

## What you should expect to receive back from the service

**Level 1, 2 +3 Patients** will have care plans developed. You will be provided with:

- Receipt of referral and indication of when assessment has been arranged
- Notification if your patient does not attend for the assessment appointment
- Outcome of assessment process, details of care plan and other referrals
- Ongoing progress reports
- Notification if patient is discharged from the service.

**Level 4 Patients** will be provided with support for lifestyle change through individual or group sessions. You will be provided with:

- Receipt of referral and indication of the program your patient is being provided
- Notification if your patient does not attend for session
- Progress reports, information on other referrals
- Notification when client has completed the program/ sessions.

Organisations involved in the initiative include:

- Banyule Community Health
- Nillumbik Community Health Service
- Darebin Community Health Service
- Austin Health HARP programs
- Northern Health HARP programs
- Royal District Nursing Service

The process is being supported by Banyule Nillumbik Primary Care Alliance and North East Valley Division of General Practice.

We are committed to providing a more proactive, comprehensive and integrated service for people with chronic disease in our region and aim to ensure that our services and processes support general practice to fully utilise MBS chronic disease care items.



Supported by:



Service Providers in Banyule, Nillumbik and Darebin	PHONE:
Austin Health	9496 2489
Banyule Community Health	9450 2000
Darebin Community Health Service	8470 1111
Nillumbik Community Health Service	9430 9100
Northern Health	9495 3109
North East Valley Division of General Practice	9496 4333
Royal District Nursing Service	1300 687 7464

# Living with a Chronic Condition

**Getting the right help, in the right place at the right time for your patients**

Find the service in Banyule, Nillumbik and Darebin that meets the needs of your patient in one referral process.

## Living with a Chronic Condition

**Getting the right help, in the right place at the right time for your patients**

A number of service providers in Banyule, Nillumbik and Darebin have been working together to streamline referral and access to programs for people with chronic disease.

The process aims to help General Practitioners match patient needs with the appropriate service. This eliminates the need to know and have contact details or eligibility criteria for each program and organisation involved.

### How to use the streamlined referral process

Identify the level of service your patient needs and the location that is easiest for them to access (see table):

- call,
- fax or
- ask your patient to call

and ask for an appointment with the service you have identified as appropriate.

If you want to refer to an individual service you can still use this system – just indicate type of program and level of service, for example, physiotherapy in a level 3 program.

When the referral is received, and organisations have committed to undertake an assessment and provide appropriate interventions. Some individuals may be referred to other services.



## Services for people with chronic conditions include...

Note the Victorian Statewide Referral Form (VSRF) is the preferred referral form and will support consistency of information across services.

The VSRF is available on the NEVDGP website:  
<http://www.nevdgp.org.au/files/informationmanagement/imresources/VicStatewideReferralForm0306.rtf>

LEVEL OF CARE	DESCRIPTION	ORGANISATIONS PROVIDING SERVICE	CONTACT NUMBER	LINKS WITH MBS ITEMS	
Level 1+2	<p><b>Patient uses hospitals frequently or is at imminent risk of hospitalisation.</b></p> <p>eg. Heart Failure, Diabetes, COPD, lacks social support or condition is unstable.</p> <p>Note: all medical conditions are accommodated in these programs</p>	For people with complex problems requiring:			
		<ul style="list-style-type: none"> <li>Intensive care coordination</li> <li>Comprehensive assessment and care planning</li> <li>Specialist medical and GP management</li> <li>A package of services</li> <li>Continuous, frequent interventions</li> <li>Linkage to ongoing monitoring and maintenance</li> <li>Support with Self-management interventions lifestyle change</li> </ul>	Austin Health HARP programs	<b>PHONE:</b> 9496 2489 <b>FAX:</b> 9496 2613 VSRF (preferred)	GPMP 721 Review 725
			Royal District Nursing Service	<b>PHONE:</b> 1300 687 7464 <b>FAX:</b> 1300 657 265 VSRF (preferred)	TCA 723 Review 727
		Northern Health HARP Programs	ACCESS BECC <b>PHONE:</b> 9495 3109 <b>FAX:</b> 9467 8698 VSRF (preferred)	Case conferencing 734/ 736 / 738 (depends on length of conference)	
Level 3	<p><b>Patient requires education about their condition, support with lifestyle changes and/or psychosocial support</b></p>	For people with a chronic condition requiring:			
		<ul style="list-style-type: none"> <li>Assessment and care planning</li> <li>Information about their condition</li> <li>Support with Self-management interventions lifestyle change</li> </ul>	Royal District Nursing Service	<b>PHONE:</b> 1300 687 7464 <b>FAX:</b> 1300 657 265 VSRF (preferred)	GPMP 721 Review 725
			Banyule Community Health	<b>PHONE:</b> 9450 2000 <b>FAX:</b> 9459 5808 VSRF (preferred)	TCA 723 Review 727
			Nillumbik Community Health Service	<b>PHONE:</b> 9430 9100 <b>FAX:</b> 9431 0339 VSRF (preferred)	Case conferencing 734/ 736 / 738 (depends on length of conference)
		Darebin Community Health	<b>PHONE:</b> 8470 1111 <b>FAX:</b> 8470 1107 VSRF (preferred)		
Level 4	<p><b>Patient requires support with adopting healthy lifestyle behaviours</b></p>	For people at risk of, or with, a chronic disease who are not requiring level three type intervention but seeking support with adopting healthy lifestyle behaviours			
		Ideal referral pathway to support Lifescript interventions			
		Access smoking cessation, healthy eating or physical activity programs			
		Banyule Community Health	<b>PHONE:</b> 9450 2000 <b>FAX:</b> 9459 5808 VSRF (preferred)	45-49 Health Check 717	
		Nillumbik Community Health Service	<b>PHONE:</b> 9430 9100 <b>FAX:</b> 9431 0339 VSRF (preferred)	40 – 49 Diabetes Risk Evaluation 713 GPMP 721 Review 725	
		Darebin Community Health	<b>PHONE:</b> 8470 1111 <b>FAX:</b> 8470 1107 VSRF (preferred)	TCA 723 Review 727	

