokerage funds are available for GPs/service coordinators to purchase services for patients to address risk factors or prevent hospital admissions.

GPpartners has more than 11 years of experience in service coordination trials. Research data from these trials has shown that service coordination:

- improved patient’s health outcomes
- decreased hospital utilisation for chronic and complex patients by an average of 20%
- resulted in higher levels of patient satisfaction regarding the health system
- improved patients’ timeliness and frequency of access to services
- increased patients’ sense of empowerment and personal responsibility for their health.

**Linking and partnership**

Linking services and multidisciplinary team players together is a central component of integrated primary health care. All Divisions of General Practice have experience in bringing a range of stakeholders together and creating linkages that lead to improved service delivery for their communities. In some instances, Divisions will be the lead agency in the partnership and at other times they are involved as a supporting partner.

The Healthier Great Green Way (HGGW) project is a joint initiative of Mamu, Queensland Health and the Far North Queensland Rural Division of General Practice (FNQRDG) and is an excellent example of a collaborative partnership leading to improved service delivery for the community.

The aim of the HGGW project is to develop new ways of working which engage in partnership a range of public and private providers to address the health needs of the local population. It is a genuine, district-wide collaboration providing multi-disciplinary care for individuals living with, or at risk of developing, chronic illness.

The HGGW project uses a partnership approach to bring together state, commonwealth, consumer and academic sector representatives, public and private health professionals as well as non-government and community organisations. It has a governing alliance comprising Divisions, local GPs, the Aboriginal Medical Service, the local District Manager and the Medical Superintendent.

Access to population health initiatives, allied health services and cardiac and pulmonary rehabilitation services has increased as a result of this project.

**Service Continuity**

Good communication between providers of primary and secondary services is critical to an improved primary health care system. A number of Divisions of General Practice are involved in improving the interface between and among primary and secondary services through the employment of GP Liaison Officers.
GP Liaison Officers are employed in urban, rural and provincial areas to provide education on what general practice does and assist in improving the communication between primary and secondary health care providers. For example, the GP Liaison Officer position in Mackay Division of General Practice is working the interface between the public and private hospitals and general practice. This includes mechanisms for referral to hospital and discharge. In comparison, the GP Liaison Officer position at Townsville General Practice Network works with other primary health care providers to facilitate access to services and improve pathways of care and communication frameworks. This includes the flow of information between the patient’s regular GP and Queensland Health Community Health, the incontinence program, antenatal shared care program, pain management services and the after hours service.

Information Management
An integrated primary health care system needs to have appropriate infrastructure to facilitate information exchange between providers in a timely manner. Many Divisions of General Practice have an IM/IT support structure in place and are actively working towards shared e-health records. For example, GP Connections is currently piloting a product called Argus that is a computer program that enables health service providers to securely exchange clinical documents between their computer systems via email. Argus can provide doctors and other healthcare providers with access to pathology and imaging results, specialist letters, admission and discharge summaries, emergency department notifications and other related documents electronically and can import these documents into the patient notes. With Argus, a doctor can also transmit a pathology request, specialist referral, or compile and send a health summary to another doctor. In addition to the work with Argus, GP Connections in collaboration with the Southern Queensland Rural Divisions of General Practice have secured a Managed Health Network Grant to increase connectivity between health services via secure messaging.

Conclusion:
This position statement has endeavoured to outline the Queensland Divisions Network’s vision for the role of Divisions of General Practice in primary health care in Queensland. It focuses on the current and possible future systemic roles of Divisions in developing and implementing primary health care services in Queensland. The position statement needs to be discussed in a variety of forums, within and outside the Divisions Network. The position statement will assist the Queensland Divisions Network in these continuing discussions with key stakeholders about the way forward for primary health care services in this state.
Appendix: Strategic Influences on the primary health care policy environment:

The overarching principles and key elements in this document align with the following national and state strategic policy documents:

Queensland initiatives:

- Queensland Health Strategic Plan 2006-2011, Queensland Government, Brisbane, 2006
- Queensland Health Community Health Services Reform Project (a six month project to develop future directions for community health services for the period 2007-2012)
- Queensland Health Connecting Healthcare in Communities Initiative
- Queensland Aboriginal and Islander Health Partnership Strategic Plan 2004-2007
- Capacity for Local Partnerships Initiative funded by Queensland Health through Queensland Divisions.

National initiatives:

- Australian Better Health Initiative (ABHI) National Implementation Plan 2006-2010
- Australian Government Department of Health and Ageing, Community Care – the Way Forward, Canberra, 2003
- National Chronic Disease Strategy 2006
- The Value of the Divisions Network: An Evaluation of the Effect of Divisions of General Practice on Primary Care Performance 2007 The University of Melbourne, Melbourne Institute of Applied Economic and Social Research

Other initiatives:

- Rural Medical Infrastructure Fund

<table>
<thead>
<tr>
<th>Version number</th>
<th>2</th>
<th>Changes Last Made:</th>
<th>3 September 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td>[Signature]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes to this version:</td>
<td>Policy updated from General Practice Queensland to GPQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superseded on:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Review Date:</td>
<td>3 September 2007</td>
<td>Next Review Date:</td>
<td>3 September 2009</td>
</tr>
</tbody>
</table>