

GUIDELINES ON FEEDBACK TO GENERAL PRACTITIONERS

September 2011

Introduction

Improving communication about the care of consumers shared between health and community professionals and general practitioners (GPs) will enhance the quality of care and experience of consumers, particularly those with long term or complex conditions. Feedback is part of a communication loop that occurs at appropriate trigger points of the intervention process over the course of a consumer's involvement from referral to discharge. *Consistent, timely and appropriate* feedback to GPs is necessary for maintaining high-quality multidisciplinary care for consumers and for forming solid working relationships between health and community professionals based on trust and good communication.

These guidelines provide advice to North East Primary Care Partnership (NEPCP) member agencies about how, when and what consumer feedback is, and the information a GP requires to add value to the care of their patient. They have been developed after reviewing the existing NEPCP Good Practice Guidelines for feedback to GPs and considering the document produced by GPV¹ and draws extensively from the Department of Health, Guidelines on Feedback to General Practitioners for Community Health Services 2011².

Why is feedback necessary?

Feedback regarding shared consumers is an essential element in the communication between multiple providers of consumer care. During one episode of care alone, a consumer can potentially be treated by numerous health and community professionals across multiple settings. Consumers move between these settings for reason of diagnosis, treatment, care planning, monitoring and review. Appropriate and timely opinions aim to improve consumer health and community outcomes as feedback is used to inform quality clinical care and care improvements. Communication and feedback from primary care professionals to GPs is vital as it can:

- Enable relevant effective primary health and community support to be identified and provided
- Facilitate follow through of management by the GP
- Reduce the risk of duplication of management plans, tests and personal history information provided by the consumer
- Increase the chances that the consumer follows up on necessary steps
- Facilitate continuity of care so that the consumer's care is not fragmented
- Act as a positive promotional mechanism for the service and raises the standard of professionalism

Communication from GPs to community and health professionals regarding shared clients should be encouraged whenever appropriate.

¹ GPV Position Statement, Feedback to GPs about patient Care, March 2010

² Guidelines on feedback to general practitioners for community health services 2011, Department of Health, Victoria.
<http://www.health.vic.gov.au/pch/gpp/improving.htm>

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Which GPs or medical practitioners should receive Feedback?

Self-Referral by Consumers

Agencies will need to obtain GP contact details from the consumers who have self referred. Subject to the consumers consent, feedback to the consumers GPs should be provided by the health and community professional.

The Consumers Regular General Practitioner

If the referral to the health and community professional was made by the consumers usual GP, then the expectation is that that feedback should be provided back to the referring practitioner, the consumers GP.

A GP Other than the Consumers Usual GP

If the referral was made by a GP other than the consumer's usual GP, a discussion should take place with the consumer as to whether communication should also be addressed to their usual GP, highlighting the matter of continuity of care. If the consumer consents to their usual GP being provided feedback, the health and community professional should also include the usual GP in any correspondence/feedback as well as the referring GP.

If the Consumer attends a Multi-GP Clinic and has no preferred/designated GP / If the Consumer Does not have a GP

If the consumer has GP contact, such as at a 'Super Clinic' or a clinic with multiple GPs, yet has no designated GP, the worker may encourage the consumer to link with a General Practitioner by explaining the value of having a medical practitioner involved in their on-going care, where appropriate. Feedback should be forwarded to the selected GP or to the clinic to be included in the consumers file.

If the consumer has no GP, the worker may encourage the consumer to link with a General Practitioner by explaining the value of having a medical practitioner involved in their care, where appropriate. If the consumer selects a GP, then feedback should be provided.

