

# Initial response to recommendations

## Engaging general practice and General Practitioners in alcohol and other drug treatment Report

### Drug Policy Modelling Program, Social Policy Research Centre, UNSW

Outlined below is an initial response from Brisbane North PHN to the recommendations in the report. In collaboration with local stakeholders, the PHN will further develop and refine our response, subject to available resources.

July 2020

Legend:	In train	Potential for development	Dependent on external variables	PHN needs to investigate further
Recommendation	Considerations		Potential for addressing	
1.	QNADA consider facilitating visits by specialist AOD services to local general practices	<ul style="list-style-type: none"> <li>PCLOs and GPLOs have existing relationships within the sector</li> <li>QNADAs connections/relationships lie with the AOD sector</li> <li>Clinical Advisory Group supported principle of having similar cycles of placement as was practiced previously between QH and GPs</li> </ul>	<ul style="list-style-type: none"> <li><b>Link with clinical audit:</b> AOD specialist agencies could provide clinical knowledge and information/guidance with QI work</li> <li><b>Link with education to general practice:</b> AOD specialist agencies could offer presentations as part of GP education sessions</li> </ul>	
2.	Brisbane North PHN consider creating a new AOD GPLO position	<ul style="list-style-type: none"> <li>Existing GPLOs with AOD interest/experience</li> <li>Assumes funding for the role</li> </ul>	<ul style="list-style-type: none"> <li><b>Linked to HHS priorities:</b> Current cycle of planning includes GPLO with Mental Health speciality interest – determined through HHS priorities from the annual Health Improvement Unit audit of pressure points in the public health system.</li> <li>Opportunities to develop an AOD GPLO position would need to be demonstrated through identified HHS priorities.</li> </ul>	

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	Recommendation	Considerations	Potential for addressing
3.	Brisbane North PHN explore initiatives to improve the use of Practice Nurses in the management and care of people experiencing problematic AOD use	<ul style="list-style-type: none"> <li>• Query whether this could be an extension of medical assisting</li> <li>• PIP QI (Proportion of patients with an alcohol/smoking consumption status)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In train:</b> a Quality Improvement AOD Tool Kit for General Practice, currently in development, will assist with addressing PIP QI indicators pertaining to nicotine and alcohol, in addition to illicit and prescription drug use.</li> </ul>
4.	Brisbane North PHN develop and distribute a resource for GPs on MBS items that can be used to support clients experiencing problems with their AOD use	<ul style="list-style-type: none"> <li>• PIP QI (Proportion of patients with an alcohol/smoking consumption status)</li> <li>• Potential for this to be an activity conducted across the State with other PHNs</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In train:</b> Development of a Quality Improvement AOD Tool Kit for General Practice (see above)</li> <li>• <b>In train:</b> PHN is promotion of RACGP and ACCRM training and education grants to GPs, in addition to supporting improved linkages between the primary care and alcohol and other drug treatment sectors</li> <li>• <b>Potential to be further developed:</b> ascertain specific AOD MBS item viability <ul style="list-style-type: none"> <li>○ Could be a Queensland-wide PHN activity</li> <li>○ <b>Caution:</b> perception of being seen to profit from client well-being</li> </ul> </li> </ul>
5.	Brisbane North PHN AOD community of practice to consider expanding membership to include GPs, practice nurses and other specialist AOD allied health professionals	<ul style="list-style-type: none"> <li>• AOD CoP conducted via QNADA, funded through PHN</li> <li>• QNADA driven</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Potential to be developed:</b> reliant on the capabilities and capacity of the current Community of Practice supporting specialist AOD practitioners and available funding through Brisbane North PHN <ul style="list-style-type: none"> <li>○ QNADA driven – funding reliant</li> </ul> </li> </ul>
6.	QNADA to consider working with Brisbane North PHN and Qld Health to develop opportunities for GPs to visit and/or undertake short placements in AOD services	<ul style="list-style-type: none"> <li>• Query best process to facilitate this – potentially through Schools of Medicine (student GPs) or Queensland Health</li> <li>• Clinical Advisory Group supported principle of having similar cycles of placement as was practiced previously between QH and GPs</li> </ul>	<ul style="list-style-type: none"> <li>• Brisbane North PHN is <b>investigating/consulting further</b></li> </ul>

