Case study 6: The General Practitioner with Special Interest (GPwSI) Service (Southern DHB)

The orthopaedic GPwSI service at Southern DHB has been operating for approximately five years. The service was established in collaboration with the General Practitioner Liaison (GPL), Southern DHB and ACC, in response to prolonged waiting times and constrained access to orthopaedic specialist advice in the Otago district. A service to increase access to skin lesion/minor surgery was also established approximately four years ago.

Seven GPwSIs within the Otago region have been trained to provide general surgery through contracts with Southern DHB, and four GPwSIs provide orthopaedic FSAs in a contract with ACC. The GPwSI service is supported by secondary clinicians, and ongoing training is made available for both orthopaedic assessments and minor surgery. Patient satisfaction with both the orthopaedic and minor surgery service has been consistently rated very high.

The orthopaedic GPwSI service

The orthopaedic GPwSI service accepts only ACC cases. Over the last five years more than 1000 cases per year have been referred to the service. Most accident-related orthopaedic patients in Otago are managed by GPwSIs.

GPwSIs are able to access all diagnostic facilities available to secondary care clinicians. Clinical training for the GPwSIs is provided by the orthopaedic consultants at Dunedin Hospital. Patients are seen by GPwSIs a maximum of three times; thereafter they are either referred to a secondary care clinician or returned to their GP for ongoing management. Less than 50 percent of the orthopaedic patients managed by GPwSIs are referred on to orthopaedic surgeons.

Under the GPwSI service, patients are diagnosed and a treatment plan is delivered. Most referrals to GPwSIs are given an appointment within two weeks, and a plan of care is confirmed within three to four weeks. Patients referred to GPwSIs receive high-quality, timely, efficient and effective care. The service is currently under review, with a view to expansion. Other GPs have also shown interest in training to become GPwSIs.

Minor surgery

The skin lesion GPwSI service in Otago has been running for approximately four years, and has seven trained GPwSI practitioners. The service receives referrals from primary care, mostly for suspected skin cancers, and is contracted by Southern DHB to perform 350 procedures each year.

The service was initiated in response to prolonged waiting times and limited access for primary care referrals to skin lesion assessment and excision. Patients were not receiving timely treatment, and secondary care clinicians were being flooded with referrals for relatively straightforward procedures.

Under the GPwSI service, patients can still be referred to secondary care clinicians when required; however, because of referrer knowledge of the service, and the level of expertise and experience GPwSIs have developed, 99 percent of referrals are managed by GPwSIs.
Surgical skills training for the minor surgery service is provided by ear nose and throat (ENT) and plastic surgeons at Southern DHB.

Ongoing support and satisfaction with the service among patients, the DHB, GPwSIs, and primary and secondary clinicians, including dermatologists, ENT specialists and general and plastic surgeons, has meant the service has become an integral component of elective delivery in the Otago region.

Approximately 350 minor procedures are performed each year through the GPwSI service; there is potential for this number to be increased. The Southern Primary Health Organisation has allocated funding for a further 100 procedures to be performed in 2011/12.

**Benefits of the GPwSI service**

Reduced waiting times for treatment: the average waiting time from referral to treatment for minor surgery was 12.3 days in 2010/11.

Increased capacity, quality and range of services delivered in primary care and reduction of unnecessary referrals to secondary care.

A quality, timely service provided at no cost to patients close to their home.

Improved integration and communication between primary and secondary.

A valuable opportunity for GPs to develop new clinical competencies and undertake a greater variety of clinical activities.

Reduced waiting times for patients and reduced administration for the service, and a higher conversion ratio from referral to surgery with referrals from the GPwSI service.

**Key learning**

Before developing services that are appropriate for specific community needs, DHBs considering establishing GPwSI services should undertake a comprehensive assessment of current patient flows, capacity, demand and community health need.

Establishing quality services requires the synchronisation of technical, administrative and clinical expertise in both primary and secondary care. Delivering services in the right place at the right time by the right people to the right patient will result in improved quality of care for patients, improved staff satisfaction and a more cost-effective and efficient service.

Clinical prioritisation based on patient need and ability to benefit relative to other patients referred, is a fundamental requirement of all publicly funded elective services. District health boards need to develop access criteria linked to available capacity, which ensure services are provided to patients with the greatest need.

In order to maintain clinical competencies and sustainable service delivery, GPwSIs need to work with a minimum number of 50 referrals per year and preferably 100.
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<tbody>
<tr>
<td>Number audited</td>
<td>361</td>
<td>363</td>
<td>350</td>
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<tr>
<td>Waiting times from date of referral to surgery performed</td>
<td>14 days</td>
<td>11.4 days</td>
<td>12.3 days</td>
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<tr>
<td>Quality of surgery (incomplete excision)</td>
<td>4.8%</td>
<td>2.9%</td>
<td>1.0%</td>
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<td>Complication rate (dehiscence, infection)</td>
<td>8%</td>
<td>6.2%</td>
<td>2.6%</td>
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<td>Malignant pathology</td>
<td>52%</td>
<td>55%</td>
<td>55.0%</td>
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<td>Patients not needing surgery</td>
<td>8.5%</td>
<td>2.7%</td>
<td>4.6%</td>
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<td>Patients transferred to tertiary care</td>
<td>7.2%</td>
<td>3.4%</td>
<td>2.1%</td>
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