

Mornington Peninsula: Experiential Palliative Care Program for General Practitioners¹

Author : Christine Macdonald GPDV

This Program was funded under the Caring Communities Program (one of the initiatives of the National Palliative Care Strategy). It funded GPs practising in the catchment area covered by the Peninsula Hospice in Frankston to work with palliative care providers in a 15-bed inpatient palliative care unit and in an acute hospital consultancy team. The purpose was to support:

- Relationship-building between GPs and local palliative care services
- GP knowledge of palliative care services and the importance of their role
- Patients receiving quality palliative care services in the setting of their choice
- Continuity of palliative care across the hospital, hospice and home environments
- Better integrated health care services for patients, carers and families.

Achievements

The Mornington Peninsula Division of General Practice established a relationship with palliative care service providers on the Mornington Peninsula through regular liaison meetings with the Division's Executive Team.

The organisations involved formed a commitment to the common goals of earlier referral, a change in referral pattern and the promotion of a greater understanding of the triangle of care.

The palliative care providers established one central referral number for palliative care on the Peninsula.

Over a three-year period, 60 GPs (approximately 23 per cent of GP membership) were paid to undertake 14 hours each of clinical attachment which included four types of placements:

- Inpatient Palliative Care Unit where GPs met the palliative care team, observed patients in the palliative care setting, and explored services available
- home visits with the RDNS Palliative Care Nurses
- meeting the team at Peninsula Hospice to establish a relationship and to gain understanding of services available
- home visits, ward rounds and case discussions with the Consultant Specialist in Palliative Care.

The program was regularly evaluated and provided GPs with 48 Continuous Professional Development (CPD) points for completion and evaluation in accordance with the Division's criteria and that of RACGP.

A system of case discussions by teleconference was set up to include general practitioners. The case discussions are organised by the palliative care providers, GPs are given advance notice by fax and invited to participate. At a pre-arranged time the GP receives a call and the palliative care team members focus only on the matters relevant to the GP, so the discussion will often take no more than a few minutes. Sometimes two or three of a GPs' patients may be discussed at the one

¹ Material in this section is based Dr Rob Lewis's PPT presentation at the GPDV forum Partnerships in palliative Care may 19 2006 and on interviews with Lynne Cooper, CEO, Mornington Peninsula Division, Dr Rob Lewis (GP in Mornington Peninsula) and Dr Brian McDonald, Medical Consultant, Palliative Care Unit, Peninsula Health.

teleconference. Following the discussion the palliative care service forwards the relevant paperwork to enable the GP to claim the MBS Case Discussion Item Number.

A GP Special Interest Group was established to meet four times a year to continue a forum for peer support, case discussion and updating of new advances in palliative care. Sessions are facilitated by members of the Division, the Palliative Care Consultant and palliative care team members.

Future developments

A new three-year project, Improved Management Palliative Aged Care Treatment (I.M.P.A.C.T), has been funded to establish a system-based program of palliative care support to clinical staff of residential aged care facilities. The goal is to enable palliative care residents to be cared for in their own 'home'. The project is a joint venture between Mornington Peninsula Division as the peak body for GPs on the Mornington Peninsula (approximately 250,000 people, 260 General Practitioners and 45 residential aged care facilities) and palliative care service providers including Peninsula Health (ROSS Team), Peninsula Hospice, Residential Aged Care Facilities and GPs.

Meeting the pre-conditions for Intersectoral Activity

The Mornington Peninsula example is a perfect illustration of a program that successfully meets the six pre-conditions for successful collaboration as identified in the Harris model ²

At the outset, the Division and palliative care services formed common goals for palliative care and so formally recognised the **need** to work together.

They took advantage of a funding **opportunity**, successfully seeking funding under the Caring Communities program

They developed systems and processes to strengthen the **capacity** of GPs to participate as team members in palliative care. In particular:

- The clinical attachments helped develop knowledge and skills in the palliative approach
- The case discussion system solved the usual substantial administrative and financial barriers to GP participation in team work
- The one central referral number minimised the administrative and other difficulties associated with referral.

Although there were pre-existing professional relationships between some GPs and some members of Peninsula Health & Hospice, neither the Division nor the palliative care providers took this for granted. Efforts were made to develop the **relationship** at the executive level (through the liaison meetings) and individual GP level (through the clinical attachments). The fact that GPs formed a relationship with palliative care through the clinical attachments helped overcome the usual communication barriers to participation in teleconferences.

The plans were transparent to all and the program was regularly evaluated demonstrating that the **planned** action was well conceived, and could be implemented and evaluated.

Finally, the formation of the GP interest group (involving facilitators from local palliative care and the Division) illustrates the commitment to **sustain** outcomes

² E.Harris. M.Wise, P.Hawe. P.Finlay and.Nutbeam (1995) on *Working Together: intersectoral action for health*, , Commonwealth of Australiat

gained through the project. The joint application for funding of the IMPACT project is another illustration of this commitment.

Note on the author and material

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