

Criterion GP2.3 – Engaging with other services

Indicators

GP2.3▶A Our practice collaborates with other health services to deliver comprehensive care.

GP2.3▶B Our practice's referral letters are legible and contain all required information.

Why this is important

By working cooperatively with other healthcare providers and services, you can provide optimal care to patients whose healthcare requires integration of multiple services. These services may include:

- allied health
- pharmacy
- diagnostic
- social
- disability
- Aboriginal and Torres Strait Islander health
- community
- hospitals.

Given coordination of care for individuals, families and communities is part of a GP's accepted role and is associated with improved health outcomes for patients,¹³ engaging with other services is an important feature of providing high-quality healthcare.

Meeting this Criterion

Coordinating comprehensive care with other services

Your practice must be aware of the local healthcare providers and services that can support patients. These may be providers within or outside of the practice. This awareness includes having access to up-to-date written or electronic information about local providers delivering health, disability, community and mental health services. For example, you could have a register of these services (which will be particularly useful for new members of the practice team).

Your practice needs to have processes to engage with other healthcare providers, foster good working relationships and support inter-professional collaboration so you can achieve good collaborative patient care with these services when required.

It is important to be proactive in connecting patients with other community-based services outside your practice, such as health and aged care services.

Your practice needs to understand the different referral arrangements for public and private providers.

Referral letters

Referral letters are critical in integrating the care of patients with external healthcare providers.

Referral letters must:

- include the name and contact details of the referring doctor and the practice
- be legible
- include the patient's name and date of birth, and at least one other patient identifier
- explain the purpose of the referral
- contain enough information (relevant history, examination findings and current management) so that the other healthcare provider can provide appropriate care to the patient
- not include sensitive patient health information that is not relevant to the referral
- include a list of known allergies, adverse drug reactions and current medicines
- identify the healthcare setting to where the referral is being made (eg the specialist consultancy).

If appropriate, referrals could also contain:

- the name of the healthcare provider to whom the referral is being made, if known
- any relevant information that will help other healthcare providers deliver culturally safe and respectful care (eg language spoken, the need for an interpreter or other communication requirements).

Patient information in referrals

Most of the information needed in a referral may be found in the patient's health summary. Although many practices routinely incorporate a copy of the patient's health summary into a referral letter, or attach the summary as a separate document, you only need to provide clinically relevant patient health information. Information is clinically relevant if the practitioner who is receiving the referral needs that information to diagnose and treat the patient. For example, information regarding a patient's previous termination of pregnancy or sexually transmissible infection (STI) is unlikely to be of clinical relevance to a physiotherapist, but likely would be to an obstetrician or gynaecologist. You could also offer patients the opportunity to read a referral letter before it is sent.

You must consider your obligations under the *Privacy Act 1988* before using or disclosing any health information.¹⁴

Emailing referrals

The RACGP has developed a matrix that shows the risk associated with emailing certain types of information to patients or other healthcare providers, depending on your practice's policies and processes. The matrix is available at www.racgp.org.au/your-practice/ehealth/protecting-information/email

Although the *Privacy Act 1988* does not prescribe the method of communication a healthcare organisation uses to pass on health information to patients or third parties, it does require that you must take reasonable steps to protect the information and the patient's privacy.

Your practice needs to have systems so you respond to emails and other electronic communication in a timely and appropriate manner.

Telephone referrals

A telephone referral may be appropriate in the case of an emergency or other unusual circumstance. You must record details of the telephone referral in the patient's health record.

Keep copies of referrals

For medico-legal and clinical reasons, keep copies in the patient's health record of all referrals made.

Meeting each Indicator

GP2.3▶A Our practice collaborates with other health services to deliver comprehensive care.

You must:

- be able to demonstrate that your practice collaborates with other healthcare services
- provide evidence that the practice team has been made aware of local healthcare providers.

You could:

- maintain an electronic or paper-based register of healthcare service providers and organisations for patient referrals
- regularly update the register and include the date of the update
- keep an easily accessible list of pharmacies, including the roster of on-call pharmacists
- include discharge letters in patient health records, along with records that show they are acted on appropriately.

GP2.3▶B Our practice's referral letters are legible and contain all required information.

You must:

- write referral letters that include all mandatory information
- keep a copy of each referral in the patient's health record.

You could:

- use a clinical software program to generate referrals that are automatically populated with a health summary
- have a policy that states referral documents must include at least three patient identifiers (eg their full name, date of birth, and address)
- have a procedure for asking patients to consent to referrals being sent electronically
- include relevant information about electronic transmission of referrals in the practice's privacy policy.