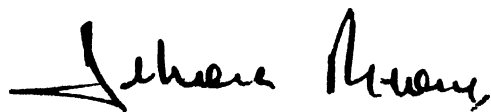

Memorandum of Understanding between South Eastern Sydney and Illawarra Area Health and Divisions of General Practice

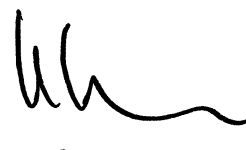
This Memorandum of Understanding has resulted from collaboration between the Divisions of General Practice and South East Health and Illawarra Maternity Services and Child and Family Health. It outlines the process for referrals and feedback between these services and their responsibilities. The expected outcome of efficient communication between these service providers should provide additional support for families in order to improve their psychosocial and physical health outcomes.

The following representatives of South East and Illawarra Health and the St George, Sutherland and South Eastern Divisions of General Practice have endorsed this Memorandum of Understanding which relates to the geographical areas covered by these Divisions.



Ms Deborah Picone

CEO, South East Sydney and Illawarra Health



Klaus Stelter

CEO, St George Division of General Practice



South Eastern Sydney
Division of General Practice Ltd



St George Division of General Practice



ShireGPs



Eastern Sydney
Division of General Practice

Families First Referral Pathways

GP Referral to Maternity or Child and Family Health Services

GPs should refer families that could benefit from prevention and early intervention services provided by maternity/early childhood services using the procedure outlined below. Please note that this is separate to booking into hospital antenatal services.

Procedures

1. GP Referrals

- All referrals to Maternity or Child and Family Health Services MUST be in writing on the attached GP referral form titled, "GP Referral for South Eastern Sydney and Illawarra Health Child and Family Health Services and Community Midwifery Services".
- All referrals must be consistent with the Child and Family Health Nurses'/Midwives' expertise and professional role, as outlined.
- The patient must consent to the referral.
- All referrals to Maternity or Child and Family Health Services should be faxed to the Families First Registration Officer on 1300 308 893.
- Referrals will be registered by the Families First Registration Officer and forwarded to the appropriate service for allocation within one working day after the referral was received.
- Service options are based on family needs and assessment by the nurse.

2. Follow Up and Feedback from Maternity or Child and Family Health Services

- The Maternity or Child Family Health nursing staff allocated to the referral will contact the relevant GP within 4 working days after the receipt from the Families First Registration Officer to discuss the referral.
- The Maternity or Child and Family Health nursing staff will fax the feedback form, to the summarising the intervention undertaken and the outcome for the patient.

1. Consultation Request from Maternity or Child and Family Health Services to GPs

- South Eastern Sydney and Illawarra Health Maternity or Child and Family Health Services may use the attached GP Consultation Request to GP form to provide information to the family and the GP regarding patient issues that may require GP input or follow up. This form could be given to families to take with them to a GP visit or faxed to the GP.

2. Faxback from GPs to Maternity and Child and Family Health Services

- GPs are requested to fax back to the identified nurse the Faxback section at the bottom of the Consultation Request to GPs form after the follow up action has occurred.

The Role of Maternity and Child and Family Health Services

Maternity Services

Maternity Services monitor and care for women and their families during pregnancy, labour and for the first few weeks after birth. These services are offered in a range of settings: hospitals, community based health centres, clients' homes and incorporate GP shared care arrangements. Health care includes the detection of abnormal physical health conditions in the mother and child, assessment and referral in cases of parent distress, antenatal education and preparation for parenthood.

Community Maternity Services are offered to families birthing at the public hospital and extend to 10 to 14 days after the baby has been discharged from hospital. These services include assistance with infant feeding, women's and baby's postnatal health checks, parent education and assessment/referral for other issues for the woman/family.

Child and Family Health (Early Childhood) Services

Registered nurses that hold qualifications in child and family health nursing provide the following services for children 0-5 years and their parents/carers:

- Surveillance of normal child growth and development.
- Provide information, advice and support on a broad range of family and health issues, eg. feeding, crying, settling, play /child-parent attachment, child behaviour and toilet training.
- Early identification of parenting difficulties, postnatal distress /depression and other relevant issues.

Services are offered in clinics, therapeutic or social groups, by telephone, or by home visits.

Health Home Visiting

Universal Home Visiting

This is currently offered in some suburbs or based on need. The area health service will expand this service to all families as resources permit. This service involves one or two initial visits to families at home by a Child and Family Health Nurse and is suitable for women with no specific or some vulnerabilities (Level 1 and 2 on the Levels of Care chart).

This prevention service aims to engage families with child and family health services, triage families for ongoing care and link families with appropriate services.

The Parent Support Team Offers Sustained Home Visiting

This service aims to intervene early for families that present with a number of vulnerability factors that could impact negatively on the family (Level 2 and 3 on the levels of care chart).

The Parent Support Team aims to build a trusting relationship to work with the family in order to enhance the social and emotional development of children until they are 1 year old.

They aim to foster the family's parenting skills, the early attachment relationship, attunement to the developmental needs of the infant and link families with community supports. A team management approach to care planning is used.