	<b>Recommendation</b>	<b>Considerations</b>	<b>Potential for addressing</b>
7.	Brisbane North PHN to work with relevant stakeholders for the greater promotion of ADCAS and Adis among GPs	<ul style="list-style-type: none"> <li>To date – work done with PCLO promotion</li> <li>Some funding available (RACGP/ACCRM grant)</li> <li>Potential for this to be an activity conducted across the State with other PHNs</li> <li>Clinical Advisory Group supported principle of this recommendation.</li> </ul>	<ul style="list-style-type: none"> <li><b>In train:</b> through PCLOs and links on PHN website</li> <li><b>In train:</b> PHN is promotion of RACGP and ACCRM training and education grants to GPs, in addition to supporting improved linkages between the primary care and alcohol and other drug treatment sectors</li> </ul> <hr/> <ul style="list-style-type: none"> <li><b>Potential for connection</b> with the RACGP <a href="#">SNAP Guidelines</a> (Smoking, Nutrition, Alcohol, Physical activity – a population health guide to behavioural risk factors in general practice)</li> </ul>
8.	Expand localised AOD pathways on the HealthPathways referral tool to include Adis and ADCAS, specialist AOD services in Brisbane North PHN and pathways for existing MBS items	<ul style="list-style-type: none"> <li>Funding required to support HealthPathways development process</li> <li>Query potential through the RACGP/ACCRM funding</li> <li>Query potential to share across the State with other PHNs</li> <li>Challenge: few dedicated AoD MBS items</li> <li>Clinical Advisory Group supported principle of this recommendation.</li> </ul>	<ul style="list-style-type: none"> <li><b>In train:</b> Health Pathways requested to include service points of Adis and ADCAS</li> </ul>
9.	Amend the Brisbane North PHN website so that AOD resources are more visible and accessible to health professionals	<ul style="list-style-type: none"> <li>Website currently being reviewed</li> <li>QNADA and Adis have online service finders that could be utilised</li> <li>Potential for this to be an activity made uniform across the State with other PHNs</li> </ul>	<ul style="list-style-type: none"> <li><b>In train:</b> dedicated MHAOD and Suicide Prevention webpage to include links to ADCAS and Adis/QNADA Service Finders</li> </ul> <hr/> <ul style="list-style-type: none"> <li><b>Potential for connection</b> with the RACGP <a href="#">SNAP Guidelines</a> (Smoking, Nutrition, Alcohol, Physical activity – a population health guide to behavioural risk factors in general practice)</li> </ul>

