

# COMMUNICATING WITH GPs RESOURCE KIT

## A resource to help agencies communicate with GPs

The Families First GP Collaboration Project is a two-year project aimed at improving the links between General Practitioners (GPs or doctors) and health, social and other community services in order to provide better support for families. This project is being undertaken in the areas of St George, Sutherland, Eastern and South Eastern Sydney.

General Practitioners (GPs) are local doctors that often see women from the time they become pregnant and may continue to be the one consistent service provider caring for the family because they provide immunizations and attend to childhood illnesses.

Communication between GPs and other services supporting families will assist to provide for the mental and physical health needs of families.

This kit provides strategies and examples of ways that health and human service agencies can inform GPs about their services, improve communication and work collaboratively with individual GPs. It also informs organizations about the work of the Division of General Practice and ways to work with the Division's population health programs.

The aim is to provide a holistic approach to a family's health and well-being. This will happen with a new focus on psycho-social issues and improve communication and referrals between service providers. Early access to services has been shown to improve outcomes for families.

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## Why develop a GP communication plan?

Families with young children may visit their GPs often throughout a year. Families may rely on their GPs to provide them with information & connect them with local services (especially families from culturally & linguistically diverse backgrounds).

GPs like to know that the service they are referring their patient to is professional and reputable and will keep the GP informed of the intervention with the referred family or individual.

If GPs are aware of local services and have confidence in the

capacity of those services to help families then they can connect families to the support they need.

Your agency's GP communication strategy can:

- ▶ Improve communication between GPs and your service
- ▶ Increase referrals from GPs
- ▶ Improve access of vulnerable families to services via general practice in the early stages when intervention can be most effective
- ▶ Increase GP knowledge of the range of local services



## Strategies for communicating with GPs

- ▶ *Do GPs know about your service?*
- ▶ *Would you like to work on care plans for your clients with GPs?*
- ▶ *Do you know about the projects of the Division of General Practice?*
- ▶ *How could you work with GPs to address individual, family and community needs?*
- ▶ *Could a GP speak to a*

*community group about a health issue?*

Below is a list of suggestions for communicating and collaborating with GPs which are covered in this resource kit.

- ▶ **Division of General Practice newsletters** (page 6)
- ▶ **Capacity building** (page 6)

- ▶ **Training updates** (page 6)
- ▶ **GP speakers for community groups** (page 6)
- ▶ **Consumer representatives** (page 6)
- ▶ **Client-focused letters** (see insert)

## Care Plans and Case Conferences

**Care plans, case conferences** offer increased opportunities for general practitioners and other health and service professionals to work together in developing treatment options and ongoing care of patients who have certain health care issues, including mental health issues.

**Enhanced Primary Care (EPC) multidisciplinary care plans and case conferences** may be provided for patients with one or more chronic conditions and complex care needs requiring multidisciplinary care from a team of at

least three care providers, and must be initiated by the patient's GP. GPs are eligible for a Medicare rebate when using these approaches.

A chronic medical condition is a medical condition that has been, or is likely to be, present for at least 6 months, or that is terminal. For example, a parent who has a mental illness and may involve a multidisciplinary approach to support parenting. Another example could be for management of a child born with a disability.

Complex care needs exist when a medical condition is compounded by one or more of the following: significant changes in social circumstances (such as 'burnout' of carer, death or illness) co-morbidities, development of complications, increasing frailty, etc.

Allied health professionals, family support services, DoCs staff, aboriginal and CALD specific workers are examples of professionals that may be interested in care planning and case conferencing with GPs.

## Feedback letters : A strategy for client focused agencies

GPs interviewed for this project have said that they would like more feedback from the services/individuals they refer their patients too.

Feedback is important to GPs for many reasons. GPs build trust with their patients over years and prefer to refer their patients to individuals or services the GP knows. Therefore the GP sees a referral as building a relationship. A relationship is a two-way process and feedback to the GP is the service's communication in that relationship. When a GP has referred a client to the service/individual, they would like to know their client's progress.

Client focused letters are feedback

letters to GPs that provide the GP with information that is relevant to the mutual care of their patient. (See page 4 for examples of client focused letters)

They inform the GP that their mutual client is attending that agency. They inform the GP of the issues identified and addressed by that agency and provide an update on progress.

Research shows that this strategy is successful as a means of learning and building a relationship with agencies because:

- ▶ GPs are receptive to the use of feedback as a source of learning
- ▶ GPs prefer education that is di-

rectly related to their clinical work

- ▶ Providing educational information in the context of a client is more effective at changing behaviour than formal lectures and can increase GP referrals.

***GPs receive a lot of mail. If communication comes to them with a client focus they will read it. Well constructed client focused letters give agencies an opportunity to inform GPs about a mutual client and the work of the agency.***

## How to create feedback letters

Client focused letters provide GPs with information about their service in the context of a shared client. The examples are included here to give you ideas to create a letter unique to your service.

Ideas for creating client focused letters:

- ▶ one A4 page is preferred
- ▶ fax is the preferred GP communication method
- ▶ provide names and positions of staff providing the feedback and contact information

- ▶ write client information depending on the nature of the service & the relationship with the client
- ▶ include information about your service that might facilitate future GP referrals, (this is an opportunity to inform the GP about the range of services offered by your organisation, eg. criteria for referral, target groups, focus of intervention, qualifications of staff, cost, waiting times, etc).

