

GENERAL PRACTICE & COMMUNITY HEALTH

**INEQUALITIES: Enhancing access and
delivering services to complex clients.**

**Frankston Community Health Service
GP – Pharmacotherapy Service**

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Peninsula Health: 5 Essential Elements for a Culturally Competent System*

- Value, accept & respect diversity
- Have the capacity , commitment and systems in place for 'cultural' self assessment
- Be conscious of the dynamics inherent when cultures interact
- Have continuous expansion of institutionalized cultural knowledge
- Have developed service delivery models, modes and adaptations to accommodate diversity

*Cited by Wilson E. Consumer Participation Conference 2007



BACKGROUND

- Community Health Service provides a broad range of AOD treatment, harm minimisation and health promotion services across the Frankston & Mornington Peninsula sub region (PenDAP)
- Significant issues around client access to pharmacotherapy options - both prescribing and dispensing
- DHS concerned about high demand and limited options thus providing seeding grant to support establishment of service



EXISTING LIAISON

- CHS provides home based withdrawal in conjunction with GPs
- CHS responsible for AOD Hospital Liaison (HARP funded) providing direct support and secondary consultation especially with Emergency Department
- CHS provides education and support to GPs via MPDGP sessions
- CHS provides 'assertive outreach' with partners to client group via MiHealth, Adult Outreach service, NSP



OPPORTUNITY

- Local GP with an 'interest' in working with these clients
- Issues with partners in private practice re managing client group and impact on other patients
- GP linked to Frankston Hospital and MPDGP as AOD 'adviser' + established working relationship with CHS
- Interest in expanding this client group and working in conjunction with 'community health' staff in environment that 'valued' marginal groups/clients



CO-LOCATION

- GP 'pharmacotherapy' service established within FIHC as a co-located service within the CHS
- GP expanded existing client group – no issue in terms of insufficient numbers!
- Significant improvement in 'coordinated care' with additional on site supports available including capacity to hand over once clients 'stabilized' – 2 way benefit
- Additional 'infrastructure' supports on site eg. security, duress



LEARNINGS/CHALLENGES

- Needed to invest more in ‘skilling up’ reception/front of house staff (values, competency, etc.) – dealing with the ‘chaos’
- Underestimated the ‘flow on’ impact of the service (extra work loads, administration, additional impact on other services)
- Ensure the service does not become a ‘dumping ground’ for ‘difficult’ clients
- Understand “GP land” – knowledge around business practices, care plans, incentive payments, etc. etc.



P E N I N S U L A H E A L T H

- Engage with the local Division of General Practice to improve capacity of entire sector (private/public, etc.)
 - Training/education
 - Clinical attendance
 - General information via newsletter etc.
- Single service means limited back up to support client expectations especially during GP absences (eg ABI patients have difficulty with 'reason')
- Capacity building of sector
 - Pharmacy accord
 - Health promotion
 - Capacity building (consumer participation)
 - Cultural awareness issues



- Formation of “Consumer Advisory groups” has proven an effective way of engaging marginalised groups to have input regarding service needs and access eg. SCAG, Koori CAG
- Consumer surveys have indicated relative low service overlap eg. between IDUs and other CH services
- AOD clients = high needs group + poor health status
- SCAG formed to advise on issues and identify barriers as well as address issues of rights & responsibilities – ‘ownership’ of service has proven an effective strategy for NSP (SHARPS)



WHERE NEXT?

- Funding for GP in CH strategy received in conjunction with PCHS
- Expanded GP service in Frankston & Hastings (?Rosebud etc.) with support of MPDGP & FMPPCP
- Targeting underrepresented groups
- GP Liaison – working with private clinics incl. chronic disease, Indigenous health, complex needs, low income housing etc.

