MORNINGTON PENINSULA DIVISION OF GENERAL PRACTICE
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EXPERIENTIAL PALLIATIVE CARE PROGRAM FOR GENERAL PRACTITIONERS

Final Report

A project funded

under

The Caring Communities Program

by the Australian Government Department of Health & Ageing

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Fund holder (auspice body):	Department of Health and Ageing
Name of service conducting the project:	Mornington Peninsula Division of General Practice

Executive Summary

1. Background

Project Title:	Caring Communities Program: Experiential Palliative Care Program for General Practitioners
Project Period:	1 April 003 – 30 May 2006
Organisation:	Mornington Peninsula Division of General Practice

Setting:
The Mornington Peninsula Division of General Practice is a Company Limited by Guarantee whose mission is to: Improve the quality of general practice and general practitioners.

Divisions of General Practice are funded by the Australian Government to assist general practice to provide services to the community in a primary health care system and to achieve improved health outcomes in the Governments key priority areas.

They will do this by:
Supporting general practices with information, improving capacity (for example workforce support and IT and management systems), developing a better focus on population health (for example reducing health inequalities) and improving quality (for example through encouraging the adoption of evidence based clinical best practice).

Planning and working across the Divisions Network on workforce issues and accessibility (such as assisting in retention and recruitment of GPs, health needs analyses or consulting with consumers) and developing better integration across professions and services.

Providing a regional infrastructure for the roll out of specific or targeted initiatives.

Collecting local data for policy, program and service development, as well as supporting research and evaluation.

Developing a sound understanding of the health needs of the community and work to address these through primary health care.

Helping local communities to understand what services are available and how best to access them.

Background:
The project was identified as a vehicle for change management within the general practice setting. To bring about improvements in referral patterns, earlier referral and to promote a greater understanding of palliative care within the Mornington Peninsula. To improve integration of care for palliative care patients, family and carers.

2. Project Objectives (What we planned to do)

The Division planned to provide hands on quality clinical attachments for general practitioners with local palliative care services providing a total of 14 hours per GP to be completed over a 4 week period.

3. Methodology/Description (What we did)

The Division promoted the project to local general practitioners, managed the attachment program and provided a quality framework for the delivery of the program based on past experience and expertise. The main target was 60 general practitioners on the Mornington Peninsula. Covering a large geographic area from Seaford to Sorrento. There are 77 general practices but with 60 participating GPs it was hoped to get an extremely high percentage of at least one GP from every practice having participated over a 3 year period.

The participating GPs completed a pre and post evaluation which qualified them for approx. 48 CPD points with results feeding into the quality of the program as well as providing evidence of changed patterns of referral and management. Participating agencies were able to identify earlier referrals from general practitioners and the change in referral pathways and initial contact points.

4. (How it went)

The objectives of the program included:

- Improved management of patients from a symptom management and psycho-social support perspective.
- Improved understanding of local general practitioners of how the 'triangle of care' functions in the region.
- Enhanced knowledge and skills in symptom management of palliative care patients
- Improved networking and communication with specialist palliative care providers
- Improved understanding of specialist palliative care providers of the challenges and constraints on General Practitioners providing palliative care to their patients and
- Increased opportunities for patients to be cared for in their setting of choice

Objectives related to greater understanding by general practitioners was evidenced in comparing the pre and post evaluation questionnaires. These demonstrated increases in confidence, understanding and symptom management skills. Results are available in the appendices.

Feedback from participating general practitioners was overwhelmingly *enthusiastic "..The true value of the project is the bigger picture understanding of all the facets of the palliative care system in place on the Peninsula. I thought I was fairly aware of the system and services offered, instead I discovered that I probably was only aware of and accessing a third of the options available to me and to my patients. The project has certainly changed my perspectives and will significantly change my referral patters and management of my palliative care patients. I can recommend the project to all GPs who manage patients who face the terminal phase of their life" (Dr Peter Meggyesy, Sorrento) extract from article published in Hospice News Spring 2003*

Increased opportunities for patients to be cared for in their setting of choice – this is difficult to evidence however, a greater understanding of the support available for general practitioners and the development of a 'special interest' role within a general practice where a colleague at the same practice could inter refer to a GP who had undertaken the palliative care program is now available and has been promoted through the Division. The Division continues to support this concept through other educational events – Palliative Care Hypothetical and Palliative Care in Aged Care. Certainly the advent of the PEP 1 and 2 programs have supported this.

It is believed the Divisions project has provided a good basis of evidence for the PEPA 2 program although possibly without the Divisions flexibility in delivery and content.

Local Federal Member Bruce Billson welcomed the announcement that the MPDGP had received funding as part of the Federal palliative care support program. Article featured in "Frankston Bulletin" Winter 2003 Ed. This publication is distributed to all households in the electorate of Dunkley.

5. (What lessons were learnt)

What are the major achievements of the project?

A total of 57 GPs undertook 14 hours each in clinical attachments.
The project achieved changed work practices in general practice resulting in

- Earlier referrals
- Referral patterns
- Establishment of a first point of contact
- Successful multi displinary case conferencing mechanism established with general practitioners and palliative care services

What factors contributed to the success of the project and/or helped you meet the project's objectives?

Commitment by the participating agencies to the project
Streamlined efficient administration of the project to ensure smooth conduct and delivery of the program
A GP friendly model with GPs funded to participate
PDCA cycle to ensure quality improvements identified and incorporated

What factors had a negative effect on the success of the project and/or limited your ability to meet the project's objectives?

Timing of final grant payments. Final grant payment made 3 months after the program expected to finish eg program completes 30.5.06 however final report due 1.4.06 covering the period 1.4.03 – 28.2.06.

Do you now consider any of the stated objectives unimportant? If so, which ones and why?

On reflection we still consider all the objectives important.

Under what circumstances could the outcomes of your project be replicated elsewhere?

We believe that funding GPs to participate in projects which require a high commitment of time should be recognised and built in funding submissions, particularly if GP engagement is key to the success of a particular project. MPDGP has proven is worth and expertise in fund holding/management particularly in relation to change management within general practice

How did you disseminate information relating to your project?

Information was disseminated in the Division's newsletter, fortnightly fax to all practices on the Peninsula, presentations at both National and regional forums. E-news bulleting to Practice Managers. Feature articles in Hospice News and Frankston Bulletin

How did the project link with The National Palliative Care Strategy?

We believe the project provided input into the PEPA 2 program as a successful model of general practitioner engagement.

The project was highlighted in the Strengthening palliative care: a policy for health and community care providers 2004-09 Public Consultation Paper May 2004: Department of Human Services

6. Conclusion

This project was successful because it provided a model of GP engagement which had proven successful in the past and been enthusiastically embraced by general practitioners. We knew that this model of GP engagement would be successful as this had been demonstrated in other programs.

The project management team at Mornington Peninsula Division of General Practice ensured the project met the need of the participating general practitioners and participating agencies within the guidelines of the funding contract.

The project was well managed by Mornington Peninsula Division of General Practice in meeting all required outcomes, timelines and within budget. The MPDGP has the management framework to support delivery of a funded project of this nature combined with success and experience in general practitioner engagement.

The project was supported by an existing framework of liaison, collaboration and cooperation and an effective steering committee.

The project provided an opportunity for general practitioners to leave their practices for a number of hours and concentrate on a specific area and experience what their patients received once they had referred their patients on to the palliative care services.

The high uptake by general practitioners and increasing level of interest has shown that GPs can be successfully engaged if the project provides an experience which they can relate to and assists them to improve the care they can provide for their patients.