***Agencies need to ask for client consent for any information to be sent to their doctor.***

## Other issues to consider

Changes will be required to some work practices to incorporate GP letters as part of regular work.

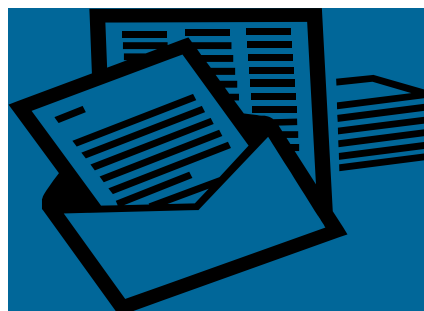
These include:

- ▶ gaining client consent to communicate with their GP
- ▶ space on client forms for collecting GP details
- ▶ storing client & GP data
- ▶ using mail merge or similar tools to increase the ease of production of the letters.

**You could consider monitoring the effectiveness of this strategy for your organisation.**

Examples of relevant outcome measures include:

- ▶ monitoring contact with GPs
- ▶ GP referral numbers
- ▶ feedback from clients about GP interaction



***Examples are provided for agencies to develop letters that are appropriate to their work with GPs.***

**Example 1: Client Focused Letter**

**Insert service  
logo with  
agency contact  
details here**

**Date:**

**Dear Dr .....**

**Re:.....(insert name of mutual client)**

**Client consent to share this information with their GP: (client's signature)**

**Our mutual client named above is receiving the following support from this agency.**

- Individual case work                       Relationship counselling
- Attendance at a group: \_\_\_\_\_

**This client/family has requested support with the following issues:  
(List the range of services your agency offers, so that the GP can be made aware of the range of services, then tick what is relevant for that particular client).**

- Reduce social isolation of the family
- Enhance the confidence and parenting skills of the family
- Accessing community resources
- Improving family relationships
- Referral to other support services (specify) \_\_\_\_\_
- Other issues (specify) \_\_\_\_\_

Regards,

**(Sign your name and include your position)**

**Use this box to inform GPs about how to use the service. Include information about the service, eg. opening hours, referral criteria, target groups, languages spoken, etc . So that GPs can know how to refer people to this service in the future.**

**Example 2: Client Focused Letter**

**Insert service  
logo here  
including agency  
contact  
information**

**Date:**

**Dear Dr** \_\_\_\_\_

**RE: (Insert name of mutual client)**

**Client consent to share this information with their GP:** *(Client is to sign if they consent to the information going to their GP)*

The above named client is currently receiving services from this organisation. This information is being sent to inform you so that we may work collaboratively. You are encouraged to discuss and support the client in relation to these issues.

The ticked boxes indicate the issues we are addressing with our mutual client: *(only include what your agency does)*

- Social isolation
- Post natal depression
- Financial issues
- Relationship issues
- Parenting issues (including behaviour management)
- Legal issues & court support (parents' rights, care and access of children)
- Child protection issues
- Domestic violence
- Grief & loss
- Drug & alcohol (issues for the partner)
- Disability (either or both parents and/or children)
- Home management (living skills)
- Mental health issues
- Other: \_\_\_\_\_

***Insert a brief overview here including hours of operation, referral pathways, costs, target group, etc to help GPs know***

## Useful Contacts

For further information on the GP Project  
Lynn Garlick  
St George Division of General Practice  
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## What is a Division of General Practice?

Divisions of General Practice promotes general practice and support general practitioners to provide quality primary healthcare to the community. They also foster alliances with health and community services in order to achieve the best possible health outcomes.

Divisions provide ongoing medical education, practice support, accreditation guidance and resource development.

Divisions employ staff to address program areas such as women's health, antenatal shared care, immunization, home medicines, population health programs, mental health, adolescent health, drug and alcohol, etc. There are many opportunities for agencies to work with their local Divisions of General Practice to achieve joint goals.

## Working with the Division of General Practice

**For further information on working with your local division of general practice:**

**Yvonne Rowling**  
Sutherland Division of General Practice  
Ph: 9525 4011

**St George Division of General Practice**  
Lesley Pullen  
Ph: 9585 2044

**Eastern Sydney Division of General Practice**  
Deb Blackwood  
9389 0874

**South Eastern Sydney Division of General Practice**  
Chun Fang Yu  
Ph: 9663 5958

**Your local Division of General Practice may be able to assist and work with your organisation in the following ways:**

### **Division of General Practice Newsletter**

Each Division of General Practice provides a monthly or bi-monthly newsletter for its GP members. Agencies and health providers can approach the Division to see if they can include information about their agency and its programs that may be relevant for GPs and their patients.

### **Capacity Building**

The Division has a role in building the capacity of GPs to provide the best possible primary health care. Program officers and GPs are involved in initiatives in order to improve population health outcomes. The Division regularly conducts and publishes a community needs assessment. Community and health services can inform Divisions about health and social issues that they see in their work, that GP practice could address, or that program officers in the Division could work collaboratively with other agencies to address.

### **GP Training and Updates**

Divisions provide accredited training which GPs attend to update their skills and knowledge. There are opportunities for services to provide information and resources to GPs at these updates. (eg. Pamphlets about family support services could be provided to GPs at antenatal shared care updates).

### **GP Speakers for Community Groups**

Divisions of General Practice may be able to locate local GPs that could provide information talks to community groups about certain medical conditions, health topics and the safe use of prescription drugs.

### **Consumer Representatives**

Divisions welcome consumer representatives on the Division's management committee and their program committees.



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