Tasmania
DEPARTMENT *of*
HEALTH *and*
HUMAN SERVICES

An evaluation of

Collaborating for Improved Health Outcomes

The Memorandum of Understanding between
Tasmanian General Practice Divisions, the Southern Tasmanian Division of General Practice Inc, GP North, the North West Tasmanian Division of General Practice, and,
Department of Health and Human Services

Victoria Rigney
December 03

GP north west tasmania
DIVISION OF GENERAL PRACTICE

southern
DIVISION of GENERAL PRACTICE
tasmanian

GP NORTH
DIVISION OF GENERAL PRACTICE NORTHERN TAS. INC.

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The assistance of the University of Tasmania, Department of Rural Health, and in particular Dr Clarissa Cook, is gratefully acknowledged, and also that of David Gardiner (DHHS).

Thanks to all who contributed through interviews, completing surveys and providing constructive and considered comment.
Victoria Rigney
December 2003

Introduction

The Memorandum of Understanding between the Tasmanian General Practice Divisions, the Regional Divisions of General Practice and the Tasmanian Department of Health and Human Services (MoU) has been in operation since March 2001.

In accordance with the MoU, a two-year Workplan was developed, which includes time-limited projects, areas of on-going statewide effort and emerging or future issues to be addressed. The MoU Workplan Monitoring Group was formed to monitor the progress of the Workplan. The group comprises representatives of DHHS, TGPD and the Divisions.

A meeting of the MoU Workplan Monitoring Group (WMG) on 26 July 2002 agreed to conduct an evaluation of the MoU in order to ensure that its aims were being fulfilled and to identify areas where improvements could be made.

The evaluation was conducted during September – November 2003 by Victoria Rigney, Senior Consultant Policy DHHS.

Objectives

To evaluate the MoU in order to ensure that its aims are being fulfilled and identify areas where improvements could be made. The outcomes identified for the evaluation were:

- An indication of whether progress has been made towards achieving the objectives of the MoU
- An assessment of whether the commitments made by the parties to the MoU have been implemented.
- Identified areas where improvements could be made
- Recommendations about the development of the next round of action plans

Summary

The MoU is a successful framework for a vital partnership in the provision of primary health services in Tasmania.
It is well supported by all parties. There are areas where processes need to improve, and these relate in particular to communication and consultation, and reporting and monitoring.
The MoU should continue, and the Workplan Monitoring Group should move into the next apparent phase of the partnership, which focuses less on reporting, and more on strategic planning for the future.

Recommendations:

A1 That the MoU should continue to be a key mechanism for underpinning and improving collaboration and partnership between general practitioners and the Tasmanian Department of Health and Human Services.

A2 That all parties engage in developing a consultation strategy, that considers:

- Practical and innovative ways of gaining GP input into a range of issues, from one-off advice to input into service planning and development
- Issues relating to committees, working groups and meetings, including the development of protocols for all parties in identifying areas where GPs should be involved, expectations on GPs and DHHS personnel before, during and after the meetings, and practical issues such as preferable times of day, length of the meeting, and remuneration.
- The issue of GP views being represented by project officers within the TGPD and/or Divisions
- The role of the Divisions in 'gate keeping' information – i.e. in what circumstances should information go directly to GPs, and when should it go to Divisions?
- Features of the 'successful' committees, including IT, (especially GPLinkED), hospital liaison and mental health, should inform this work

A3 The Joint Media Strategy should be reviewed and reissued to all parties with a covering letter from the partners that emphasises the relevance of the Strategy

A4 Instances of non-compliance with the Joint Media Strategy should be referred to the Working Group where appropriate

A5 The Joint Media Strategy should be used more creatively by the MoU WMG to get positive health messages to the community.

A6 The roles of and communication between the MoU Workplan Monitoring Group and GPACT should be clarified and communicated to all parties of both groups

A7 The MoU WMG should decide whether it intends to promote collaborative research efforts in the medium term

B1 The WMG should agree on a process for allowing better consideration of emerging issues. This should include a standing item on the WMG meeting agenda, and also clear mechanisms for referring items to GPACT and/or to other steering committees and working groups within the partnership

B2 The WMG should scrutinise all the projects on the Workplan and determine whether they are time limited projects or areas of on-going statewide effort, and should label them appropriately and divide the Workplan more explicitly between these two types of activities

B3 The WMG should progress the recently commenced process of improving reporting on projects on the Workplan, with regard to the following:

- Better identification of the goals of the project
- An improved process of allocating time frames to projects
- Following on from that, more rigour in moving projects off the Workplan
- Continued simplification of reporting

B4 The WMG should consider ways of marketing its achievements to interested parties.

B5 The membership of the MoU WMG should be reviewed to consider membership of the Division of Children and Families.

C1 The MoU should continue, as it is seen as a positive and productive framework for a vital partnership in the provision of primary health care

C1 The MoU WMG should hold a strategic planning forum in order to assess the appropriateness of the current projects, set goals for the coming year, and prioritise the projects that fit within these goals.

Scope of the Evaluation

It was agreed that the evaluation should address the question as to whether progress has been made towards achieving the objectives incorporated within the MOU and whether the commitments made by the Divisions of General Practice and the Department of Health and Human Services have been implemented.

The evaluation considered performance of the parties towards establishing a close working relationship against the following objectives of the MOU:

1. Work collaboratively to improve individual patient care and community health outcomes;
2. Involve general practitioners in the planning and development of Tasmanian health services at a local level and in statewide planning;
3. Improve communication between Tasmanian public health services and general practitioners;
4. Recognise the role of GPs in improving health outcomes for all Tasmanians.

These were the four key areas for evaluation.

The Evaluation also assessed the performance of the parties in relation to these specific key commitments incorporated within the MOU:

4.1. All parties will support the ongoing viability of GPACT.
4.2. All parties will develop an agreed framework of consultation to ensure general practise input into health service planning and delivery.
4.3. DHHS will recognise need to involve the TDGP in statewide planning and the Divisions of General Practice in local and regional planning
4.4. DHHS will work with TDGP and Divisions to improve integration of primary health care service delivery.
4.5. All parties will identify potential opportunities for future collaborative effort
4.6. All parties in collaboration with the University of Tasmania will promote collaborative research effort in primary health care, incorporating general practice.

In addition the evaluation examined how effective the MoU Workplan has been in meeting the commitments of the MoU, and the role of the MoU Workplan Monitoring Group. The role of that group is to:

1 Ensure the success of the MoU by engaging in system-wide collaboration and partnership where appropriate
2 Identify joint issues and developing strategic responses to same
3 Review Workplan goals and specific project targets in conjunction with project leaders
4 Monitor performance (including the achievement of Workplan goals and targets
5 Maintain a watching brief on the range of committees and groups which are in place to progress current ongoing joint effort

Methodology

Given that the MOU has only been in existence since March 2001, it was agreed that the evaluation should focus on processes, for example look for evidence of cooperative undertakings rather than seek to identify actual improvement of client outcomes.