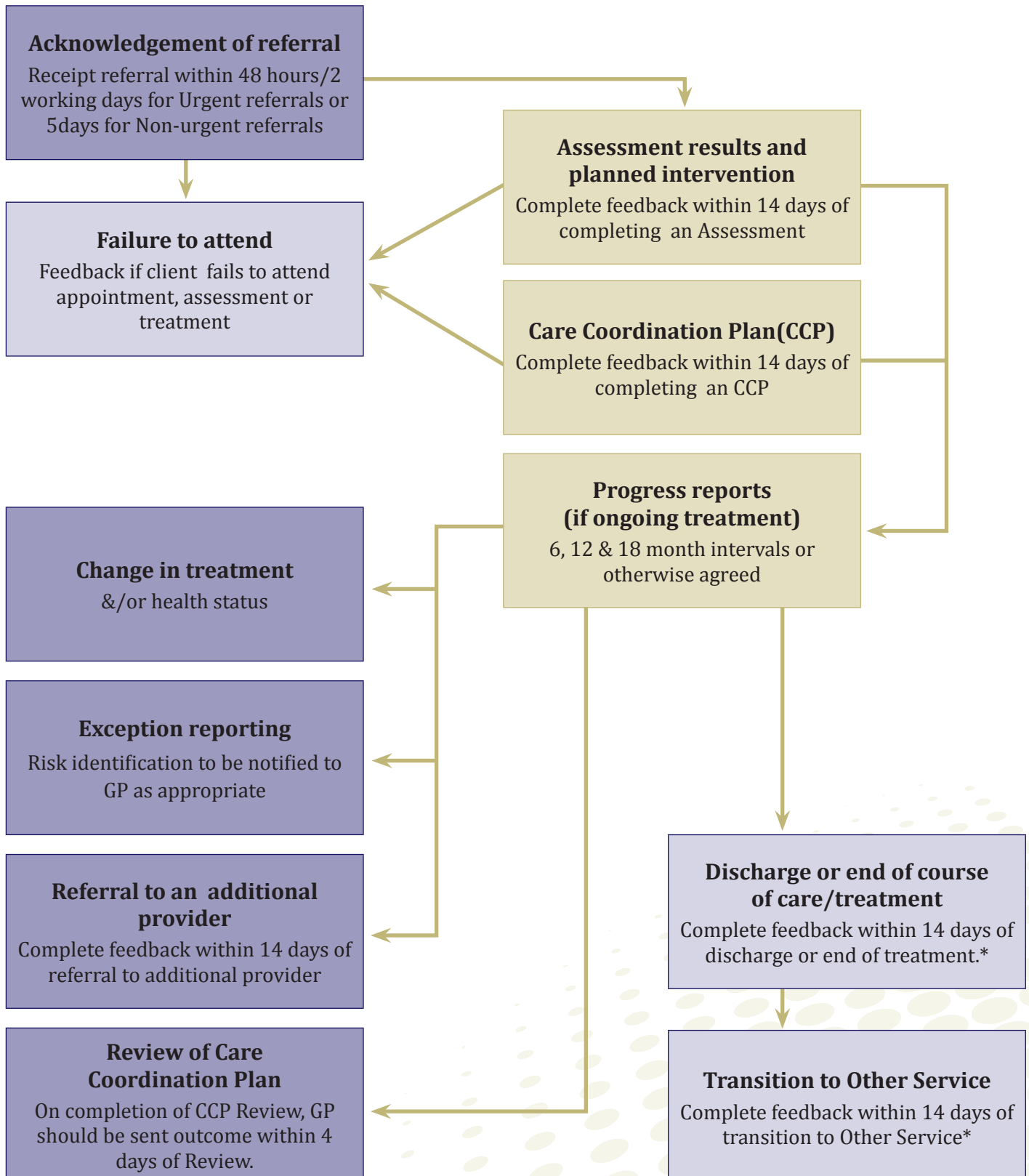
When should feedback be provided?

Feedback from health and community professionals to GPs should occur at a number of trigger points along the continuum of care including;

- Acknowledgement of referral/Receipt of referral
- Failure to attend appointment/assessment/treatment
- Outcomes from assessment and planned interventions for the consumer
- If a Care Coordination Plan is developed or reviewed or as per NEPCP Interagency Care Planning Protocol
- Change to a person's condition or status, or change in treatment
- Exception Reporting
- Referral to an additional service provider
- Progress Reports (periodic progress at agreed upon time intervals between service providers and GPs)
- Transition to another service/ discharge or end of course of care (including outcomes of treatment)

The following diagram sets out a visual guide of the various trigger points at which written feedback to GPs is expected.

Trigger points for providing written feedback to GPs



*Note Preference is notification prior to discharge/transition to other service , where appropriate.

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Diagram 1. Trigger points for providing written feedback to GPs

The Victorian Service Coordination Practice Manual sets out a number of standards in timeframes for a number of the Trigger Points in Diagram 1.

