

**COMMON POOL PERFORMANCE INDICATORS
FOR DIVISIONS OF GENERAL PRACTICE**

PRIORITY AREA: CONSUMER FOCUS
DOMAIN: CONSUMER INVOLVEMENT

OBJECTIVE: To ensure Divisions involve consumers in strategic planning, governance and service delivery aspects of the organisation.

RATIONALE: The involvement of consumers and engagement with consumer and community organisations have been a consistent policy imperative throughout the history of Divisions of General Practice. As stated in the Australian Government's Response to the Divisions Review¹, 'if the Divisions Network is to have a more significant impact in primary care it will need to broaden its scope and integrate the views of consumers and their representatives'.

Definitions:

For the purposes of this objective, the following definitions are used:

Consumer

Consumers include patients and potential patients, carers, organisations representing consumer interests, and members of the public who are targets of health promotion programs and health care services. The key attribute that these people share is that they are not researchers or health professionals. Their main experience of health care is as a health consumer or community member².

Consumers are people who have direct experience of receiving a health or community service, or have direct experience of a health condition or circumstance that means they require services to address that condition³.

Consumer organisation

Consumers sometimes organise themselves into groups, often based around a particular condition or service need. Self help and mutual support groups fit this definition.

The Consumers' Health Forum has established the following criteria for genuine consumer organisations:

- the organisation must represent the interests of consumers on health matters rather than the interests of professional, provider or commercial interests;
- the organisation's membership is open to consumers and/or consumer organisations; and
- the organisation can elect consumers/consumer organisations to the governing body of the organisation.

Community organisation

Broader groups of people, who may or may not be consumers, may organise themselves into community groups. A community group is usually a group of people who share a common concern or interest and decide to work together in some way to achieve shared goals. Community groups commonly seek to improve services within a local area or geographic community⁴.

¹ Department of Health and Ageing. *Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice* (April 2004), p16. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\\$FILE/fut_dir.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/$FILE/fut_dir.pdf)

² Adapted from NHMRC. *Resource Pack for Consumer and Community Participation in Health and Medical Research: Investing in Australia's Health* (December 2004), pp2–3. Available at: http://www7.health.gov.au/nhmrc/publications/_files/r34.pdf

³ Divisions Evaluation Advisory Group. *Consumer and Community Liaison in Divisions of General Practice* (1997, unpublished).

⁴ Divisions Evaluation Advisory Group. *Consumer and Community Liaison in Divisions of General Practice* (1997, unpublished).

Level 1 Divisions (Organisational Structures/Processes)	Level 2 General Practices/GPs (Program Structures/Processes)	Level 3 Processes of Care for Clients, Families, Communities	Level 4 Intermediate Health Outcomes for Clients, Families, Communities
<p>C_CON 1.1 The Division collaborates with relevant consumer and community organisations to address access to general practice services issues.</p> <p>C_CON 1.2 The Division supports general practices to have processes in place to receive and respond to patient feedback and complaints.</p> <p>C_CON 1.3 The Division supports general practices to involve consumers in their quality improvement activities.</p>	<p>C_CON 2.1 The number and proportion of general practices that can describe an improvement they have made in response to patient feedback or complaints.</p>		

PRIORITY AREA: ACCESS
DOMAIN: MORE ALLIED HEALTH SERVICES

OBJECTIVE: To improve the health care of key groups within a rural community through the provision of efficient and effective allied health services which have been selected on the basis of the identified needs of the community. To provide additional (in quantity or range) professional allied health services to rural communities. To facilitate an integrated approach to health care provision by allied health care professionals and general practitioners working together to meet the care needs of patients, and link the More Allied Health Services Program with other State/Australian Government funded health initiatives services.

RATIONALE: Refer to the More Allied Health Services (MAHS) Program Guidelines
<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pcd-programs-mahs>

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<p>C_MAHS 1.1 The Division has undertaken a needs assessment in consultation with relevant stakeholders that identifies local priorities for MAHS.</p> <p>C_MAHS 1.2 The Division delivers MAHS programs that are consistent with the priorities identified in its MAHS needs assessment.</p>	<p>C_MAHS 2.1 The number and proportion of GPs in the Division who referred patients to allied health professionals through MAHS.</p> <p>C_MAHS 2.2 The number and proportion of GPs who referred patients for services provided through the MAHS program who are satisfied with the care provided.</p> <p>C_MAHS 2.3 The number and proportion of participating allied health professionals who are satisfied with the Division's MAHS program.</p>	<p>C_MAHS 3.1 The number and proportion of MAHS consultations delivered compared to the number of consultations scheduled.</p>	

PRIORITY AREA: GENERAL PRACTICE SUPPORT
DOMAIN: PRACTICE TEAMS/PRACTICE NURSING

OBJECTIVE: To ensure Divisions support enhanced capacity in general practice through the development of practice nursing.