A questionnaire was developed, with the assistance of quality control provided by Dr Clarissa Cook, Department of Rural Health, University of Tasmania. The questionnaire asked for responses graded on a scale of 1-5, and for examples. The survey was followed up with personal interviews. The questionnaire is attached at Annex A.

In accordance with the agreement, a limited group of people, most closely associated with the MoU, was approached for interview. Of the nineteen people approached, eighteen accepted the invitation, and of those, fifteen completed the questionnaire and were interviewed, whilst three gave more general interviews without completing the questionnaire.

There was an equal balance in the representation between parties, as one of the more general interviews gave background only, rather than current comment, and so this resulted in nine DHHS and nine Divisional interviewees. The list of interviewees is attached at Appendix B.

Results were clear, and there was no polarisation of opinion between partners. Even where there was a ‘neutral’ or ‘disagree’ score there was no degree of predicability as to whether those scores came from DHHS or Division representatives. Because the sample size was small, results have not been converted to percentages, as the level of support for the different propositions is apparent from the graphs.

Most emphasis was given to the extent that collaboration, involvement in planning, communication, and recognition of the role of GPs had improved during the period of the MoU, and to the processes of the Workplan Monitoring Group.

The evaluation is divided into Part A, the MoU, and Part B, the Workplan and role of the Workplan Monitoring Group. Because the sub-sections in Part A interlink, particularly collaboration, communication, and recognition of the role of the GP; recommendations and summary are at the end of the section rather than under each sub-section.

Part A – The MoU

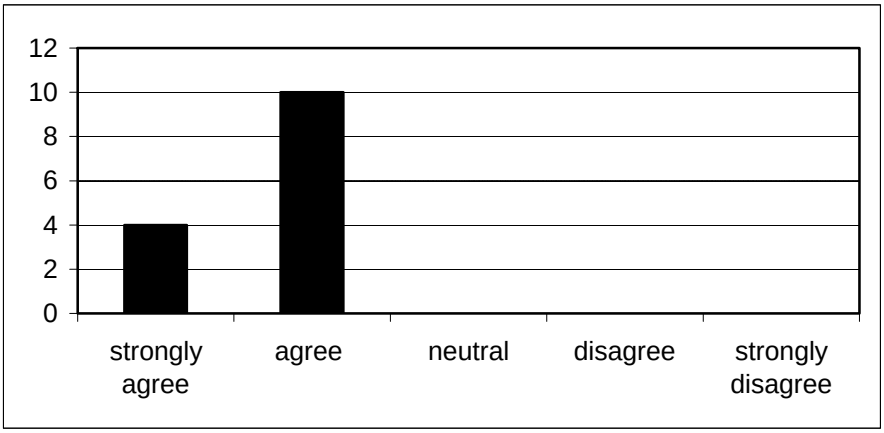
Area 1 Collaboration

Objective to be evaluated:
The parties to the MoU will work collaboratively to improve individual patient care and community health outcomes.

This objective was tested to see whether collaboration had improved and/or increased over the past two – three years with the assumption that the aim of that collaboration was to improve outcomes, rather than to test the outcomes.

There was total agreement that collaboration had improved over the period.

Over the past two years, collaboration between DHHS and the TGPD and/or individual Divisions of General Practice has increased.



Most respondents considered that the MoU, or more specifically the processes and people that underpinned the MoU, were responsible for the improvement, although some considered that the collaboration that had commenced before the MoU would have continued anyway. However all agreed that the MoU had underscored that collaboration, and that its processes, including the Workplan and MoU Workplan Monitoring Group, provided coordination and focus for the wide range of activities that had flourished over the past couple of years.

There was a chasm and now there's not – it's the process, not the projects
It gives a structure and framework to engage
People might forget how bad it was before
Four years ago things were uncoordinated and there's been a major shift for the better
Collaboration has increased, but it's important to note that it was strong beforehand.

Examples of successful collaboration:
There was a wide range of examples of successful collaboration.
The projects listed most often were, in order, Mental Health, GP/Hospital Liaison; the range of IT issues including GPLinkED, immunisation, and diabetes care pathways.

Examples of less successful collaboration
The Diabetes Key Leaders Group was listed most often, and several respondents also mentioned the appointment of the Expert Advisory Committee as an example of joint concern where collaboration had not occurred.

The establishment and/or announcement of the Minister's Expert Advisory Group was mentioned by the TGPD and Divisions as a matter of considerable concern, partly because of the announcement without prior consultation, but more so because of the lack of acknowledgement of the role of GPs in the continuum of hospital/community care.

Area 2: Involvement in Planning

Objective to be evaluated:
Involve General Practitioners in the planning and development of Tasmanian health services at a local area and in statewide planning.

This objective was tested by examining the involvement of GPs on committees and working groups, as well as in the development, planning and review of health services at a local or statewide level.

2.1 Committees:

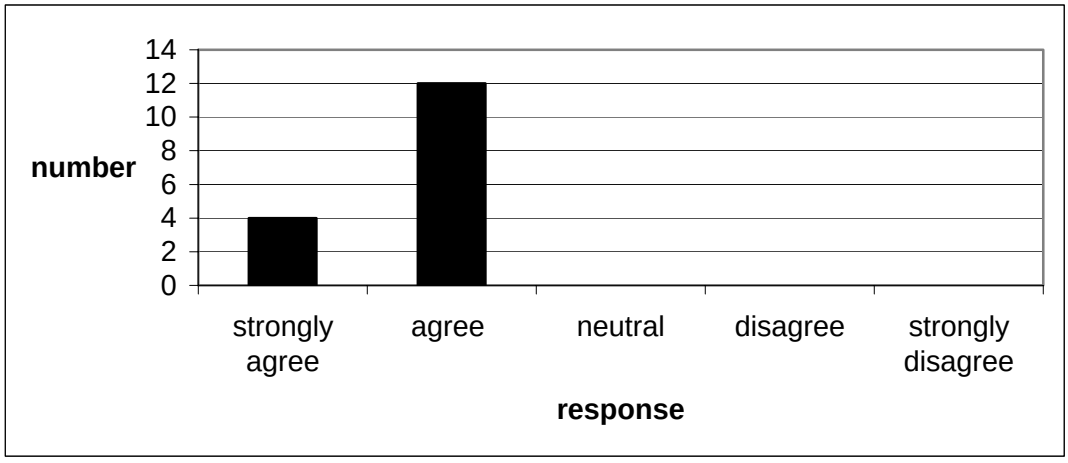
GPs are involved in a number of committees and working groups and a list of these is attached to the MoU Workplan. The MoU WMG has a role in monitoring the range of committees and groups, and this is addressed in Part B.