TRIGGER POINT	TIMEFRAME
Acknowledgement of Referral	Urgent Referral: Receipt of referral within 48 hours/2 working days
	Non-Urgent Referral: Receipt of referral within 5 working days
Failure to Attend (FTA)	GP to be notified if consumer fails to attend appointment, assessment or treatment. <small>*Note: FTA does not refer to consumers who have cancelled the appt, assessment or treatment and have rescheduled/rebooked for another appointment time.</small>
Assessment results and planned intervention	Complete Feedback to GP Form within 14 days of completing an Assessment
Care Coordination Plan developed	Care Coordination Plan distributed within 5 days by Care Plan Coordinator
Change in treatment and/or health and community status	Notification of change in treatment/health status to GP as appropriate.
Exception/Risk reporting	Risk identification and notification of GP should happen at discretion of practitioner.
Referral to an additional provider	Complete NEPCP Feedback to GP Form within 14 days of referral to an additional provider.
Review of Care Coordination Plan	On completion of plan, GP should be sent outcome within 5 days of Review.
Progress Reports	6, 12 and 18 month intervals or otherwise agreed timeframe with GP.
Discharge or end of course of treatment/care	Complete NEPCP GP Feedback Form within 14 days of discharge or end of course of treatment/care. <small>*Preference is notification prior to discharge where possible to support evidence based solutions.</small>
Transition to Other Service	Complete NEPCP GP Feedback Form within 14 days of transition to other service. <small>*Preference is notification prior to discharge where possible to support evidence based solutions.</small>

Written communication is the recommended mode for feedback, however verbal communication may occur and appropriate documentation should happen including documenting consumer consent to provide feedback. See section on ***How should feedback be provided*** for more detailed information.

Consumer consent is required for the sharing of information. See section on ***Consent*** Page 6 of these Guidelines for further detail relating to consent.

Who should provide feedback to GPs?

Feedback from Individual Practitioners.

Practitioners may provide individual feedback at any one of the trigger points outlined in Diagram 1. This information may be uncoordinated with other services or the report contents may be shared between health and community professionals. Individual practitioners may also provide individual feedback within a coordinated report.

Combined Feedback from Multidisciplinary Team/Key Worker/Care Coordinator Re: Coordinated Care Plan

When a consumer receives services from a multidisciplinary team, the process of feedback becomes more complex. Ideally, the team should identify an agreed worker to coordinate/combine the feedback to the consumer's GP, creating one report with individual input from each service provider, or one comprehensive report with a common intervention plan and/or progress report. Similarly, one coordinated care plan or discharge report could be generated covering outcomes from all interventions.

What should be included in the feedback?

The Department of Health in consultation with General Practice Victoria (GPV) has developed Guidelines around content for GP Feedback Forms. Principally, GP Feedback should be concise and relevant to the GP's care of the consumer and no longer than one single-sided page. The feedback should include:

- Consumer identification details
- Referral details including reason for referral
- Clinicians involved in consumer's care, reason for involvement and contact details of providers.

Depending upon the nature of the report, information may also include:

- assessment findings and planned interventions in summary
- outcomes of the service provided
- issues or recommendations that may require follow up by the GP.

The development of the NEPCP GP Feedback Form has taken all these things into consideration. See Appendix 1: NEPCP General Practitioners Feedback Form

How should feedback be provided?

Mode of Feedback

Written feedback is the recommended mode of communication as it provides an accurate record of care that can be referred to as required. If verbal feedback is given, the community or health professional should promptly record this information in written form.

Urgent Feedback

If urgent medical or psychological concerns are held about a consumer, the community or health professional should contact the GP directly by phone, then follow up with written communication. The judgement about what is urgent is a matter of clinical opinion.

Security of Feedback

Written communication to the GP should be provided via secure fax, post or secure messaging.

Consumer Feedback to GP

Feedback may be given to the consumer to pass on to the GP. Whilst it is important to involve the consumer in their care, it is also essential that the community or health professional communicates, preferably in written format, directly with the GP and all relevant information is documented in progress notes/case files, as appropriate.

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Consent

Consumer consent is required for the sharing of information. In some instances, consumers may refuse to give consent. If this occurs, information cannot be shared unless:

- it is necessary to lessen or prevent a serious and imminent threat to an individual's life, health, safety or welfare or
- a serious threat to public health, safety or welfare exists. (Health Records Act 2001)

If a consumer does not consent to allow feedback to their General Practitioner or the Medical Practitioner who had referred them, it is expected that the community or health professional provide information to the consumer about the value of this feedback and letting the GP know of relevant information can actually improve care for the consumer. If nothing else the consumer may consent to alert the GP that the consumer attended the agency without providing further details of other information/assessment.