From Maternity and Child and Family Health Services

Patient: _____ **Date:** _____

Doctor: _____

Thank you for referring the above client to this service.

The patient has consented to the following feedback to be provided.

The Following Services Were Provided

- | | |
|--|--|
| <input type="checkbox"/> Home visit | |
| <input type="checkbox"/> Patient attended group | <input type="checkbox"/> Patient attended Child and Family Health Clinic |
| <input type="checkbox"/> Patient chose not to use this service | <input type="checkbox"/> Patient attended antenatal services |
| <input type="checkbox"/> Other _____ | |

Assistance and/or Referral Were Provided in the Following

- | | |
|--|---|
| <input type="checkbox"/> Antenatal Issues | <input type="checkbox"/> Postnatal distress/depression |
| <input type="checkbox"/> Sleep and settling | <input type="checkbox"/> Child protection issues |
| <input type="checkbox"/> Assistance with feeding | <input type="checkbox"/> Mastitis |
| <input type="checkbox"/> Advice and support on family and health issues | <input type="checkbox"/> Mother and baby health checks |
| <input type="checkbox"/> Surveillance of normal child health and development | <input type="checkbox"/> Early identification of parenting difficulties |
| <input type="checkbox"/> Other _____ | |

Referrals To

- | | |
|---|--|
| <input type="checkbox"/> Alcohol and Other Drugs Service | <input type="checkbox"/> Chemical Use in Pregnancy Service |
| <input type="checkbox"/> Hospital Social Worker | <input type="checkbox"/> Child, Youth and Family Mental Health Service |
| <input type="checkbox"/> Adult Mental Health Services | <input type="checkbox"/> Private Therapist Psychiatry (RHW) |
| <input type="checkbox"/> Group (<i>please specify</i>) _____ | |
| <input type="checkbox"/> Karitane / Tresillian / Possum cottage (<i>please circle relevant service</i>) | |
| <input type="checkbox"/> DoCS (<i>details</i>) _____ | |
| <input type="checkbox"/> Other e.g. Playgroups, Family Support (<i>please specify</i>): _____ | |

Comments: *e.g. Details about issues identified, GP follow-up, etc.*

Staff Name: _____ Phone: _____

Position: _____ Fax: _____

Consultation Request to GP

From Maternity and Child and Family Health Services

Dear Doctor: _____

Your patient (listed below) has been attending our service. I would like to bring to your attention the issue below which I have identified with the patient as requiring follow up.

Could you please provide us with some feedback by faxing this page to the Midwife/Child and Family Health Nurse at the fax number below.

This information helps us to work together to provide the best care for this family.

Thank you

Staff Name: _____ Fax: _____

Service details: _____ Signature: _____

Patient Information for GP

Patient's last name: _____

Given name: _____

Date of birth: _____ Patient consent to referral? Yes

Carer's name if patient is a child: _____

Last name: _____

Given name: _____

Summary of patient issues _____

GP Faxback to Midwife/Child and Family Health Nurse

Summary of action taken and outcomes: _____

GP STAMP

To Maternity and Child and Family Health Services

Fax to 1300 308 893
Families First Registration Officer

Patient Details

Referral to: Maternity Services (antenatal issues) Child and Family Health (Early Childhood) (post-natal issues)

Has patient consented to referral? Yes No (If "NO" the referral cannot be accepted)

Patient's last name: _____

Patient's given name: _____

Address: _____

Postcode: _____

Phone: _____ Patient's date of birth: _____

Hospital where birthing or birthed: _____

Child's/carer's name: _____ Child's/carer's date of birth: _____

Interpreter needed? Yes No Language spoken: _____

Aboriginal or Torres Strait Islander? Yes No

Special requirements (eg. Wheelchair access): _____

Reasons for Referral: (please tick)

- | | |
|---|---|
| <input type="checkbox"/> Antenatal Issues | <input type="checkbox"/> Advice and support on family and health issues |
| <input type="checkbox"/> Mother and baby health checks | <input type="checkbox"/> Support with parenting |
| <input type="checkbox"/> Lack of support/social isolation | <input type="checkbox"/> Child development issues |
| <input type="checkbox"/> Infant or child feeding issues | |
| <input type="checkbox"/> Other (please state): _____ | |

Details of Issue: _____

Summary of Patient's Issues:

- | | |
|---|--|
| <input type="checkbox"/> Antenatal stress or depression | <input type="checkbox"/> Postnatal stress or depression |
| <input type="checkbox"/> Financial stress/housing issues | <input type="checkbox"/> Recent arrival/refugee/poor English |
| <input type="checkbox"/> Lack of support/social isolation | <input type="checkbox"/> Child development issues/disability |
| <input type="checkbox"/> Postnatal stress or depression | <input type="checkbox"/> Mother 19 years or under |
| <input type="checkbox"/> Other e.g. current medications, living situation, other professionals involved in care (please specify): _____ | |

GP Details

Name: _____

Address: _____ Phone: _____

Postcode: _____ Fax: _____