Respondents were asked about their awareness of these committees.

All were aware of committees and working groups where representatives worked together.

Most respondents agreed that membership on committees was an effective way of sharing perspectives on areas of common interest, and no-one disagreed.

Joint DHHS/GP membership on committees and working groups ensures the sharing of different perspectives on areas of common interest.



Respondents were asked to list committees/working groups that had been successful at working on areas of joint effort. A range of about 15 committees was named as successful, and the most successful were the IT committees, and especially GPLinkED. These were followed by hospital liaison, and mental health. As this list coincides with the areas of successful collaboration that were identified, it could be said that good collaboration and successful committees are strongly linked. Conversely, as the Diabetes Key Leaders Group was listed as the least successful committee and the least successful area of collaboration, it is necessary to look at the features of that group and at the more successful groups.

Several respondents mentioned the features of successful GP membership on committees, which included:

- Clear terms of reference, or purpose of the committee
- An easily identified issue that is of relevance to all parties
- Resources to progress the work – dedicated budget and people

GPs identified their working style as pragmatic and results-oriented; they said they were short in time and got bored and restless when the reason for meeting was unclear. They expect meeting times that do not clash with the busiest times of their medical practice, and they require adequate remuneration for their time.

DHHS workers often operate in unclear environments with complex and multi-faceted issues to consider, and in areas where outcomes are difficult to measure, and/or there are political imperatives. The potential areas within the DHHS agenda where GP input is required or desired is large and expanding, and there are significant restraints on the Agency's ability to schedule meetings and pay for doctors' attendance.

Issues regarding the nature of representation were also raised – is the GP representing their own views, the Division's, or those of the GP workforce in general – were they chosen for their personal expertise, or their ability to represent all GPs?

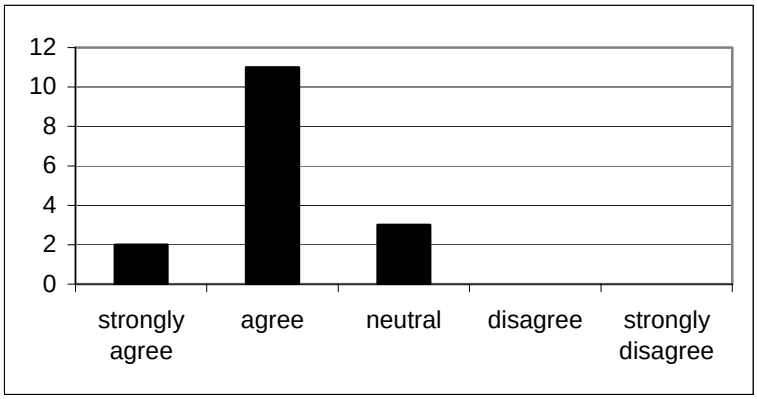
Meetings have to be well run – we don't want three-hour boring meetings
There has been significant change in understanding and perception on both sides.
It is now 'normal business' to have GPs involved – it's not unusual anymore
If it is real life stuff that matters, it's easy to get commitment
It's good to be on committees; it's a much better way of giving our GP input than surveys etc
The time of day is really important, and if we're away from our practice for too long this can spill over into negative attitudes at the meeting
There is an insight into the workings of the Department and the Ministerial processes through committees – there was little understanding of that before

2.2 GP representation in the development, planning or review of health services at a local or a statewide level.

All respondents were aware of examples of GP representation in these broader health services development areas.

Most respondents agreed that planning had been enhanced by GP input, and while a small number were neutral on the question, no-one disagreed.

Over the past two years the planning and development of Tasmanian health services has been enhanced by GP input.



Examples of successful GP involvement in planning included the various local health services, including Clarence, Campbell Town, and West Coast; Royal Hobart Hospital strategic planning, workforce planning, obstetrics, the Rural Mental Health Plan, meningococcal immunisation, and the Diabetes Key Leaders Group.[1]

Areas where there should have been GP involvement and there was not, or it was sought too late in the process, included the Expert Advisory Group, palliative care, nurse practitioner planning, legislation relating to certification of death, and child protection.

There was a view expressed that GP involvement in planning works better at the local level, and this seems to be confirmed by the successes cited of local level planning. It may also indicate that some GPs are more interested in local level activities where they can see results, while others are interested in more global planning.

There is a question about whether Divisional involvement equals GP involvement, and this needs to be explored and decided – to what level can project officers represent the views of the Divisions and therefore GPs?

[1] The Diabetes Key Leaders Group featured often, as an example of things working well and not so well, with the theme being that the group took a long time to resolve its purpose and TOR. Once resolved, there has been more positive feedback.

Too often GP input is sought after the event – we would like to be involved earlier in the process
GP advocacy in the meningococcal issue was fantastic

When is the right time to involve the GPs? If it's too early they get frustrated, as there's not enough action.
There is a growing relationship and then there are spin-offs in thinking more broadly about a range of issues
Only now are we really looking at prevention; GPs should be the fence on the top of the cliff, not the ambulance at the bottom.

Area 3 Communication

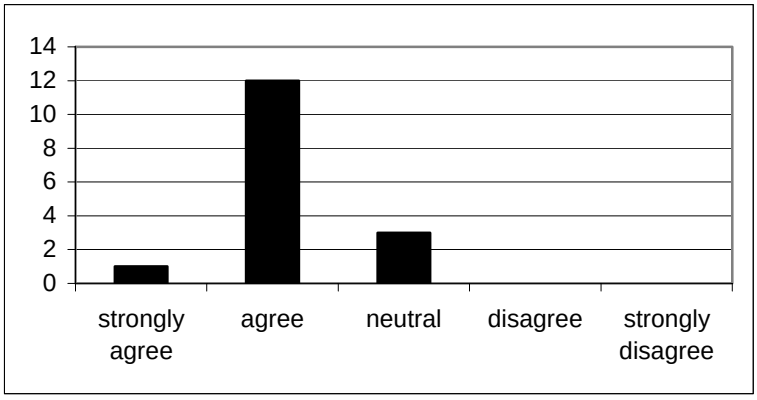
Objective to be evaluated:
Improve communication between Tasmanian public health services and general practitioners.

Respondents were asked about communication in general, and specifically about the Joint Media Strategy.

3.1 Communication in general

Most respondents agreed that communication between DHHS and GPs has improved over the past two years. While two were neutral on the question, no-one disagreed.