RATIONALE: Within general practice teams, nurses can improve the quality and accessibility of primary care for patients, particularly those with chronic and/or complex conditions. Studies have indicated that nurses can bring a number of benefits to a practice, including improved health outcomes in chronic disease¹, assistance in primary-acute care integration, better coordination of care, increased workforce capacity, the provision of practical and professional support to GPs, and an enhancement in the range of services available to people attending general practice².

In some areas, Aboriginal and Torres Strait Islander Health Workers (AHWs) play important clinical roles in general practice teams, including in the management of chronic disease. Australian Government support for this is demonstrated by the fact that in some circumstances the practice nursing Practice Incentives Program (PIP) payment can be claimed for the employment of an AHW. Further, the role of AHWs is acknowledged in the Department of Health and Ageing's guidelines for the Nursing in General Practice (NiGP) Program. An appropriate approach to practice nurse engagement and support will therefore include AHWs, where relevant.

¹ Wagner E, Austin B and Von Korff M. 'Organising Care for Patients with Chronic Illness'. The Millbank Quarterly 1996; 74:511–534.

² Watts I, Foley E, Hutchinson R, Pascoe T, Whitecross L, Snowdon T. General Practice Nursing in Australia (2004: RACGP/RCNA).

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<p>C_PTIN 1.1 The Division takes a systematic approach to supporting general practices to recruit and/or have access to practice nurses and/or AHWs.</p> <p>C_PTIN 1.2 The Division takes a systematic approach to supporting nurses and/or AHWs working in general practice.</p> <p>C_PTIN 1.3 The Division facilitates access to effective Continuing Professional Development (CPD) for nurses and/or AHWs working in general practice.</p> <p>C_PTIN 1.4 The Division Board includes a practice nurse and/or AHW.</p> <p>C_PTIN 1.5 Practice nurses and/or AHWs influence Division strategic directions and annual plans.</p>	<p>C_PTIN 2.1 The number and proportion of general practices employing or contracting the services of one or more practice nurses and/or AHWs.</p> <p>C_PTIN 2.2 The number and proportion of eligible general practices accessing the practice nursing Practice Incentives Program (PIP) payment.</p> <p>C_PTIN 2.3 The number and proportion of practice nurses and/or AHWs who attended at least one support activity provided by the Division.</p> <p>C_PTIN 2.4 The number and proportion of general practices employing or contracting the services of one or more practice nurses and/or AHWs in which the practice nurses/AHWs contribute to chronic disease prevention and/or management.</p>		

PRIORITY AREA: WORKFORCE

DOMAIN: RECRUITMENT AND RETENTION

OBJECTIVE: To ensure Divisions enhance the sustainability of general practice services through a range of GP recruitment and retention strategies.

RATIONALE: Community expectations of general practice and its workforce are undergoing significant change. The Productivity Commission Report on Australia's health workforce¹ identifies some key challenges, including changes in the population structure and burden of disease, workforce shortages and mal-distribution, changes in the gender mix and working hours of health care workers, increasing reliance on overseas trained doctors, and greater reliance on multidisciplinary care. The key objective of workforce reform should be to enhance community access to high quality, safe, efficient, effective and sustainable health services¹. This should be achieved by facilitating the development of health workforce arrangements that: maximise the efficiency and effectiveness of the available health workforce at any point in time and help to reduce its mal-distribution; and are able to respond in a timely and effective manner to changing needs and pressures¹.

The Review of the Role of Divisions of General Practice recognised that 'one of the major achievements of the Divisions Network has been its support for general practices and GPs' and 'should continue to be a strong focus of the Divisions Network'². Divisions can work with GPs and their practices to keep them attractive, viable and rewarding through a range of recruitment and retention activities³.