Regardless of whether the consumer then decides to provide consent or not, this discussion about the importance of feedback should be documented.

Medicare Benefits Schedule (MBS)

The following information relating to MBS Team Care Arrangements and Mental Health Care Plan are as specified by the Department of Health Guidelines on Feedback to General Practitioners for Community Health 2011.³

Communication requirements in Team Care Arrangements (TCA)

The TCA item under MBS is available for use by GPs for the care of consumers with a chronic or terminal medical condition and complex care needs. Complex care needs means that the consumer requires ongoing care from a multidisciplinary team consisting of their GP and at least two other health or care providers.

The GP requires communication from any health care provider who forms part of the TCA to:

- confirm agreement to the TCA plan outlined and their contribution to it
- notify any change to the TCA plan
- request additional TCA sessions
- notify if the consumer has discontinued care
- If claiming under MBS:
 - where an allied health professional provides a single consultation to the consumer under a referral, they must provide a written report back to the referring GP after the service.
 - where an allied health professional provides multiple consultations to the same consumer under the one referral, they must provide a written report back to the referring GP after the first and last service only, or more often if clinically necessary.

Written reports should include:

- any investigations, tests or assessments carried out on the consumer
- any treatment provided
- future management of the consumer's condition or problem.

³ Guidelines on feedback to general practitioners for community health services 2011, Department of Health, Victoria.
<http://www.health.vic.gov.au/pch/gpp/improving.htm>

Communication requirements with mental health care plans

The GP mental health care items under MBS are available for use by GPs when undertaking early intervention, assessment and management of consumers with mental disorders. Management may include the preparation of a GP mental health care plan. Where a GP mental health care plan has been completed and claimed on MBS, a consumer is eligible for referral to MBS-rebateable allied mental health services, such as psychological therapy or focused psychological strategy services.

On completion of a course of treatment (maximum of six services), allied mental health professionals must provide a written report to the referring medical practitioner, which should include information on:

- any assessments carried out on the consumer
- any treatment provided
- recommendations on future management of the consumer's disorder.

For further information, visit

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gp-mental-health-care-pdf-factsheet>

Care Coordination Plan

For consumers with complex needs who require services from multiple providers, the health or community service should develop a care coordination plan using the care coordination plan template.

In most cases, a GP would be a contributor to the consumer's care and as such, would be provided with a copy of the plan and reviews of the plan as per the practice standards outlined in the Victorian Service Coordination Practice Manual (2007)⁴. The NEPCP Interagency Care Planning Protocol(March 2011) also provides details of local agreements concerning Care Planning between partner agencies. If the GP has not contributed to the care coordination plan, they could be invited to participate and be provided with a copy of the plan at that point.

⁴ Victorian Service Coordination Practice Manual: A Statewide Primary Care Partnerships Initiative, 2007, Department of Human Services, Victoria

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APPENDIX 1. NEPCP General Practitioner Feedback Form

Note: copies of this GP Feedback Form with your agency logo can be made available.

General Practitioner Feedback Form

Consumer				Health Practitioner			
Name				Name			
Address				Organisation			
ID No.				Discipline			
DOB DD/MM/YY				Phone			
Sex <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				Fax			
Consumer consent given <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
Failure to Attend				<input type="checkbox"/>			
Assessment Results and Planned Intervention				<input type="checkbox"/>			
Care Coordination Plan (CCP)				<input type="checkbox"/>			
Progress Report				<input type="checkbox"/>			
Change in Treatment &/or Health Status				<input type="checkbox"/>			
Exception Reporting				<input type="checkbox"/>			
Referral to an Additional Provider				<input type="checkbox"/>			
Review of Care Coordination Plan				<input type="checkbox"/>			
Discharge or End of Course of Treatment				<input type="checkbox"/>			
Transition to Other Service				<input type="checkbox"/>			
Assessment Outcome				Date of Consumer Assessment DD/MM/YY			
Consumer Goals							
Future Management Plan/Recommendations							
Other Comments/Risk/Feedback for GP							
Action Required by GP							
Current Services & Referral Action							
Agency Name		Service Type		Current Provider or Referral Action		Contact Details	
Signature		DATE DD/MM/YY					
General Practitioner							
Name							
Practice							
Phone		Fax					