Communication between Tasmanian public health services and GPs has improved over the past two years.



More streamlined public health advice, and in particular on meningococcal disease, was cited as the most apparent example of effective communication. Various mental health projects, including the primary mental health care initiatives, MAHS and MSOAP, were also seen as examples of good and improved communication.

Examples of ineffective or non-existent communication included the establishment of the Expert Advisory Group, and cases where GP input was sought after the event, for example in palliative care and diabetes submissions for funding. Earlier public health advice was seen to be ineffective, and therefore the current efforts at streamlining the

information flow, keeping it timely and relevant, are seen as proof of incremental improvement.

It was acknowledged that communication between DHHS and the Divisions has improved, but a question was raised about communication direct with GPs. The fax-stream direct to GPs on public health is an example of where the information is direct and relevant, but even so, there is ambivalence expressed – will GPs be overloaded with information, and what is the Divisional role in gate keeping information?

The sharing of information at GPACT is huge
We got public health information about the Rugby World Cup – it was good to educate GPs about the issues
We get good clear communiqués now and it improves as time goes on
The Southern information on mental health – laminated pages on admission processes – it's good- GPs love simple, accessible info.
Is the country on red alert, or is this to be filed away?
We need clear, simple information
The business of the Division is communicating – it's what we do
We need to increase the knowledge base beyond those who sit on Boards, GPACT and the Monitoring Group.

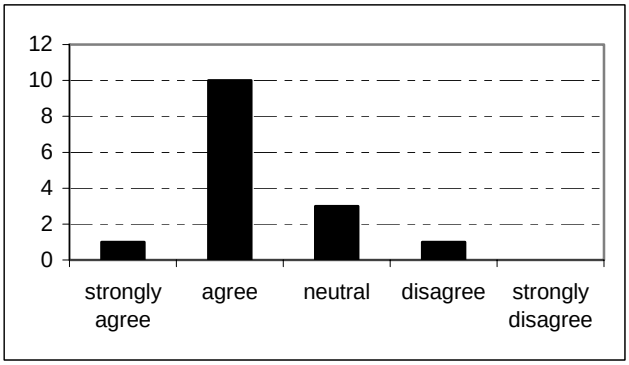
3.2 The Joint Media Strategy

One respondent, who is not a member of the MoU Monitoring Group, was not aware of the existence of the Joint Media Strategy (JMS). All others were, but there was some confusion about what areas came within its scope and which did not.

The stated aim of the JMS is to publicise the achievements and progress of the collaboration, but in practice it is also the tool that ensures the parties manage potential criticism of each other in a reasonable and informed manner, thereby protecting the partnership from external threat, or from playing out disagreements in a public arena. As such, it is inherently a mechanism that would elicit strong opinion and potentially acts as a test of the real strength of the partnership.

It is therefore significant that in general, respondents agreed that the JMS is a useful tool for communicating information through the television, radio, print and web-based media, with only one respondent disagreeing.

The Joint Media Strategy is a useful tool for communicating information through the television, radio, print and web-based media.



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The strengths of the JMS as listed by respondents included its role in focussing on the positives, the unified messages that resulted, the reduction in time clearing up misunderstandings, and the process of gaining a sign-off on positions by all members.

The weaknesses included that the JMS is not always known or understood, particularly by new staff or those not on the Monitoring Group; and that response times can be slow (from all parties) particularly in emergencies.

As well, it was noted that the main problem is not with the JMS itself, but in its disregard, by one party or the other. In other words there have been cases where DHHS has made announcements outside the JMS, and instances where criticisms have been made of DHHS outside the JMS structure. There is currently no mechanism within the JMS to address instances of its breach.

It was acknowledged that 'good news' stories don't get a lot of media attention, and suggested that the JMS could be used more proactively and in more creative ways in order to get health messages to the public.

[2] The respondent who ticked 'strongly agree' added "when utilised" and said "strongly disagree if ignored"

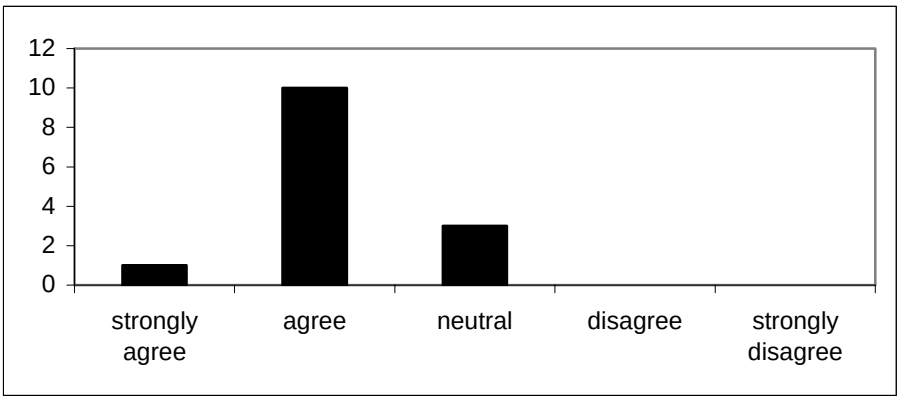
It's good to screen information for accuracy – it reduces beat-ups.
It's good when it's used – shooting from the hip can damage things
It's unwieldy in fast-breaking issues, but still works well
It should be dusted off every now and then
It's an excellent idea with occasional slip-ups

Area 4 – Recognising the role of GPs in improving health outcomes

Objective to be evaluated:
Recognise the role of GPs in improving health outcomes for all Tasmanians.

In some ways recognition of the role of GPs is inherent in the other areas, including collaboration and communication, and in the fact of having an MoU. This was more specifically tested, and it was agreed that the MoU had contributed to greater recognition. While a small number of respondents were neutral on the question, none disagreed.

The MoU has contributed to a greater recognition of the role of GPs in improving health outcomes.



Examples of areas where there has been greater recognition included the mental health area, diabetes, comorbidity and immunisation. As well, respondents made more general comments that indicated a heightened awareness by key DHHS staff of the role of GPs.

Areas listed as examples of the role of GPs' contribution being overlooked or undervalued included the nurse practitioner model, the establishment of the Expert Advisory Group, and the Diabetes Key Leaders Group.

Perhaps in the past DHHS viewed hospital doctors as the main players, but now they recognise GPs too
GPs still represent an unrecognised and undervalued group of people in the primary health care system
We don't want recognition in terms of 'haven't you done a great job', but of our expertise – eg diabetes; specialists are often consulted, but we see more diabetes than they do
Hospitals are now recognising the abilities of GPs

Area 5 – Clinical Privileges and VMOs

The MoU includes a specific task on the clinical privileges of rural GPs working as DHHS VMOs. The objective was to evaluate whether this had been successfully completed.