	Recommendation	Considerations	Potential for addressing
10.	Brisbane North PHN to commission evaluations of models of integrated care they fund in the region	<ul style="list-style-type: none"> <li>• PHN commissioning process reliant on external funding with dedicated focus activities already in place</li> <li>• PHN can support providers in monitoring, reviewing and evaluation of service provision</li> <li>• PHN is currently reviewing the efficacy of mental health hubs which could inform evaluations of integrated care in the AOD sector</li> <li>• Few practices (outside UIIH and QuIHN) have a fully integrated model of care               <ul style="list-style-type: none"> <li>○ Some AOD services offer variations of integrated care:                   <ul style="list-style-type: none"> <li>▪ LLW - stepped care models (not fully integrated) and co-located with GP service</li> <li>▪ QAIAS – 12 step resi/day rehab with visiting GP</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Brisbane North PHN is <b>investigating/consulting further</b></li> </ul>
11.	Brisbane North PHN to consider funding one or more of the following models of integrated care: <ul style="list-style-type: none"> <li>• Rotations of AOD specialist practitioners in GP practices</li> <li>• Rotation of GPs into AOD services</li> <li>• Care coordinators/specialist liaison officers</li> </ul>	<ul style="list-style-type: none"> <li>• PHN commissioning process reliant on external funding with dedicated focus activities already in place</li> <li>• Clinical Advisory Group supported principle of having similar cycles of placement as was practiced previously between QH and GPs</li> </ul>	<ul style="list-style-type: none"> <li>• Brisbane North PHN is <b>investigating/consulting further</b></li> </ul>
12.	Brisbane North PHN offer AOD 'clinical audits' to general practices	<ul style="list-style-type: none"> <li>• Clinical Audits in place to support PIP QI</li> <li>• Communications Team can be utilised to devise education campaigns in line with MHAOD team, Health Pathways, PCLO and GPLO teams</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In train:</b> a Quality Improvement AOD Tool Kit for General Practice, currently in development, will assist with addressing PIP QI indicators pertaining to nicotine and alcohol, in addition to illicit and prescription drug use.</li> <li>• <b>Link with education campaigns:</b> utilise campaigns created in collaboration with related teams within Brisbane North PHN (e.g. Alcohol awareness in Dry July/Ocsober), including education elements for GPs/Practice staff via PCLOs and the PIP QI Toolkits</li> </ul>

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13.	<p>Brisbane North PHN to commission resources for general practice that support a safe and inclusive work environment for staff and patients including:</p> <ul style="list-style-type: none"> <li>• Development of occupational risk assessment and management plans (?)</li> <li>• Provision of guidelines on appropriate evidence-based strategies for dealing with aggressive behaviours (could form part of the QI toolkit)</li> <li>• Training for administrative staff on de-escalation techniques</li> </ul>	<ul style="list-style-type: none"> <li>• PHN commissioning process reliant on external funding with dedicated focus activities already in place</li> <li>• The <a href="#">RACGP Standards for General Practices (5<sup>th</sup> Edition)</a> offers some guidance around managing risk ('adverse events')</li> <li>• Current accreditation requirements for administrative staff in general practice include needing to do training relevant to their roles; strategies for working with aggressive patients is a popular topic.</li> <li>• Potential for this to be an activity conducted across the State with other PHNs</li> </ul>	<ul style="list-style-type: none"> <li>• Brisbane North PHN is <b>investigating/consulting further</b></li> </ul>
14.	<p>Brisbane North PHN to commission anti-stigma training and AOD training for other general practice staff including Practice Managers, administrative staff and Practice Nurses</p>	<ul style="list-style-type: none"> <li>• PHN commissioning process reliant on external funding with dedicated focus activities already in place</li> <li>• Anti-stigma training as been conducted by QMHC and QuIHN however not targeted at general practice staff</li> <li>• Medical Assisting?</li> <li>• How, when and where would this be conducted?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Potential for further development:</b> current anti-stigma training is conducted by QuIHN utilising resources developed by the Australian Peak body for illicit drug use, AIVL. The QMHC may also be interested in assisting with this as part of their work in the AoD sector.</li> </ul>
15.	<p>Brisbane North PHN consider working with RACGP and Insight to implement follow-up for practitioners who engage in AOD-related training</p>	<ul style="list-style-type: none"> <li>• RACGP/Insight offering training in AOD – need to investigate: <ul style="list-style-type: none"> <li>○ what follow-up work is being conducted regarding evaluation of training and skill implementation</li> <li>○ what form the follow-up would comprise e.g. additional training, surveying uptake/implementation of knowledge?</li> </ul> </li> <li>• Potential for this to be an activity conducted across the State with other PHNs</li> <li>• Clinical Advisory Group supported principle of this recommendation.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In train:</b> PHN is promotion of RACGP and ACCRM training and education grants to GPs, in addition to supporting improved linkages between the primary care and alcohol and other drug treatment sectors</li> <li>• Brisbane North PHN is <b>investigating/consulting further</b></li> </ul>