¹ Australian Government Productivity Commission. *Australia's Health Workforce* (December 2005), p33. Available at: <http://www.pc.gov.au/study/healthworkforce/finalreport/index.html>

² Divisions Review Panel. *The Future Role of the Divisions Network: Report on the Review of the Role of Divisions of General Practice*. (2003: Department of Health and Ageing), p6. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/\\$FILE/divfuture.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-divfuture.htm/$FILE/divfuture.pdf)

³ Department of Health and Ageing. *Future Directions: Government Response to the Report of the Review of the Role of Divisions of General Practice* (April 2004), p14. Available at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/\\$FILE/fut_dir.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-divisions-index.htm/$FILE/fut_dir.pdf)

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<p>C_RAR 1.1 The Division collaborates with the Rural Workforce Agency and/or other relevant agencies to address workforce needs at the local level.</p> <p>C_RAR 1.2 The Division assists general practices and local communities to recruit suitably qualified GPs.</p> <p>C_RAR 1.3 The Division supports Overseas Trained Doctors to address their specific needs.</p> <p>C_RAR 1.4 The Division works with Aboriginal Community Controlled Health Services and/or local practices and other relevant agencies to recruit and retain suitably qualified GPs to provide sustainable general practice services for Aboriginal and Torres Strait Islander people.</p> <p>C_RAR 1.5 The Division collaborates with universities, regional training providers and other organisations to help facilitate vertical integration of medical education.</p> <p>C_RAR 1.6 The Division provides personal support for GPs and their families.</p> <p>C_RAR 1.7 The Division assists general practices to access locum services.</p>			

PRIORITY AREA: PREVENTION AND EARLY INTERVENTION

DOMAIN: RISK FACTOR MANAGEMENT

OBJECTIVE: To ensure Divisions promote and support optimal chronic disease risk factor management through general practice.

RATIONALE: Risk factors contribute significantly to the burden of disease, especially chronic disease¹. General practice has a good opportunity to address risk factors because: (a) a high proportion of the population consult a general practitioner at least once a year²; (b) there is evidence that general practice can intervene effectively with smoking, physical activity, alcohol and (to a more limited extent) unhealthy eating³; and (c) patients see GPs as having a supportive role in lifestyle interventions³.

¹ Australian Institute of Health and Welfare (AIHW): Mathers C, Vos T, Stevenson C. The burden of disease and injury in Australia. (1999, AIHW cat. no. PHW 17, AIHW, Canberra).

² Australian Bureau of Statistics (ABS). 1989–90 National Health Survey health related actions. (ABS, Canberra).

³ RACGP. (Green Book) Putting prevention into practice: a guide for the implementation of prevention in a general practice setting (2nd edition, Melbourne, RACGP).

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<p>C_RSK 1.1 The Division collaborates with State/Territory health and/or other local health and health-related services to facilitate access to optimal chronic disease risk factor management for high risk patients.</p> <p>C_RSK 1.2 The Division collaborates with relevant Aboriginal and Torres Strait Islander and other organisations to facilitate access to optimal chronic disease risk factor management for Aboriginal and Torres Strait Islander people.</p> <p>C_RSK 1.3 The Division undertakes and/or supports community based activities to promote and support optimal chronic disease risk factor management.</p> <p>C_RSK 1.4 The Division takes a systematic approach to support general practices/GPs to provide optimal chronic disease risk factor management.</p> <p>C_RSK 1.5 The Division facilitates access to effective Continuing Professional Development (CPD) for chronic disease risk factor management focussed on behaviour change.</p>	<p>C_RSK 2.1 The number and proportion of general practices taking a systematic approach to chronic disease risk factor management.</p>	<p>C_RSK 3.1 The number and proportion of patients on practice register/recall/ reminder systems for whom weight has been recorded in the past 12 months.</p> <p>C_RSK 3.2 The number and proportion of patients on practice register/recall/ reminder systems aged 10 years and over with a record of smoking status.</p>	<p>C_RSK 4.1 The number and proportion of patients on practice register/recall/ reminder systems aged 10 years and over recorded as a current smoker.</p>

PRIORITY AREA: GENERAL PRACTICE SUPPORT
DOMAIN: WORKFORCE SUPPORT FOR RURAL GENERAL PRACTITIONERS

OBJECTIVE: To provide support (such as training, education, mentoring and professional development) to newly arrived and existing GPs. To plan, develop and implement strategies to increase the number of GPs in areas of workforce shortage.