Five respondents knew about this task, and all agreed that the involvement of GPs was crucial to the delineation of clinical privileges in this case.

Area 6 Specific Key Commitments within the MoU

4.1. All parties will support the ongoing viability of GPACT.

All respondents were asked whether they were members of GPACT, and those members were asked to what extent they supported GPACT. There was a high level of support of GPACT reported.

It became apparent that there is a lack of clarity about the difference between GPACT and the MoU and Workplan Monitoring Group, and the relationship between the two groups, and particularly from those interviewees (both DHHS and Divisional) who attend GPACT meetings but not WMG meetings.

These respondents typically viewed the WMG as an offshoot of GPACT and saw the Workplan as the GPACT Workplan, and were sometimes critical about the lack of reporting back from the WMG to GPACT. They had limited knowledge therefore of the MoU monitoring processes.

In particular the Chairs of Divisional Boards seemed to have a limited understanding of the difference, and did not appear to be understand the activities of the MoU WMG, although, as stated, there were some DHHS personnel who were in the same position.

While the recent decision to separate the times of the two meetings will assist in giving a message about their differences, there needs to be better communication between the two groups.

There was also comment from several respondents about the need for the processes of GPACT, if not the MoU WMG, to be led from within DHHS by the Secretary of the Agency, so that issues that cross Divisions can be managed out of their ‘silos’.

4.2. All parties will develop an agreed framework of consultation to ensure general practise input into health service planning and delivery.

This objective is addressed further in the evaluation, and it is recommended that this is an area that requires further development.

4.3. DHHS will recognise the need to involve the TDGP in statewide planning and the Divisions of General Practice in local and regional planning

This is addressed elsewhere throughout the report and the objective has been met.

4.4. DHHS will work with TDGP and Divisions to improve integration of primary health care service delivery.

This is addressed elsewhere throughout the report and the objective has been met.

4.5. All parties will identify potential opportunities for future collaborative effort

This is addressed elsewhere throughout the report. The objective has been met, although the mechanisms for identifying emerging issues are not satisfactory.

4.6. All parties in collaboration with the University of Tasmania will promote collaborative research effort in primary health care, incorporating general practice.

It appears that, owing to resources and other imperatives, the MoU WMG has not given priority to research, and this is an issue that should be addressed by all parties, in order to clarify intentions in the medium term.

Summary Part A

In the period since it was signed in early 2001, the objectives of the MoU have been met.

- The parties to the MoU have worked collaboratively to improve individual patient care and community health outcomes
- GPs have been involved in the planning and development of Tasmanian health services at a local area and in statewide planning
- Communication has improved between Tasmanian public health services and general practitioners, and
- The role of GPs in improving health outcomes for all Tasmanian has been recognised.

The evaluation sought to determine whether these areas had in fact improved over the period of the MoU, and there was agreement that there was an improvement in all areas and that this could be attributed to the MoU and its Workplan and monitoring activities.

There were areas where improvement is required, and these include the mechanisms for engaging GP input, including consultation processes, and membership of committees and working groups.

A specific outcome area of the MoU that has not been properly addressed is the agreement that all parties will develop an agreed framework of consultation to ensure GP input as appropriate at statewide and local levels of health service planning and delivery. This has been partly met through the recent development of a communication strategy, but an overarching consultation framework that includes the various components of communication and participation in committees will address some of the areas where the need for improvement in the partnership were identified.

Recommendations Part A:

A1 That the MoU should continue to be a key mechanism for underpinning and improving collaboration and partnership between general practitioners and the Tasmanian Department of Health and Human Services.

A2 That all parties engage in developing a consultation strategy, that considers:

- Practical and innovative ways of gaining GP input into a range of issues, from one-off advice to input into service planning and development

- Issues relating to committees, working groups and meetings, including the development of protocols for all parties in identifying areas where GPs should be involved, expectations on GPs and DHHS personnel before, during and after the meetings, and practical issues such as preferable times of day, length of the meeting, and remuneration.

- The issue of GP views being represented by project officers within the TGPD and/or Divisions

- The role of the Divisions in 'gate keeping' information – i.e. in what circumstances should information go directly to GPs, and when should it go to Divisions?

- Features of the 'successful' committees, including IT, (especially GPLinkED), hospital liaison and mental health, should inform this work

A3 The Joint Media Strategy should be reviewed and reissued to all parties with a covering letter from the partners that emphasises the relevance of the Strategy

A4 Instances of non-compliance with the Joint Media Strategy should be referred to the Working Group where appropriate

A5 The Joint Media Strategy should be used more creatively by the MoU WMG to get positive health messages to the community.

A6 The roles of and communication between the MoU Workplan Monitoring Group and GPACT should be clarified and communicated to all parties of both groups

A7 The MoU WMG should decide whether it intends to promote collaborative research efforts in the medium term

PART B – The Workplan and role of the Workplan Monitoring Group

The MoU Workplan was developed to contain the following elements of joint effort:

1 Time-limited Projects – developed in response to issues to be progressed within the first twelve months of the Workplan, and structured under six themes (detailed below) and with clear goals and outcomes articulated.

2 Ongoing Statewide Effort – outlining ongoing work between the department of Health and Human Services, the Tasmanian General Practice Divisions and the Regional Divisions.

3 Issues to be addressed – identified and included to ensure that these issues appropriately remain on the agenda for inclusion in a future Workplan.

The MoU Workplan Monitoring Group was formed to monitor the progress of the Workplan. The group comprises representatives of DHHS, TGPD and the Divisions.

The role of the Group is to:

1) Ensure the success of the MoU by engaging in system-wide collaboration and partnership where appropriate
2) Identifying joint issues and developing strategic responses to same
3) Reviewing Workplan goals and specific project targets in conjunction with project leaders
4) Monitoring performance (including the achievement of Workplan goals and targets)
5) Maintain a watching brief on the range of committees and groups which are in place to progress current ongoing joint effort

This part of the evaluation concerns the effectiveness of the Workplan structure and therefore the role of the MoU Workplan Monitoring Group, in progressing joint effort.

