

GP LINK Lunches | Dr Louise Delaney

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Dr Louise Delaney



Dr Ken McCroary

Ken McCroary – Thank you for joining me today I am Dr Ken McCroary Chair of Sydney South West GP Link and thanks for taking the time to read about today's discussion with Louise Delaney the National Clinical Advisor in Australia for HealthPathways.

To our members welcome once again and if you are not yet a member of SSWGp.link please log in to our website.

I have been fortunate enough during the past couple of months to spend some time during webinars, chat spaces and community of practices with Louise Delaney who heads up the National HealthPathways clinical advisory team, particularly now during the COVID pandemic. Louise has been a great source of information and assistance as we attempt to develop local pathways and COVID management strategies for the rollover to primary care management of the disease.

Dr Louise Delaney has 30 years of clinical experience across general practice, emergency medicine and obstetrics and gynaecology. Her main focus now is improving trust and collaboration across primary and secondary care to development of medical clinical and referral pathways in each region. Her role is lead clinical advisor with Streamliners New Zealand supporting HealthPathways teams in Australia, New Zealand and the United Kingdom to improve the health and wellbeing of people around the world through community conversations and clarity. She is currently exploring trail running for fun and picking up some additional study in healthcare in remote and extreme environments through University of Tasmania.

I thought now would be a great time to touch base with Louise to explore her journey and the health pathways development processes throughout the COVID pandemic and I look forward to hearing her responses.

Ken McCroary - Louise tell me about life as a Clinical Lead, Advice and Support for HealthPathways please?

Dr Louise Delaney - It is reasonably hectic and a lot of on call because things happen unpredictably I think, but the background to me being in this role was me working as a GP in the Illawarra and joining my local HealthPathways team as a clinical editor which I started in 2015.

HealthPathways really took off across NSW especially, but also around the country. We realised that getting a really good ability to collaborate in this state and as a platform in New Zealand, it was great to have a clinical advisor just for NSW and that is sort of how my role started to develop. We were very much just making it up as we went, to do what we thought was needed. That has been quite successful in really helping a lot of the NSW teams have a great relationship with each other and work out how best to collaborate and get the most out of the work they have put into the site.

Because it was such a success, we then had a clinical advisor for Queensland and the three Western States, WA, SA, and NT, we have one for Victoria and Tasmania as well, and we have an advisor in New Zealand and one in the UK.

With NSW now, because I have got so busy, we have now brought in another clinical advisor who has taken over from me with the NSW team as a main support for mentoring and collaboration so it has been an interesting job to grow and really I think a great experience of community were doctors having a chance to work together and collaborate where normally we are a bit out of touch with each other as GPs.

Ken McCroary – Great so it seems you are overseeing all the different regional pathways that have been developed throughout the state, how they interact and how they develop those pathways. Is that right?

Dr Louise Delaney - Yes and part of the role working with Streamliners in New Zealand is trying to get a great idea of what makes a good quality pathway and how to preserve that and mentor people into that development. Over time pathways tend to get very long and complicated and more experts get involved and want to put in more content, so we again try and stay in touch with each other about improving the quality and keeping it very relevant at point of care for GPs.

But also what started to happen was as the larger organisations became aware of the work we were doing, they made contact with us to get involved with getting their guidelines included in pathways or providing expert input to pathways just to make sure we were really reflecting in the pathways what the peak bodies in NSW were developing.

That is part of the clinical advisor role as well is to really support those relationships and communicate those guideline needs to the teams in NSW. We have developed what we call region work where one team will put up their hand and say yes we will do this piece of work and they will work with that organisation to develop a pathway on that topic and the other teams can all benefit from that which has been great. The risk with that sort of stuff is that you can lose a bit of the local flavour and so we try and advise the local teams to get their specialist to have a look at what the lead team has developed, and they have the option then of making their local changes to keep it relevant locally.

Ken McCroary - You are right, it is important we do know the local paths and the local teams and facilities and organisations around. Now obviously the world changed a while back with COVID and what sort of influence has that had, I can imagine, or I know the amount of increased workload and everything else you have been doing. So how has COVID affected you and HealthPathways?

