



STRATEGIES FOR SUCCESS with Lorraine Poulos

Developing strong relationships with GPs



Lorraine Poulos

Recently I held a seminar on clinical governance in home care which drew attendees from a variety of settings with the majority being home care package providers.

Dr Vinh Tran discussed how providers could work with general practitioners.

Dr Tran works closely with many GPs and is a hearing panel member for the Medical Council of NSW.

As the aged care landscape changes and ostensibly consumers can receive funding for care in any setting – home, residential or retirement village – it will become more important to have a good working relationship with GPs.

The discussion at the seminar included the issue of gaining access to and information from GPs particularly when they work for a large medical centre with multiple practitioners.

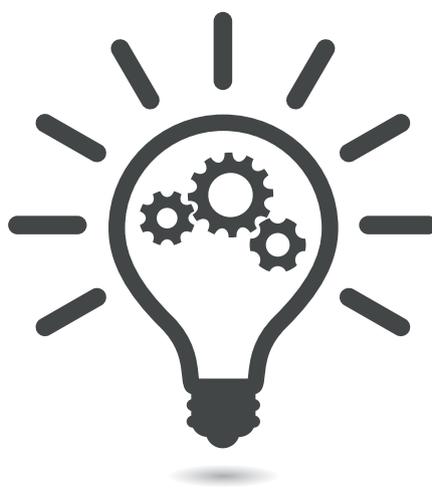
Dr Tran provided examples of the typical involvement points for a GP in a patient's life. These included initial contact and access; ongoing management and planning; crisis and acute situations; specialist aged healthcare; enablement and rehabilitation and palliative end-of-life care.

For providers of home care there may be barriers to GP involvement including not wanting to take up GP time, being afraid or intimidated.

On the other side, for GPs, work in home care can be seen as being poorly remunerated, additional responsibility and too much complexity.

Dr Tran discussed a Western Australian Coroner's case involving a home care provider and a consumer on a Level 4 Home Care Package who had very complex care needs including wound care.

He spoke about what role the partnership between the GP and provider played in this case. The shared responsibilities include:



- co-ordinating care – take a strong clinical lead and responsibility
- ensuring communication between patient, family, carers, nurses
- helping to educate the patient and their family
- raising important or difficult issues such as respite care or residential care placement.

For providers of home care there is a shared responsibility for collaborative practice and a more deliberate effort is needed to take joint responsibility regarding clinical care.

This requires a high level of trust and mutual decision-making based on each party's knowledge and expertise.

How can home care staff improve their interactions or access to GPs?

With the corporatisation of GP practices it may seem difficult to build a

relationship, however most practices will have a practice manager and a practice nurse. Home care providers should attempt to contact either one of those and do the following:

- introduce your service and establish a relationship
- request the care plans and health assessment of your home care clients (only if permission given by consumer and it is appropriate). Provide feedback and input to these reviews.
- request to be part of a team care arrangement
- consider more formal/regular meetings
- consider remuneration for practice nurse to provide some clinical oversight and feedback
- understand Enhanced Primary Care

plans and Mental Health Plans.

GPs are remunerated for an annual health assessment for patients aged over 75 and having a copy of this may assist

providers in managing complex care.

Many delegates at the seminar spoke about the challenges in gaining input and access to GPs and the need for more education for the sector in understanding how this may be improved.

Dr Tran's presentation encouraged us to think about new ways of approaching our care so that consumers are at the centre.

Thanks for all your feedback and don't hesitate to send any queries through to: admin@lorrainepoulos.com.au ■

Lorraine Poulos is a trainer and consultant with experience working with government and aged care providers.

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