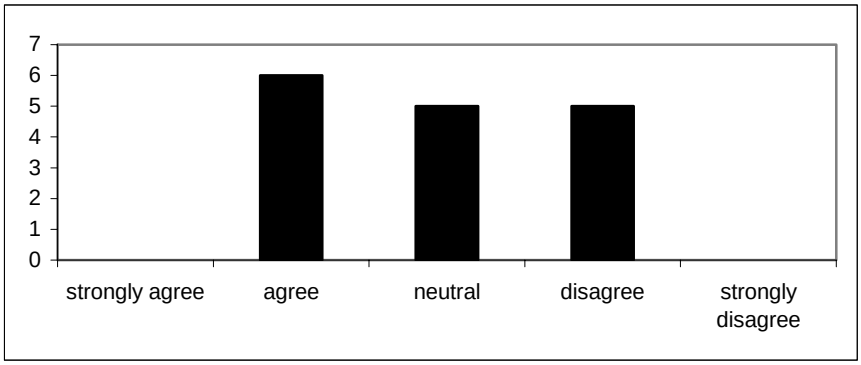
Area 1 Ensure the success of the MoU by engaging in system-wide collaboration and partnership where appropriate

This goal was evaluated in Part A, Area 1, Collaboration. The WMG has a pivotal role in fostering system-wide collaboration and partnership, and these have strengthened during the period under review.

Area 2 Identify joint issues and develop strategic responses to same

Respondents were not satisfied that the MoU Workplan monitoring process provides an effective way of identifying emerging issues.

The MoU Workplan monitoring process provides an effective way of identifying emerging issues.



The informal opportunities for raising emerging issues at the WMG was acknowledged and valued, but there do not seem to be clear formal processes.

Several respondents suggested that there should be a standing item on the agenda, with sufficient time allocated, to allow a discussion and analysis of emerging issues.

This discussion should allow a decision to be made as to whether the emerging issue should become a project under the MoU Workplan; should be referred to GPACT for high-level, sector wide discussion; or should be referred back to one of the steering committees already established, either under the Workplan or elsewhere within the partnership.

Some respondents believed that GPACT should be the forum for considering emerging issues, and should then refer them to the WMG, but that implies a direct relationship between the two groups that is not apparent at present.

There is never any blocking of the agenda – we can put anything on it that we want to discuss
There needs to be a clear and visible process for emerging issues
Emerging issues come up at the other committees set up under the MoU, so there should be stronger links with them to find out what they are doing
The Workplan focuses on what we are doing, not on what needs to be done

Area 3 Reviewing Workplan goals and specific project targets in conjunction with project leaders, and

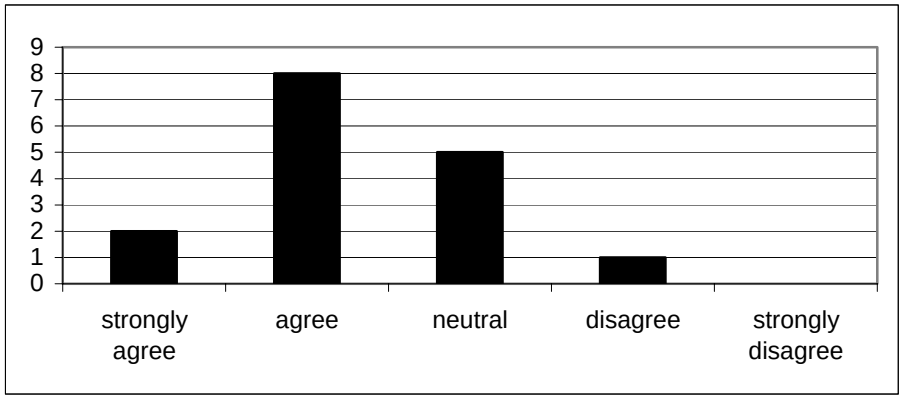
Area 4 Monitor performance (including the achievement of Workplan goals and targets)

All respondents were aware that time-limited projects were included in the MoU Workplan. There was general agreement that the MoU Workplan has successfully progressed time-limited projects, but with some reservation.

Several respondents made the point that the distinction between time-limited and other projects has been lost with time. This appears to be the case, and is an area that requires attention.

Some respondents considered that the Workplan and WMG has monitored rather than progressed the work, and questioned whether the work would have progressed anyway, without the MoU. However most considered that the Workplan and WMG is useful because of the high-level commitment by the people who can make a difference, and therefore if projects appear to be stuck, or are having difficulties, this is the group that can make a difference.

The MoU Workplan has successfully progressed time-limited projects.



MAHS, GP liaison with public hospitals, and GPLinkEDwere the projects most often cited as successfully progressed, although there was a wide range mentioned, including the Rural Mental Health Plan, MSOAP (palliative care and mental health) and Ashley health issues.

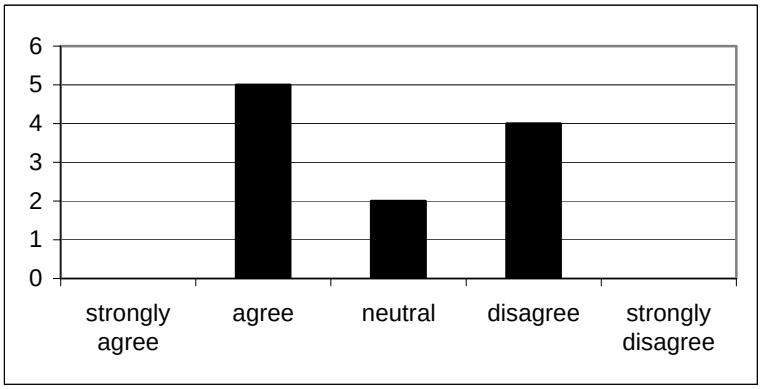
Those considered not so successfully progressed included diabetes, E Health, priorities for prevention, Aboriginal health and joint education.

If you don't do it this way, equity across the State is out of line
It varies from project to project – some are self-energising and others the MoU prompts
The Workplan gives legs to the MoU

Most, but not all, respondents were aware of the process by which the Workplan goals, targets and joint projects are currently monitored. Those who were aware were asked to comment on the effectiveness of that process.

There was a general recognition from those respondents who are part of the MoU WMG that this area needed to be improved and was being improved. They agreed that the current work on simplification was necessary, as there has been a time consuming and turgid process of monitoring until now. This dissatisfaction with the process at the time the evaluation commenced is reflected in the responses to the question below:

The current process of monitoring the goals, targets and project of the MoU Workplan is effective.



The weaknesses of the current monitoring and reporting processes include the unwieldy paperwork, lack of clarity about who is accountable, the lack of a strategic focus and the time consuming nature of the reporting.

One respondent noted that the reporting process is so tedious that there was a reluctance to put new projects forward, and so the Workplan risks becoming a collection of outdated projects, rather than a roundup of the real activity in the area.

There is not a visible, clear process for getting new projects on to the Workplan, and the absence of child health, child protection and family wellbeing issues was noted. There is not a permanent representative of the Children and Families Division of DHHS, and both Departmental and GP respondents noted the lack of a children's health focus on the Workplan.

