



**Whitehorse Division of General Practice
Principles of written communication to GPs**

1. A client's GP should be identified at intake by the Service Coordinator
2. Always write to the client's GP within 7 days of completing the service:
 - After completing the service requested by the GP or if self-referred
 - When recommending referral to other services within MACHS / other agencies
 - When concerns about client e.g. medical, psychological, etc (a phone call may be more appropriate and timely)
3. Letters should contain:
 - The service/assessment undertaken in simple terms
 - The findings of the assessment
 - Any recommendations for the GP to action
4. Requests for feedback / input
 - First preference is to give letter to client for discussion at next visit and send copy to the GP
 - If client is not able / willing to do this, letter should clearly highlight action required and leave space for written comments
 - Provide details for easy faxing a reply
5. Provide details of days of work of health professional
6. Clearly provide fax number of service at bottom of letter

Jill Kelly
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"10 Steps for GP Engagement"

OR

"Make It Simple"



1. Establish contact with local Division of GP's
2. Request Division CEO to nominate a Division champion/mentor for your Program (to provide details of preferred/most approachable contact for each General Practice)
3. Access Agency 'Chronic disease client's data base' and confirm CD client's GP
4. Contact General 'Practice Manager', request a ten minute appointment to present Program to GP and how it will support his/her CD clients
5. Provide GP with a brief overview of the Program and confirm a key contact within the Practice (PM,PN or Rec) for ongoing liaison
6. Convene a regular meeting time with the key contact to discuss client updates, set up case conferences, provide relevant reports and disseminate current special programs information
7. Request PM to arrange opportunity to present an outline of your Program at regular GP meeting
8. Respond promptly to requests and referrals from GP's
9. Communicate all relevant patient information regularly – Referral acknowledgment
Initial careplan
Mid program report
Discharge report

(These functions plus frequent dialogue with the GP are usually performed by the Program Coordinator and assist with developing a trusting and strong working relationship between the GP and the Agency)

10. MAINTAIN REGULAR LIAISON