It's been a really interesting journey and look, to be completely honest, it has not been completely negative. It has been good for us in terms of really strengthening our networks and our collegial relationships, and really getting very involved with NSW Health as a solution, where for the first time NSW Health has really needed to actually work with GPs and benefit from the GP workforce in solving the COVID problem for the state.

We have had some fantastic leaders in NSW Health as well as Charlotte Hesse with the college and Daniel Mullen with the AMA. They have really supported getting those leader heads together and getting some great quality work developed. With NSW ACI, we have had Tracey Tay who has been a great supporter for pathways since it first started in this country. She has been really keen to have input into guidelines being developed and letting us know what they are developing and get developed as well.

When COVID first started it was interesting, I had actually been involved in organising a workshop for clinical advisors in New Zealand and it was March 2020 and we had a small group of us over there. We were about to do a whole lot of workshopping on different topics and realised that really, we had to change the process of the whole workshop just to the COVID response and worked very quickly to make that a priority for all the HealthPathways teams and get that happening very quickly so we had guidance for GPs onsite locally as quickly as we possibly could.

We had the lead region work happening on that right from the start, so in the beginning with COVID we had Hunter New England as a lead region doing our assessment pathways with a lot of support from leadership, plus once vaccination started, the Nepean Blue Mountains team jumped in with that and then still as the situation has really evolved significantly, NSW Health Ministry agreed to support our work and we have been able to pull in a small group of lead clinical editors with direct funding from NSW Health just to carry out this work and keep it updated as quickly as possible for all of NSW teams.

It has just been a really brilliant experience because we have been able to show them we can be a solution and we can communicate to the frontline quickly. Initially, as we were making our updates as we saw stuff on the news, or the Minister was announcing changes on a Friday afternoon, we are now at the point where they are including us in drafting the guidelines and we can pretty much publish changes - well for most part - we can publish at the same time as NSW Health and it has been fantastic.

Ken McCroary - It is really rewarding to hear they are including the GP groups in their decision making and development, but it is also disheartening to hear that for the first time NSW Health has actually discovered they could work with GPs to an advantage for themselves and the community.

Dr Louise Delaney - I think previously it has been fairly easy to stay solo and keep those barriers up.

We have been able to make little dents for different things but I think the need at this stage has been so great and gradually this solution of HealthPathways has become so obvious it has been a much easier step forward and easy method to access general practice as a group and have an input. They are really realising how great it has been to have a GP perspective in the room so we are starting to get invited earlier and earlier.

I agree it is depressing it has taken this long to happen, but it just feels brilliant and hopeful that it is starting to happen now.

Ken McCroary - Yes, it just makes sense doesn't it. So, GP Link is a local organisation. I am just wondering about your work and the relationship you have with the South West Sydney region?

Dr Louise Delaney - We have a very active but small team in the South Western Sydney region. We have South Western Sydney HealthPathways and for anyone who doesn't have access, you can google HealthPathways South Western Sydney to gain access.

All our sites are password protected because they are for GP access only and sometimes they have confidential phone number for things like prescription and declaration for anti viral, so it is important it is password protected.

With South Western Sydney I think your site has been up since 2017 and it is quite a small team so the site has been growing consistently, not quite as quickly as some of the bigger organisation sites like Sydney and Hunter New England who have been around for longer and have bigger teams. South Western Sydney has also been our region in supporting what we call COVID impact notes, where COVID has caused an impact on care of a clinical condition or guidelines around a clinical condition, we create a little clinical edition note to stick on the clinical pathway. So the team in South Western Sydney has been helping all the NSW teams in keeping those notes on site across the state which has been really helpful and then we will gradually remove those notes as COVID goes away and care of conditions become more normal I guess.

I am not sure of the backing arrangement of South Western Sydney in terms of PHN versus LHD input most of our teams have a mixture of funding support as a partnership between the LHD and the PHN. I assume this is the same in South Western Sydney as well. We have a really dedicated coordinator Ben Neville who has been leading team really since inception which has been fantastic.