Despite these weaknesses, there was general agreement that the strengths of the current process are in its regular face-to-face meetings, the goodwill on all sides, the commitment all parties make to having senior people at the meetings, and the opportunities for networking and informal communication that stem from the meetings.

It was also noted that the reporting mechanisms were a product of their time – i.e. when the partnership was new it was important to agree on a set of projects and to monitor them – but now it needs to be more forward thinking and strategic.

Suggestions for improvement included more structure in moving projects on to and off the Workplan, an evaluation of whether these are the right projects for the Workplan, and better identification of the goals and timeframes of the projects that are on the Workplan.

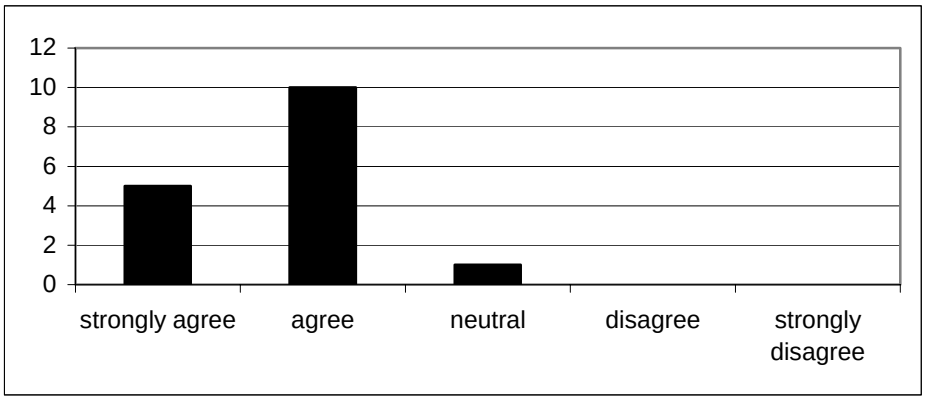
It was noted that the work of the MoU WMG is not well marketed, and that there should be broader distribution of the minutes as one way of letting a broader audience know about its work.

A better role for the MoU WMG was seen to be problem solving, sharing information and evaluating rather than monitoring.

Area 5 Maintain a watching brief on the range of committees and groups which are in place to progress current ongoing joint effort

All respondents were aware that the MoU Workplan Monitoring Group (WMG) keeps a watching brief on the representation of the MoU partners on committees and groups where there is joint effort, and there was agreement that it is useful for the WMG to oversee this involvement.

It is useful for the MoU Workplan Monitoring Group to oversee involvement in committees and groups.



Summary Part B

The Workplan and Workplan Monitoring Group were seen to be vital components of the MoU.

The Workplan requires more clarity in terms of its three elements of joint effort – i.e. better distinction between time-limited projects and areas of on-going statewide effort, and better means of identifying issues to be addressed and emerging issues.

The WMG has been successful in driving the agenda of the MoU, and monitoring progress, but less successful in reviewing Workplan goals and targets.

These issues are taken up further in Part C.

Recommendations Part B:

B1 The WMG should agree on a process for allowing better consideration of emerging issues. This should include a standing item on the WMG meeting agenda, and also clear mechanisms for referring items to GPACT and/or to other steering committees and working groups within the partnership

B2 The WMG should scrutinise all the projects on the Workplan and determine whether they are time limited projects or areas of on-going statewide effort, and should label them appropriately and divide the Workplan more explicitly between these two types of activities

B3 The WMG should progress the recently commenced process of improving reporting on projects on the Workplan, with regard to the following:

- Better identification of the goals of the project
- An improved process of allocating time frames to projects
- Following on from that, more rigour in moving projects off the Workplan
- Continued simplification of reporting

B4 The WMG should consider ways of marketing its achievements to interested parties.

B4 The membership of the MoU WMG should be reviewed to consider membership of the Division of Children and Families.

Part C – Future of the MoU

Respondents were asked for general comments on the success of the MoU and its future. These were not tested quantitatively through the questionnaire, but in open-ended discussion.

There was unanimous agreement that the MoU was valuable and that it should continue to underpin the partnership.

There was also agreement that it needed either 'legs' or 'wings' and that the Workplan provides this ability to move the partnership.

Representatives of regions believed that the MoU and Workplan monitoring processes allowed a mechanism for statewide consistency and equity, as a project or work practice that is locally based should be brought to the MoU WMG to assess its applicability for other regions. Those from the North and North West in particular wanted to see goals established and outputs measured, so that they could see the relevance of projects as applied to their area.

It was recognised that the partnership is dynamic and evolving, and that there will be need to continue to 'tweak the edges' but that the MoU itself is high-level enough to ride over changes in personalities and governments.

There was some criticism of the 'wooliness' of Workplan monitoring, and suggestions that the projects on the Workplan should be more tightly assessed against goals and targets.

It was suggested that a strategic planning process should be held, in order to assess the appropriateness of the current projects, set goals for the coming year, and prioritise the projects that fit within these goals.

> *It needs to address the right issues – how do we get projects on and off the agenda?*
> *Many of the projects are now our joint core business and don't need to be on the Workplan*
> *We need an annual review of the Workplan and feed that into our respective business plans*
> *Both sides have a vested interest in good relationships and the community wins if we can all keep out act together*
> *We need to put more into sustainable prevention programs and we will have to priorities*
> *We should be proud of it – it's a sound, genuine process*
> *Does integration diminish an empire? What are the incentives for taking a wider view? We should look at the incentives and leadership necessary to break down silos of work and of funding.*

Recommendations Part C

C1 The MoU should continue, as it is seen as a positive and productive framework for a vital partnership in the provision of primary health care

C1 The MoU WMG should hold a strategic planning forum in order to assess the appropriateness of the current projects, set goals for the coming year, and prioritise the projects that fit within these goals.

Annex A: Questionnaire

Thank you for taking the time to be involved in the evaluation of the Memorandum of Understanding between the Tasmanian General Practice Divisions, the Regional Divisions of General Practice and the Tasmanian Department of Health and Human Services.

To answer most of the questions you need only tick a box or write a brief comment. If you wish to comment further on any issue, please write on and attach a separate sheet of paper.

If you have any questions about the evaluation, please contact Victoria Rigney, by telephone on (03) 6233 4742 or email victoria.rigney@dhhs.tas.gov.au

PART A - Collaboration between the DHHS and the Divisions of General Practice

1a. To what extent do you agree or disagree with the following statement?

Over the past two years, collaboration between DHHS and the TGPD and/or individual Divisions of General Practice has increased

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

1b. Please list any examples of successful DHHS/General practice collaboration

(Please write in the space provided)

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1c. Please list any examples of unsuccessful DHHS/General practice collaboration

(Please write in the space provided)

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2a. Are you aware of any committees and/or working groups where General Practice and DHHS representatives work together on areas of joint effort?

