

Rural Palliative Care Resource Kit



Intersectoral activity Case Study

Program of Experience in the Palliative Approach (PEPA) 2

Shared business between the Division program and Department of Human Services

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Introduction

GPDV and the Victorian Department of Human Services (DHS) are in a position to work together on matters that affect palliative care across the state. It would also be appropriate for those services that provide a statewide service to work with state health and General Practice Divisions Victoria (GPDV) on matters of shared concern. Some of the generic statewide roles (relevant in different ways to both DHS and GPDV) in palliative care are to:

- set policy direction
- set guidelines for implementation of policy
- map problem areas
- help build capacity (through education, resources development and systems improvement) to provide high-quality accessible services
- support the development of relationships between relevant organisations working in palliative care or related fields.

Given the above, the possibility of shared activity between the Divisions program and the state government is explored using the Harris model.¹ The model states that there are six preconditions for working together effectively and these are explored in this document. A case study of successful collaboration is also explored.

Box 1

The six *Working Together* preconditions are:

1. Need
2. Opportunity
3. Capacity
4. Relationships
5. Planned and evaluated
6. Sustainable outcomes

The *Working Together* Framework suggests that common core business is not sufficient. There must also be adequate opportunity for organisations to work together. Such an opportunity occurred in 2005 when the National Palliative Care Program made funding available through state health departments for the Program of Experience in the Palliative Approach (PEPA).

¹ Harris E, Wise M, Hawe P, Nutbeam D (1995) *Working together: Intersectoral action for health*. Commonwealth of Australia. Canberra

Exploration of the preconditions of working together at the state level

Meeting the precondition of need

Core Business	Department of Human Services (DHS)	General Practice Divisions Victoria (GPDV)
<p><i>Do GPDV and State Heath have enough common core business to generate the perceived need to work together on palliative care?</i></p>	<p>To set policy direction for palliative care in the State of Victoria.</p> <p>To plan service delivery in the state of Victoria to meet current and anticipated needs for palliative care.</p> <p>To help build capacity to provide high-quality accessible services.</p> <p>To ensure appropriate treatment and care are coordinated and integrated across all settings.</p>	<p>To advocate on behalf of Victorian divisions of general practice to ensure that state government policies recognize the roles of GPs and divisions of general practice in the provision of palliative care.</p> <p>To ensure that where relevant general practice is represented in the planning process for statewide and local health service delivery of palliative care.</p> <p>To support divisions of general practice to strengthen the capacity of practices within their domain to deliver high-quality and accessible primary health care.</p> <p>To negotiate with State health to strengthen coordination and integration between general practice and relevant state-funded services.</p> <p>To support divisions of general practice to strengthen integration and co-ordination at the local level.</p>

PEPA 2 for General Practice

In 2005-2006 the Palliative Care Branch of the Victorian Department of Human Services worked closely with General Practice Divisions Victoria (GPDV) to develop and implement a program of clinical placements for GPs within state-funded palliative care services. This case study describes the project using the six preconditions for successful collaboration as outlined in the *Working Together* Framework.

Need

The first condition in the *Working Together* framework states that organisations are most likely to work together effectively if they see a mutual need to do so, usually represented by a focus on common core business.

In 2004 DHS developed a policy position on palliative care in which it committed to seven core principles. Three of the principles meant that the Clinical Placements Program would fall into the category of core business for the Palliative Care Unit: The three relevant principles are:

Principle 3. Care to be underpinned by the palliative approach

Principle 5. Treatment and care to be coordinated and integrated across all settings

Principle 6. Access to quality services and skilled staff.

The provision of clinical placements to promote a palliative approach would help implement these three principles.

GPDV's core business is to work through divisions of general practice in Victoria to develop the capacity of general practice to improve health outcomes at the local level and to strengthen the integration and coordination of services between general practice and the other parts of the health system. GPDV believe that by supporting the PEPA 2 Program it would strengthen the capacity of GPs to play a role in palliative care and would strengthen the relationship between palliative care services and GPs, thus paving the way for better coordination and integration.