Ken McCroary - Thank you. The next question is more about your understanding of South Western Sydney and I am wondering not just yourself but HealthPathways and the teams you lead are you aware of any particular issues and challenges facing GPs working in South Western Sydney?

Dr Louise Delaney - My understanding which has become much more obvious I think through COVID have been the big challenge for general practice in South Western Sydney is largely around the cultural diversity and different areas of socio-economic levels and even different sizes of practices. There are a lot of single GP practices who don't have as much technological use probably as some of the larger practices.

I know with COVID you were hit really heavily and trying to help support access to good quality guidance as well as good quality support I think would have been pretty challenging. I have never actually worked in the region other than as junior doctor I worked at Bankstown and as a medical student at Liverpool briefly, but other than that I don't have a lot of exposure to the region.

Ken McCroary - It has changed since you and I were in medical school. The demountables at Liverpool have been replaced by one of the largest hospitals in the Southern Hemisphere. Campbelltown is doing the same and Bankstown has been rebuilt, it has certainly been changing. But you are right, it does indicate a pretty good understanding that 40% of our households don't speak English at home, the mixture of socio-economics is quite amazing, just as the culturally diverse communities are as well. Having a pretty good understanding about all that ,how do you think you and HealthPathways are in a position to help support general practices and the general practitioners of South Western Sydney?

Dr Louise Delaney - I think the ideal scenario is that with HealthPathways we try to run clinical working groups and we try to respond to feedback to pathway sites. So ideally where there is a strong local need, the PHN should be aware and made aware of whatever social issues or disease issues or needs are in the region. Then we can certainly focus pathway development to local needs and also to equity.

If GPs in the region feel we are not addressing those needs we really encourage online feedback to the site and every single page has a feedback button on the page. One of our markers of a successful region is how much feedback they are getting and how rapidly they are responding to the feedback, so we really encourage online feedback directly to the team and the team is able to respond. When GPs feel they are not being looked after or the demographic of their patients is being well enough covered by content, then we really need to encourage them to give feedback to the team.

The other thing is if there is a lack of services in the region, or you feel clinics are not providing the service you need, or patients are not getting into the services they need, that is another opportunity where if enough GPs are providing feedback to the site about what is needed, it gives the team more tools and evidence to ask for system change.

This is one of those really good instances where GPs actually have the ability for change in the system - admittedly it quite often happens very, very slowly and sometimes it is a matter of accumulating evidence over time, but at least is a way you can have some influence towards changing things for the better and getting across that thick boundary into secondary care and actually say 'hey we need this' and the team certainly one of the roles of the GP clinical editor is actually to act as a leader and act as an advocate for the GP colleagues it is not just writing the pathways. We absolutely encourage as much feedback as people are happy to give and they will get a response to the feedback.

Yes, you certainly have encouraged me to leave feedback on the site in the past.

I have. Tell your local team don't send it all to me.

I think that is part of it the service is there, and it is being provided so to make it local we have to use it and we have to give feedback.

That encourages their success as well with the PHN and the LHD if they can show that they are getting a lot of engagement and feedback from the GP's that encourages the LHD and the PHN to really support the team in increasing their work and responding to what Healthpathway is needed in our region and can make a difference so we are happy to keep supporting you.

You did mention to the fact the region does have a high number of solo practices I think up to 40% of practices are solo and there is also a major diversity of languages spoke in practices as well as in homes. Is there anything that Healthpathways could do or have on plan to assist the low IT uptake and also the language barrier sometimes.

In terms of the low IT uptake, we don't have a lot of power as a GP resource or I guess political power for encouraging or supplying that we certainly can try and be as useful as we can be to people who do have IT access. In terms of multilingual resources we do include patient information in multi lingual resources when we come across anything useful. Really probably the main thing is the Healthpathways site in region where there is a lot of culture and linguistic diversity we certainly do try and include as many resources as we can relevant to that population. Sometimes LHD assist us with that if they have additional resources as well we include that in pathways for those groups. But in terms of GP and Sole GP access to technology we don't actually have capacity to add to that other than purely pressuring PHN to providing support that they can.

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