(Please tick one box only)

- ❑ Yes
- ❑ No - please go to 3a.

2b. To what extent do you agree or disagree with the following statement?

Joint DHHS/GP membership on committees and working group ensures the sharing of different perspectives on areas of common interest

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

2c. Please list any such committees/working groups that have been *successful* at working on areas of joint effort

(Please write in the space provided)

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2d. Please list any such committees/working groups that have been *unsuccessful* at working on areas of joint effort

(Please write in the space provided)

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PART B - Communication

3a. Were you aware that a Joint Media Strategy was developed as part of the MoU Workplan?

(Please tick one box only)

- ❑ Yes
- ❑ No - Please go to question 4a

3b. To what extent do you agree or disagree with the following statement?

The Joint Media Strategy is a useful tool for communicating information through the television, radio, print and web-based media

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

3c. Please list the strengths of the Joint Media Strategy

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3d. Please list the weaknesses of the Joint Media Strategy

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4a. To what extent do you agree or disagree with the following statement?

Communication between Tasmanian public health services and GPs has improved over the past two years

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

4b. Please list any examples of effective communication between Tasmanian public health services and GPs

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4c. Please list any examples of ineffective communication between Tasmanian public health services and GPs

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PART C - GP Involvement and Recognition

5a. Are you aware of any examples of GP representation in the development, planning or review of health services at a local or a state-wide level?

(Please tick one box only)

- ❑ Yes
- ❑ No - Please go to question 6a

5b. To what extent do you agree or disagree with the following statement?

Over the past two years the planning and development of Tasmanian health services has been enhanced by GP input

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

5c. Please list any examples of successful GP involvement in the planning and/or development of health services

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5d. Please list any examples of where there should have been GP involvement, but this did not occur

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6a. To what extent do you agree or disagree with the following statement?

The MoU has contributed towards a greater recognition of the role of GPs in improving health outcomes

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

6b. Please list any examples of recognition of the role of GPs in improving health outcomes

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6c. Please list any examples of the role of GPs' contribution being overlooked or undervalued

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PART D - MoU Workplan

7a. Were you aware that the MoU Workplan Monitoring Group keeps a watching brief on the representation of the MoU partners on committees/groups where there is joint effort?

(Please tick one box only)

- ❑ Yes
- ❑ No - *Please go to question 8a*

7b. To what extent do you agree or disagree with the following statement?

It is useful for the MoU Workplan Monitoring Group to oversee involvement in committees and groups

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

8a. Were you aware that time-limited projects were included in the MOU Workplan?

(Please tick one box only)

- ❑ Yes
- ❑ No - Please go to question 9a

8b. To what extent do you agree or disagree with the following statement?

The MOU Workplan has successfully progressed time-limited projects

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

8c. Please list any projects from the Workplan that have progressed satisfactorily during the period of the MoU

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8c. Please list any projects from the Workplan that *have not* progressed satisfactorily during the period of the MoU

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9a. Are you aware that the MoU Workplan includes a task on the clinical privileges of rural GPs working as DHHS Visiting Medical Officers (VMOs)*?*

(Please tick one box only)

- ❑ Yes
- ❑ No - Please go to question 10a

9b. To what extent do you agree or disagree with the following statement?

The involvement of GP organisations was crucial to the delineation of clinical privileges of rural GPs working as DHHS VMOs

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

10a. Are you aware of the process by which the Workplan goals, targets and joint projects are currently monitored?

(Please tick one box only)

- ❑ Yes
- ❑ No - please go to 11a.

10b. To what extent do you agree or disagree with the following statement?

The current process of monitoring the goals, targets and projects of the MoU Workplan is effective

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

10c. Please list the strengths of the current monitoring and reporting processes

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10d. Please list the weaknesses of the current monitoring and reporting processes

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11a. To what extent do you agree or disagree with the following statement?

The MoU Workplan monitoring process provides an effective way of identifying emerging issues

(Please tick one box only)

Strongly agree	*Agree*	*Neutral*	*Disagree*	*Strongly disagree*
❑	❑	❑	❑	❑

11b. Please list any emerging issues that have been identified through the MoU Workplan monitoring process

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11c. Please list any emerging issues that the MoU Workplan Monitoring Group has not considered and/or not included in the Workplan

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PART E - General Practice Advisory Committee of Tasmania - GPACT

12a. Are you a member of GPACT (General Practice Advisory Committee of Tasmania)?

(Please tick one box only)

- ❑ Yes
- ❑ No - *You need not answer any further questions. Thank you for your input!*

12b. Please indicate the ways in which you provide support to GPACT

(Please tick as many as apply)

- ❑ By regularly attending GPACT meetings
- ❑ By occasionally attending GPACT meetings
- ❑ By carrying out GPACT business between meetings
- ❑ By providing financial support to GPACT
- ❑ By providing executive support to GPACT meetings
- ❑ Other *(Please specify)*.....

Thank you for taking the time to complete this questionnaire. Please keep your completed questionnaire in a safe place and give it to Victoria Rigney at your follow-up interview. During that interview you will have the opportunity to discuss your ideas, experiences and concerns in more detail.

Appendix B: List of Interviewees

List of Interviewees:

1. Dr Vernon Powell Chair, TGOD
2. Ms Elvie Hales EO North West Tasmanian Division of General Practice
3. Dr Emil Djakic Chair, North West Tasmanian Division of General Practice
4. Dr Joe Tempone Outgoing Chair, GP North
5. Dr George Cerchez GP Liaison Officer DHHS
6. Sue Moir EO, Southern Tasmanian Division of General Practice Inc,
7. Sarah Male EO, TGPD
8. Dr Geoff Chapman Southern Tasmanian Division of General Practice Inc,
9. Dr Annette Douglas Chair, Southern Tasmanian Division of General Practice Inc,
10. Kim Boyer Former EO, TGPD
11. John Ramsay Secretary, DHHS
12. Mary Bent Director, Community, Population and Rural Health, (CPRH) DHHS
13. Anne Brand Director, Hospitals and Ambulance, DHHS
14. Mary Blackwood Manager, DSU, Hospitals and Ambulance, DHHS
15. Wendy Quinn Deputy Director, Community Support, DHHS
16. Vicki Rundle Director, Child and Family, DHHS
17. Fatima Ali Manager Policy Unit DSU, CPRH, DHHS
18. David Gardiner DHHS – formerly of Strategic Development at time MoU was drafted.
19. Mr Phil Edmondson, EO GP North, with Dr Leanne Jones, incoming Chair of GP North