RATIONALE: Refer to Workforce Support for Rural General Practice (WSRGP) Program Guidelines
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-workforce>

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<p>C_WSRGP 1.1 The Division has a workforce strategic plan that includes strategies to maintain or increase the number of GPs in areas of workforce shortage.</p> <p>C_WSRGP 1.2 The number and proportion of the GP workforce receiving WSRGP services who are satisfied with the service.</p>			

PRIORITY AREA: ACCESS
DOMAIN: YOUTH HEALTH

OBJECTIVE: To ensure Divisions facilitate access to general practice and other primary health care services that meet the needs of young people.

RATIONALE: Because youth is a period of great and rapid emotional, physical and intellectual change, young people can experience significant fluctuations in health and wellbeing¹. Major causes of morbidity and mortality include injury and poisoning, mental health problems and disorders, and sexual and reproductive health problems. There is a range of risk factors relevant to young people's health including substance use, diet and physical activity. Vulnerable sub-populations including Aboriginal and Torres Strait Islander young people, those from rural areas and areas of socio-economic disadvantage, and gay-lesbian young people^{1,2}.

Given the breadth of the health issues faced by young people, a broad based primary health care response is appropriate. 'GPs are ideally placed to respond to young peoples' complex health problems by providing comprehensive health care, and acting as a first point of call in the identification, treatment, follow up and referral of adolescent health problems'². Because of their engagement with general practice, Divisions are well placed to facilitate access to general practice services that meet the needs of young people. Also, through their collaborative planning and service delivery activities with other primary health care providers, Divisions are uniquely placed to facilitate access to other services that meet the needs of young people.

Resources:

GP Resource Kit: Enhancing the skills of general practitioners in caring for young people from culturally diverse backgrounds².
 MindMatters Plus GP Resource Kit³.

Definition:

The Australian Institute of Health and Welfare¹ uses the age range 12–24 years to identify the population group known as 'young people'. The World Health Organization defines adolescence as the period of life between 10–19 years, youth as between 15–24 years, and young people as those between 10–24 years.
<http://www.un.org>

For the National Quality and Performance System for Divisions, a lower benchmark of 10 years has been adopted.

¹ Australian Institute of Health and Welfare (AIHW). *Australia's Young People: Their Health and Wellbeing* (2003: AIHW, Canberra). Available at: <http://www.aihw.gov.au/publications/index.cfm/title/9569>

² NSW Centre for the Advancement of Adolescent Health (CAAH): Kang M, Chown P. *GP Resource Kit: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds* (2004: A collaboration between NSW TMHC and NSW CAAH) Available at: <http://www.caah.chw.edu.au/resources/#03>

³ ADGP. *Mindmatters Plus GP Resource Kit* (June 2005). Available at: <http://www.adgp.com.au/site/index.cfm?display=4770>

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<p>C_YTH 1.1 The Division assists young people, including those from vulnerable sub-populations, to access general practices.</p> <p>C_YTH 1.2 The Division collaborates with service providers, young people, consumer and community organisations and other stakeholders to facilitate young people's access to general practice services.</p> <p>C_YTH 1.3 The Division collaborates with Aboriginal and Torres Strait Islander young people, Aboriginal Community Controlled Health Services and other relevant organisations to facilitate Aboriginal and Torres Strait Islander young people's access to general practice services.</p> <p>C_YTH 1.4 The Division supports general practices to provide services that meet the health care needs of young people, including those from vulnerable sub-populations.</p> <p>C_YTH 1.5 The Division provides services to young people through outreach activities.</p> <p>C_YTH 1.6 The Division works with schools to support relevant health curriculum and student welfare activities.</p> <p>C_YTH 1.7 The Division facilitates access to general practice services through youth health clinics.</p> <p>C_YTH 1.8 The Division takes a systematic approach to obtaining feedback from young people in relation to general practice services.</p> <p>C_YTH 1.9 The Division facilitates access to effective Continuing Professional Development to enhance the skills of GPs and practice staff in meeting the health care needs of young people.</p>	<p>C_YTH 2.1 The number and proportion of general practices implementing specific strategies to optimise access for young people.</p> <p>C_YTH 2.2 The number and proportion of general practices implementing specific strategies to optimise access for young people, which actively involve young people in their quality improvement activities.</p> <p>C_YTH 2.3 The number and proportion of GPs attending at least one Division Continuing Professional Development activity aimed at enhancing skills in meeting health care needs of young people.</p> <p>C_YTH 2.4 The number and proportion of practices from which any staff member attended at least one Division activity aimed at optimising access for young people, in the past 12 months.</p>		