

**Medical Deputising Services
an
Essential Ingredient in
Residential Aged Care**

**Divisions of General Practice Forum
Sept 2004**



Overview of a Medical Deputising Service

- MDS have formal arrangements with practices to provide coverage when patients' principal GP is not available.
- Majority of arrangements are in place afterhours and weekends more commonly recognised as 'out of hours'.
- MDS doctors respond to immediate medical problems/situations.
- Overall clinical governance remains with patients' principal GP.

gpSolutions

- Provide MDS services thru our gpConnect after hours medical service arm of the organisation.
- Coverage of metropolitan Adelaide from the north to the south covering a population base of approx 1.2 million people and a lot of residential care facilities!
- In 2003 the gpConnect after hours medical service made approx 15,000 visits to residential aged care facilities.



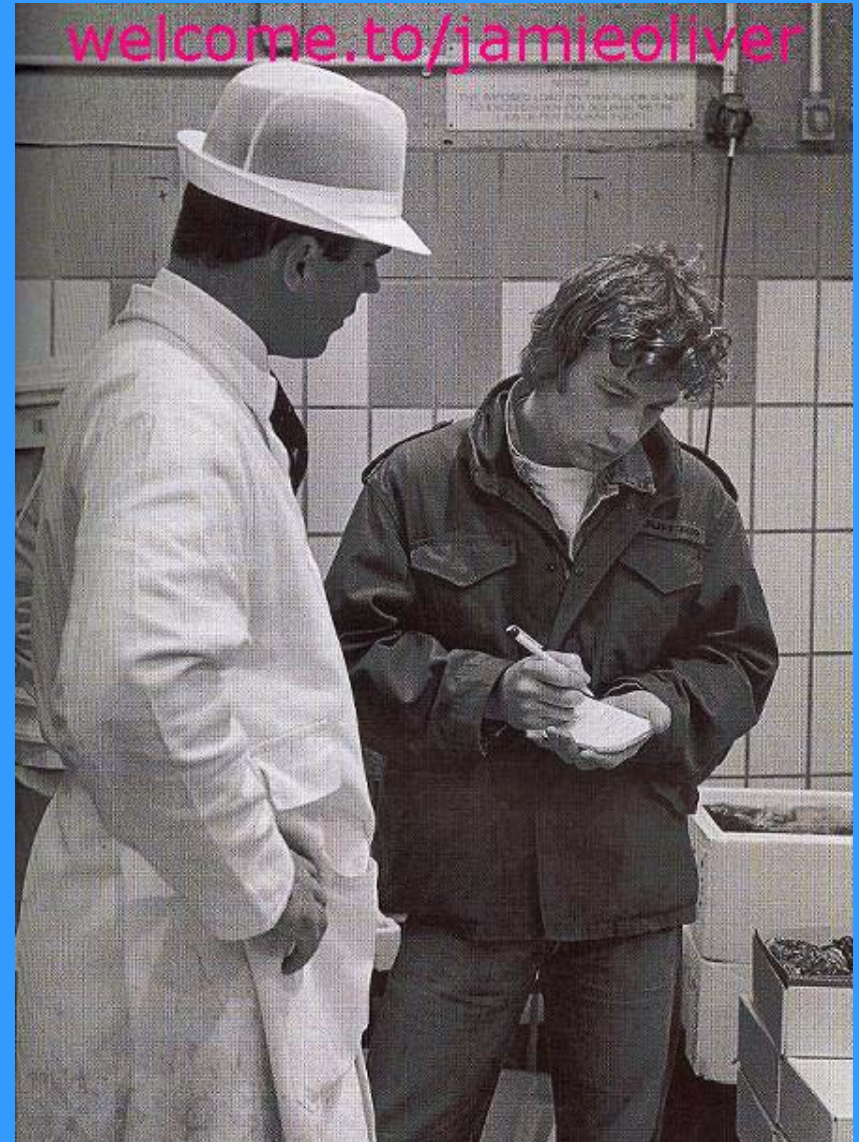
Context

- Many GPs making lifestyle choices and are reducing their hours of availability.
- Increasing numbers of 'sessional' GPs
- Residential care visits are not cost effective.
- Numbers of residential care beds are growing in outer areas with already limited workforce i.e; in the north of Adelaide there has been 250 beds opened in the past 12months.
- Patients move to RCF away from their 'lifetime' GP.

Context cont.

- Increased levels of documentation in RCF for accreditation etc.
- Residents have 'choice' of GP.
- Myriad of hospital diversion/avoidance programs/trials.
- Early discharge of residents from hospital.
- Comprehensive Medical Assessment.
- Medication Management.
- Medicare Plus.
- Never forgetting the ever constant GP workforce challenges.

“Pukka tukka this RCF is a complicated recipe with lots of ingredients that all need to work together!”



Medicare Plus – Saviour, Spin or Starting Point?

- Spin has diminished from the actual realities.
- Resource base of initiative is limited.
- Appears to be a degree of instruction behind it.
- MDS weren't invited to National Steering Committee.
- Hope that we don't overburden ourselves with committees.
- Focus on do-ables.

MDS and Division Links

- MDS are a essential element in the provision of care to RCF.
- Divisions need to acknowledge that we are part of the landscape.
- Have an inclusive policy in developing new arrangements or new models of care for RCF.
- Develop common threads amongst/across Divisions in new initiatives.



"Remember Jamie the experiences of MDS doctors can add value to improving RCF arrangements."

MDS and Division Links

- Examples so far
 - Medication management using Medical Director
 - Palliative Care Education
 - In proposed models developed under Medicare Plus, MDS have been recognised within reference group structures.

Key Underlying Principles for the Future

- Don't jeopardise the elements that are working well, don't lose capacity.
- Medical care in RCF is a complex issue that needs a workable thought thru response not a simple solution.
- Feasible and sustainable solutions and responses.
- Building and developing strong relationships between all parties(RCF, GPs & MDS) is critical in new or adopted models.

“Remember
MDS are like
olive oil an
essential
ingredient in
patient care
within RCFs!”

