

## Goulburn Valley Primary Care Partnership - Communication Guideline

**Introduction:** this document outlines guidelines regarding all forms of documented written communication from service providers to general practitioners, health professionals and other nominated relevant provider/s regarding consumer status.

**Why:** Communication is integral to consumer centred care and ensures accurate, current and timely feedback is provided. Organisations are involved in Department Health and Human Services (DHHS) participatory reporting requirements, of which (GP) communication activity is sought. Promotion of relationship building within professional practice and enabling informed continuity of consumer care are additional enablers.

**Who:** Should receive feedback?

- Self-referral by consumer – obtain GP contact details, obtain consumer consent and provide feedback
- Consumers regular GP – expectation is that feedback should be provided back to the referring practitioner, the consumers GP
- GP other than consumers regular GP – if made by consumers non regular GP, discuss with consumer who they would prefer feedback to, highlighting continuity of care. Ideally referring and regular GP would both be included via cc at bottom of page option<sup>1</sup>
- Other referral sources (non GP) – provide feedback to referral source, gain consumer consent and include consumers GP via cc inclusion

**When:** Recommendations for feedback, in relation to Medicare benefits schedule claim, include after first and last service, or more if clinically necessary<sup>2</sup>. Written communication from specialist and allied health services to general practitioners (GP) recommended for all consumers who were initially referred by the GP. In addition, communication to GPs is recommended for all consumers who are self-referred, where, consumer consent is given to the sharing of information<sup>3</sup>. Practitioner discretion should apply in considering when to undertake communication and to whom.

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<sup>1</sup>[http://www.nepcp.org.au/sites/default/files/NEPCP%20Guidelines%20on%20Feedback%20to%20GPs%20\[VR1\]\\_2-3-13\\_0.pdf](http://www.nepcp.org.au/sites/default/files/NEPCP%20Guidelines%20on%20Feedback%20to%20GPs%20[VR1]_2-3-13_0.pdf) (Accessed 23.03.16)

<sup>2</sup>[https://www2.health.vic.gov.au/getfile/?sc\\_itemid=%7BC0F6BFB1-9F4D-4833-B11E-87B16EAE368B%7D&title=MBS%20flipchart](https://www2.health.vic.gov.au/getfile/?sc_itemid=%7BC0F6BFB1-9F4D-4833-B11E-87B16EAE368B%7D&title=MBS%20flipchart) (Accessed 23.03.16)

<sup>3</sup>[http://www.checkup.org.au/icms\\_docs/154893\\_GPV\\_Position\\_statement\\_-\\_Feedback\\_to\\_GPs\\_about\\_Patient\\_Care.pdf](http://www.checkup.org.au/icms_docs/154893_GPV_Position_statement_-_Feedback_to_GPs_about_Patient_Care.pdf) (Accessed 23.03.16)

**What:** Feedback should be concise and relevant to the GPs (or other provider) care of the consumer and no longer than one single-sided page. Information should include:

- Client identification details
- Referral details including reason for referral
- Clinicians involved in client's care, reason for involvement and contact details of providers
- Assessment findings and planned interventions in summary
- Outcomes of the service provided
- Issues or recommendations that may require follow up by the GP<sup>4</sup> (or other provider)

Template option considerations for use may include:

- Service Coordination Tool Template (SCTT) Information Exchange Summary
- SCTT Shared Support Plan
- Organisation's own communication template <insert name> following guidelines above

**How:** The preferred mode of feedback is written communication, thus providing an accurate record of care that can be referred to as required. If urgent feedback is indicated then verbal telephone feedback may be provided, with follow up written communication to follow. The preference for transmitting feedback is via secure messaging system. If this is not available, secure fax or post.

**Recommendations:** This guideline be adopted and implemented by organisations as minimum communication expectations within GVPCP. Digital communication should be standard and this ethos is complementary to the consumer controlled My Health Record implementation. GVPCP will seek opportunity to work with Murray Primary Health Network, GPs and all referral providers to advance communication improvements.

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<sup>4</sup> [http://www.checkup.org.au/icms\\_docs/154893\\_GPV\\_Position\\_statement\\_-\\_Feedback\\_to\\_GPs\\_about\\_Patient\\_Care.pdf](http://www.checkup.org.au/icms_docs/154893_GPV_Position_statement_-_Feedback_to_GPs_about_Patient_Care.pdf) (Accessed 23.03.16)