



Creating Partnerships- Promoting Change
Enhancing mental health care in Logan Beaudesert

Opening Thought

**Change is inevitable;
Except from vending
machines**

Unknown



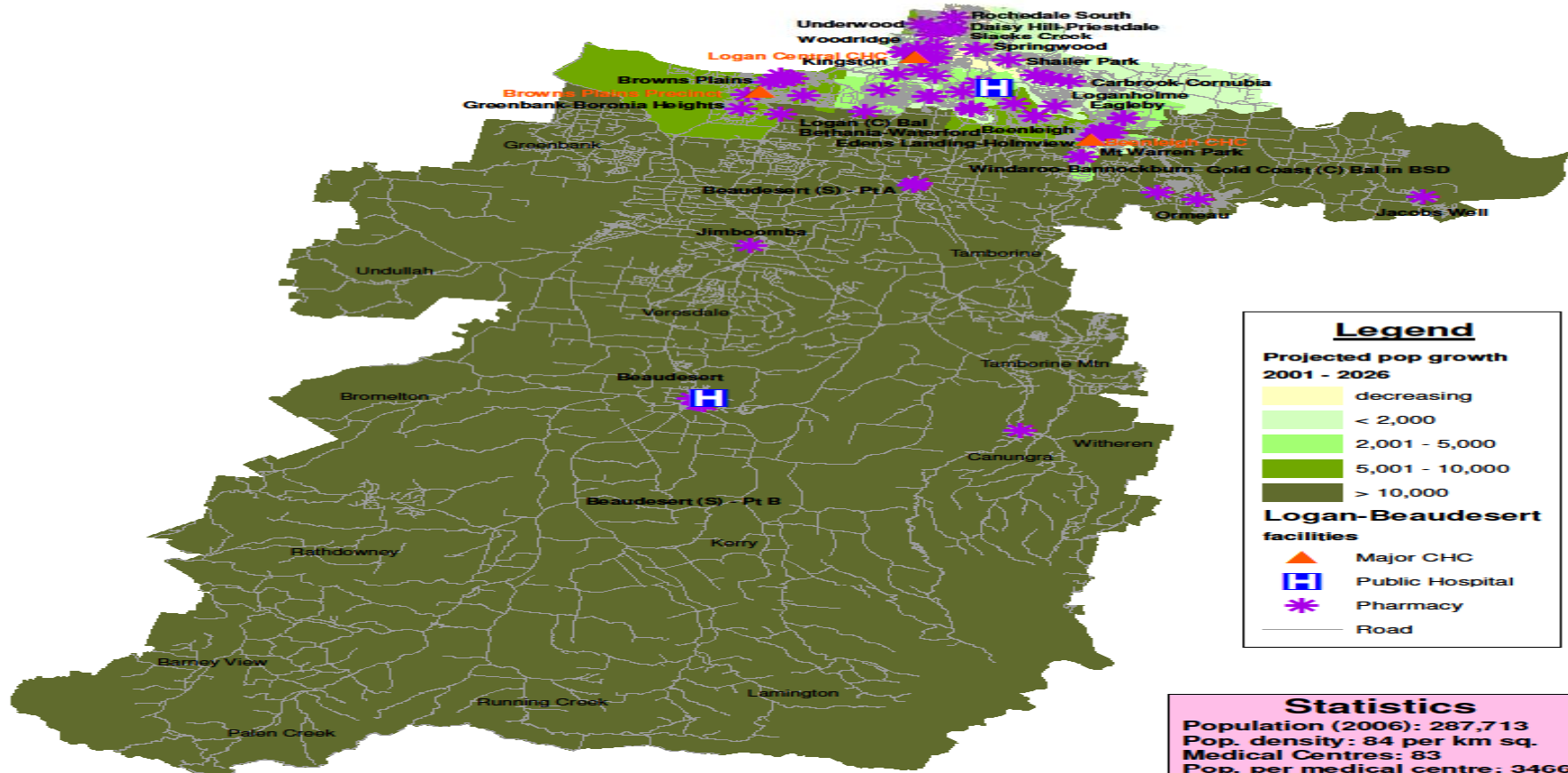
Overview

1. Background - Logan Beaudesert Health Coalition/GP Integration Program
2. The issue – why change required?
3. Approach taken/model developed
4. Linking the model with the theory of partnerships
5. Learnings

Where Are We From??



Map 15.2a: Logan-Beaudesert Health Resources and Statistics No. 2



Legend

Projected pop growth 2001 - 2026

- decreasing
- < 2,000
- 2,001 - 5,000
- 5,001 - 10,000
- > 10,000

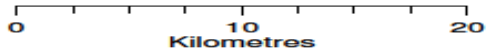
Logan-Beaudesert facilities

- Major CHC
- H Public Hospital
- Pharmacy
- Road

Statistics

Population (2006): 287,713
 Pop. density: 84 per km sq.
 Medical Centres: 83
 Pop. per medical centre: 3466
 Doctors: 300
 Pop. per doctor: 959
 Area per doctor: 11.4 km sq.
 Pharmacies: 78
 CHC: 3
 Public Hospital: 2
 Projected 2026 pop: 436,676

Author: Griffith University
 Date: June 2008
 Data: ABS 2006, PIFU 2007.



Background 1

The Logan Beaudesert Health Coalition

- Health Coalition arose in response to the current change agenda within Queensland Health
 - The Chronic Disease Strategy 2005 – 2015
- Logan Beaudesert PBI
 - One of 3 Place Based Initiatives
- Health Stakeholder Board
 - QHealth, GP, Council, University
 - Voluntary partnership arrangement with an holistic approach:
- Promote & protect health of the local population
 - Prevent & manage chronic disease
 - Works with private agencies, NGO sectors, Government agencies and the local community
- Oversees 6 Programs



Background -2

GP Integration Program

Purpose:

Improve health service delivery
across the Logan Beaudesert area by
developing innovative models that
effect system change within the primary
care sector and ***enhance the***
continuum of care.

