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# fact sheet



supporting general  
practice

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## position statement

### **Primary Health Services and General Practice; systematic referral cycle**

#### **Introduction:**

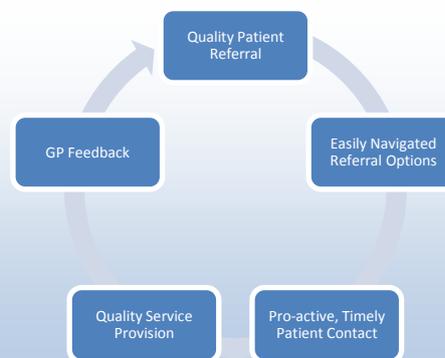
General practice appreciates the value of team based care and quality patient services. The growing incidence of chronic conditions, shortened hospital stays, increased demands on specialist clinics and the growing number of providers involved in a person's care necessitate a more collaborative approach between primary care providers and general practice.

Quality patient care requires accurate, timely communication and quality service delivery. This paper reflects on knowledge from the West Vic Division of General Practice's direct service provision work with general practice over many years, together with literature that supports quality systematic service delivery. This document is intended as a guide to assist Primary Health Care services in our region develop a positive relationship with general practice and enhance patient outcomes.

#### **Five core elements of a systematic referral system**

A successful patient outcome in relation to referral requires consistent processes and actions. The elements which assist in ensuring a successful patient outcome include:

1. Quality patient referral
2. Easily navigated referral options
3. Pro-active, timely patient contact
4. Quality service provision
5. GP Feedback



#### **1. Quality Patient Referral**

A quality referral is required to ensure quality patient care is delivered in a timely manner. A referral generated by a health professional should be written and include a minimum data set to be transported with the consent of a patient from one health provider to another (figure 1.1). Urgent referrals may be made by speaking with a service provider, and should be followed by a written referral. The Victorian Department of Health's *Victorian Service Coordination Tool Templates 2009 user guide* offers core and optional templates which assist in developing a quality patient referral [www.health.vic.gov.au/pcps/coordination](http://www.health.vic.gov.au/pcps/coordination). When making a referral, along with minimum patient details and information, identifying the referring patient's priority for service required can be beneficial. Identifying the referral as 'low', 'routine' or 'urgent' can assist in the timely management of patients.

### Figure 1.1 Minimum Data Set for Referral

#### Patient details:

- Demographic information
- Contact details
- GP details
- Pension / entitlements
- Insurance status
- Referral acknowledgement
- Presenting issues
- Reasons for referral
- Alerts
- Current services
- Patient consent to share information
- Priority of service requested

Victorian Government Department of Human Services  
*Service Coordination Tool Templates 2009 user guide*

## 2. Easily Navigated Referral Options

When a GP makes a referral it is based on a clinical assessment of the patient's needs. There are many referral options for general practice, however keeping abreast of all the programs and services, referral eligibility, hours of operation and program start dates can be challenging. Having a referral system that allows the plethora of referral options to be easily navigated assists in ensuring more appropriate referrals are made with confidence. A referral system which allows the GP to make a clinical assessment of patient needs without having to be aware of the micro-detail of individual programs and services makes the process of referral much simpler and therefore more likely to occur. Referral 'categories' may reflect the core business of the primary health care provider which remains constant, however the specific services provided under these 'categories' will vary according to staff, funding and other such resources of the time. A central intake model may also be beneficial.

**Example:** Referral to community health services '*Lifestyle Support*'; requesting '*assistance with general behaviours around exercise and diet*'. Such a referral would be directed to a central intake location where it is then triaged according to internal protocols and GP referral request. The program or service deemed suitable for the patient would then be determined after discussion with the patient.

## 3. Pro-active, Timely Patient Contact

Relying on patients to make appointments upon referral requires skills and resources that some people find challenging. Service providers know the importance of connecting with 'hard to reach' populations. Utilising a pro-active, timely patient contact process, assists in engaging patients. Timely patient follow-up upon receipt of a referral enables health services to have more control over patient service prioritisation and ensures timely service delivery. A quality patient referral will identify the patient's priority for service as 'low', 'routine' or 'urgent', which in turn assists in responding to such requests in a timely manner. Below is a guide from the Victorian Service Coordination Manual (2009) on action in relation to receipt of referral.

### Figure 3.3 Referral Priority

- |                |   |
|----------------|---|
| <b>Low</b>     | contact attempted within 7 working days |
| <b>Routine</b> | contact attempted within 7 working days |
| <b>Urgent</b>  | contact attempted within 2 working days |

Victorian Government Department of Human Services  
*Victorian Service Coordination Practice Manual 2009*

#### **4. Quality Service Provision**

In the best interest of patients and primary healthcare services, it is imperative that all services and programs delivered are done so within a best-practice, quality framework. Access to quality programs and services is a basic expectation of service provision within the health care system. The services offered by primary healthcare providers will vary from health service to health service, depending on human, financial and infrastructural resources, however it is expected that service delivery of any description is provided in the best interest of the patient and according to best practice guidelines as outlined by the correlating peak bodies or industry governing this area of service delivery.

#### **5. GP Feedback**

Consistent, timely and appropriate written feedback to GPs enhances the quality of care and experience of patients. Feedback is an essential element of communication and serves many purposes other than communicating patient care; it also communicates to the GP what services are provided and in essence advertises the services of the primary healthcare service. GP feedback should be brief (no longer than one single-sided page). It is recommended that patient feedback be provided to GPs when the patient is referred by a GP or is self-referred, in accordance with patient consent to share such information. Reasons for feedback include:

- Acknowledgement of referral (if required)
- Outcomes from assessment/re-assessment and planned intervention for the patient
- Change to a person's condition or status, or change in treatment
- Referral to an additional service provider
- Periodic progress
- Discharge or end of course of care
- Notice of failure to attend by a referred patient

There are minimum requirements for GP feedback if an allied health professional is claiming MBS, these are reflected in the above guidelines. Further details on GP feedback have been documented by the Victorian Department of Health ' *Guidelines on feedback to general practitioners for community health services 2011* '

<http://docs.health.vic.gov.au/docs/doc/Guidelines-of-feedback-to-general-practitioners-for-community-health-services-2011>

Although this is a guide for primary health care providers in systematically managing GP referrals, the principles are equally adaptable to the generic process of referral and enhancing communication.