



Guidelines for AOD staff working with General Practitioners

With the focus on dual diagnosis being a feature of drug and alcohol services throughout Australia, the need for liaison and solid working relationships between Alcohol and Drug workers and General Practitioners has undoubtedly increased.

In order to assist in the process of collaborative work practice and to create better outcomes for clients, we have gained feedback from local GPs on their needs to ensure best practice with this population. Some of the feedback received is as follows:

GPs having an opportunity to visit a drug and alcohol service in order to see what it is like for the purposes of being able to reassure patients of what they are likely to encounter.

- The need for a sound referral loop system whereby GPs can receive feedback from AOD workers following a referral (whether the patients has taken up the service or not)
- Having AOD services come to a practice meeting to educate GPs on what services they do offer and the referral process
- Having more opportunities to network through shared case management, professional development and other less formal opportunities (eg. inter-organisational bowling!)

The systems that GPs work within differ greatly from that of community based services and as a result several constraints are placed on GPs, including time, the great variety of health complaints that they need to be aware of, and the sole way in which most GPs practice. As a result of these constraints, the capacity for GPs to effectively network, become aware of what is available and remember it are often limited and thus a proactive approach from community service providers is necessary.

GPs want to know what is available, have easy access to it and be provided with regular reminders in ways that can fit in with the constraints of their work environment.

Some tips for achieving optimal relationships may include:

- If you are sending a client to the Doctor, send them with a letter requesting a particular service. Often clients are unable to properly assert their needs and this way the Doctor can be aware of other service involvement, perform what is required and facilitate a better service.
- If you receive a referral from a GP make sure you feed back (with client permission) to the GP on progress, whether the patient took up the service and advice.
- It may be helpful to know that if you are working with a client that has complex health needs, that a GP can coordinate a case planning meeting (as they get financial incentives for doing so) for the client and any workers involved in their care. This may be particularly useful for clients with comorbid AOD and Mental health issues alongside other physical health complaints.
- At any General Practice, all non patient related correspondence and requests for meetings should be directed through the Practice Manager. As all GPs rely heavily on their computers, it may also be useful to provide contact and referral numbers to practice managers for inclusion on their medical database. (GPs will not usually refer to brochures.)
- GPs and practices receive mountains of correspondence, resources, pharmaceutical company paraphernalia and information and they cannot possibly keep on top of everything they receive. A face to face visit is more likely to resonate with the Doctors, particularly if conducted regularly.



- As there are few GPs who specialise in treatment of addiction in this region, they rely on consultation from specialists (Alcohol and Drug workers) to provide good service. Making yourself available for this purpose will ultimately have a good outcome for the client.
- GPs have regular lunch time and breakfast meetings with drug companies, service providers and each other. They welcome the opportunity to learn more in these sessions however due to their work schedules rely on punctuality, provision of lunch (they otherwise wouldn't eat!), and practical information delivery (don't go and talk with them about something that's irrelevant to them). Due to the nature of their work, you may not always get all the GPs to such meetings, however persistence in the key and word will spread on any talk you do provide making any practice visit very worthwhile.
- In order to conduct a practice visit or coordinate any networking opportunity you need to go through the practice manager. Below is a list of the Practice Manager contacts and details of practices in the region:

South Gippsland Family Medicine Bilson St Wonthaggi	Wendy Notley 5672 4111
Wonthaggi Medical Group Murray St, Wonthaggi A'Beckett St, Inverloch	John Turner 5672 1333 5674 1207
Phillip Island Medical Group 164-166 Thompson Ave, Cowes 119 Marine Pde, San Remo	Gill Scrase 5951 1800 5678 5402
Foster Medical Centre 97 Station St Foster	Maureen Buckley 5682 2088
Kooweerup Medical Centre 360 Rossiter Rd Kooweerup	Linda Seing 5997 1222
Korumburra Medical Centre 50 Radovick St, Korumburra	Nadine Smith 5655 1355
Lang Lang Community Medical Centre 5 Whistable St, Lang Lang	Fiona Oakley 5997 5799
Leongatha Medical Group 14 Koonwarra Rd Leongatha	Judy Robb 5662 2201
Mirboo North Medical Centre 27A Giles St, Mirboo North	Belinda Porter 5668 1234

We encourage you to make contact with these practices and include them in your list of networking contacts.

If you would like further information on working with General Practice contact GPA South Gippsland on 5674 0900.