The issue -1

The Environment

- Mental Health Care a recognised health priority
- 75% of all mental health contacts occur in GP surgeries
- Varying levels of GP skills' and interest
- Time constraints
- Remuneration issues

The Issue -2

The System

- ***Franklin D. Roosevelt***
 - When you come to the end of your rope, tie a knot and hang on.



The Issue -2

- Professional cultural differences
- Unclear referral pathways
- Limited specialist support
- Limited knowledge by General Practice of support agencies
- Lack of co-ordination/shared care processes

Changes Required

- ❖ Ensure effective linkages between public, private, primary care and specialist services
- ❖ Have shared care coordinated successfully.

Approach taken

- ✓ Canvassed the views of GPs
- ✓ Discussions held with MHS
- ✓ Coincided with new service
 - ✓ “green fields” approach
- ✓ Organised project manager to visit GPs impacted by new service
 - ✓ Discussed issues
- ✓ Facilitated a partnership approach

The Model

- District Service delivered from General Practice
- Placement of Psychiatric Registrar in self-selected surgeries
- Role to assist GPs in assessment and treatment
- See patients referred by GPs from that surgery



Linking the Model with the theory of partnerships

What are we trying to achieve?

1) Synergy

Bringing together stakeholders to develop new ways of improving linkages and promoting continuity of care

Linking the Model with the theory of partnerships

What are we trying to achieve?

2) Building positive relationships

- GP/specialist roles recognised
- Developing culture of co-operation
 - Team based care

Linking the Model with the theory of partnerships

What are we trying to achieve?

3) Increasing Capacity of General Practice

- Access to specialist support
- Increase in GP knowledge base
- Increased confidence
- Shared resources

Learnings 1

Enablers

- Recognition of a problem
 - By all parties
- Willingness to try something new
 - Concept of model agreed
- Funding available
 - ESTP
- New Service

Pablo Picasso

I am always doing that which I can not do, in order that I may learn how to do it.

Learnings 2

Barriers

- Different expectations of participants and stakeholders
- Staff Changes
 - Loss of historical knowledge



Learnings 3

What GPs Thought

- Improved Access
- Improved Communication
- Access to Information
 - Advice
 - Services
- Management “In House”
 - Increased capacity to deal with these patients

Would it Fly???



Orville Wright Piloting His Aeroplane on Dec. 17, 1903

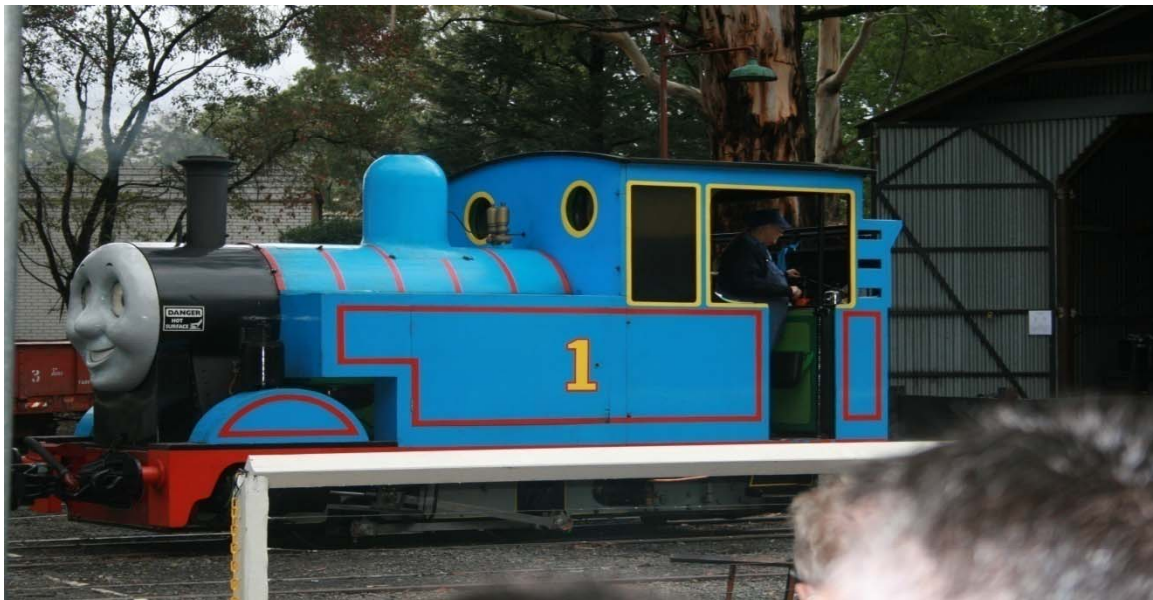
Learnings 4

What would we do differently

- ✓ Slower roll out
 - ✓ Concerned project would lose momentum
- ✓ Establish Steering Committee
 - ✓ GP/Mental health/Divisional/GP Liaison
 - ✓ Prior to project phase
- ✓ Clearly Defined Roles/Responsibilities
 - ✓ All parties
 - ✓ Manage expectations

Conclusion

- Model with a lot of potential
- Needs “tweaking” prior to any further implementation



A Really
Useful
Model !!



Health Coalition

Logan-Beaudesert

*Leaders in Health, Partners in planning
responding to the community*