It is evident that collaboration on the PEPA program between GPDV and DHS was likely to be effective as the program was relevant to the core business of both organisations.

Opportunity

With Commonwealth funding under the National Palliative Care Program, DHS Victoria had undertaken a very successful education program for nurses in PEPA. In discussion with GPDV, the Department identified the opportunity to extend the program to GPs and presented a proposal to the Commonwealth for funding under the next round of grants (PEPA 2).

Capacity

DHS and GPDV committed staff time to the organisation of PEPA 2 and to the ongoing communication between the two organisations. This ensured the skills and resources necessary to developing and implementing the program were available.

DHS also funded GPDV to evaluate the effect of PEPA 2 on relationships between GPs and palliative care services.

Relationships

The relationships relevant to the success of PEPA 2 existed at four levels. DHS Palliative Care Branch worked closely with GPDV to plan the program and to monitor activity once it was under way.

The DHS PEPA Project Manager worked closely with the host sites (i.e. the palliative care services that were to offer the placements) to ascertain their willingness to support clinical placements for GPs and to brief them regarding expectations. DHS also worked closely with GPs to assist with paper work and, more importantly, to ensure each individual's expectations of the placement would be met.

GPDV has an established relationship with divisions of general practice as all Victorian divisions are members of GPDV and that GPDV has a long history of consultation, resourcing, support and development with its member divisions. GPDV worked closely with DHS to communicate with Victorian divisions on the organisation of clinical attachments for palliative care and to gain the commitment of divisions to the program.

The Victorian divisions all have a relationship of trust with their GP members and drew upon when calling for expressions of interest from GPs and to support their members' applications for participation in the program.

Planned approach to implementation and evaluation

GPDV consulted with the Chairs of Victorian divisions at separate metropolitan and rural teleconferences in June 2005. The proposal that had developed in discussions between GPDV and DHS was as follows:

- Divisions could call for expressions of interest from their members who would be required to fill in an application form explaining their interest, and what they hoped to gain from the attachment
- DHS would provide a list of Palliative Care Services that were offering placements so that GPs could nominate the area they would like to go to when they made their application
- there was to be a quota of two to three placements per division
- Divisions would nominate their preferred candidates taking into consideration their assessment of who would be likely to contribute best to fostering positive relationships between local GPs and palliative care services
- GP attachments would occur with services where there were palliative care physicians.

Metropolitan and rural divisions differed in their response to the initial proposal. DHS reviewed the responses and, in consultation with GPDV, a final statewide approach that did not differ between rural and metropolitan approaches was agreed upon.

GPDV prepared resources and information in a format acceptable to divisions; used the Divisions Network to recruit interested GPs to participate; brokered a \$500 payment to divisions to cover administrative costs; and negotiated the removal of a controversial police check requirement for participating GPs.

The DHS PEPA Project Manager worked closely with participating GPs and palliative care services to ensure that GPs were placed in services appropriate to their learning goals. The Project Manager was also readily available to GPs and palliative care staff to respond to any concerns about the applications process and the placement itself.

DHS and GPDV staff were in contact at least once a month to monitor the progress of placements and GPDV continued to promote the program to divisions until all placements had been filled.

There were 75 possible places available in Victoria, all 75 places being filled (an outstanding achievement). DHS attributed the success of the Victorian PEPA 2 Clinical Attachments to the capacity to organise communication with GPs through GPDV and Victorian divisions.

Sustainable outcomes

The PEPA 2 program ensures that 75 Victorian GPs received best practice educational opportunities in palliative care.

Conclusion

This case study illustrates what can be achieved in palliative care when the state and the Divisions program work together. Considering the increasing need for palliative care services as well as the drive for integrated and coordinated service systems it is timely for further discussions on intersectoral action.