

# SA Health and Australian Medical Association (SA) Agreed actions from the Access to Care Roundtable

## Resources for Primary Health Care

Joint advocacy to the Federal Health Department for expansion of the General Practice (GP) Incentives Program:

- Establishing multidisciplinary teams in general practice, within which nurses and other health practitioners are funded to operate to their full scope of practice, increasing overall practice capacity and access to care.
- Supporting longer consultations to assist the management of complex care and contributing to hospital avoidance.
- Supporting more practices to deliver extended-hours GP services by reviewing after-hours incentives and loading.
- Review the current aged-care incentives for GPs providing aged care services in residential facilities, to secure long-term services.

## Service Navigation and Access to Specialist Advice

Resources to help GP navigation of services and to improve communication between GPs and specialists about clinical management:

- Consolidation of the current LHN out-of-hospital service resources, into a centralised system.
- Shared approach to service naming for easy navigation, including visibility of service wait-times and simplifying navigation of geographical boundaries.
- Development of an electronic navigation tool using National Health Service Directory (NHSD), with more direct access to hospital-based clinicians for advice, rapid access OPD and hospital avoidance.
- Explore options to support GPs and their patients to access specialist clinical advice, including virtual models.

## Aged Care

Review and expand resources to promote the use of Advance Care Directives (ACDs) within the community and by healthcare professionals, in supporting clinical decision-making.

Work with GPs, RACFs and SAAS to identify how to make readily available RACF residents' 7 Step Pathways and ACDs to support care in place and ensure decisions align with patients' preferences, including:

- The SA Virtual Care Service (VCS) working with RACFs to ensure GPs are contacted and that the documents are accessed to support clinical decision-making.
- Promoting MyHealthRecord as the primary repository for ACDs.

## General Practice and Hospital Interface

Review admission processes to ensure patients are asked to include updated GP contact details, for safe and effective communication to reduce re-presentations and admissions.

Continue to work with AMA SA on discharge summary redesign to ensure relevant discharge information is available to GPs within 48 hours.

Undertake a feasibility study for expansion of an existing secure and user-friendly GP accessible clinical information platform supporting timely and accurate patient information during admission and on discharge.

Undertake a trial at Flinders Medical Centre to test a suite of interventions to support safe patient transitions from hospital to their regular GP, including:

- Access to a GP appointment within 4 days of discharge, or earlier if appropriate.
- Provision of a standardised discharge summary for the appointment.
- One week follow-up phone review.
- Communication of patient presentation information, admission and discharge dates from the hospital to GP.

## Outpatient Reform and Access

Elevating the role of AMA SA, RACGP, ACRRM and GPs in reform activities, including membership of the Outpatient Redesign Steering Committee to advise how to better support GPs and other private practice specialists to access the relevant OPD services for their patients.

Explore how OPD clinicians who assess and triage referrals can better communicate in a timely fashion the reasons for decline of the referrals to GPs, to support patients' access to the appropriate care or service.

Expand integration of the OPD Clinical Prioritisation Criteria with continued clinical input.

Provide visible reporting of OPD waiting lists within each LHN to help GPs make appropriate and timely referrals to public health services.