



Sunshine Coast Division
of General Practice Ltd

JAMES LAMERTON

**SUNSHINE COAST DIVISION OF GENERAL
PRACTICE**

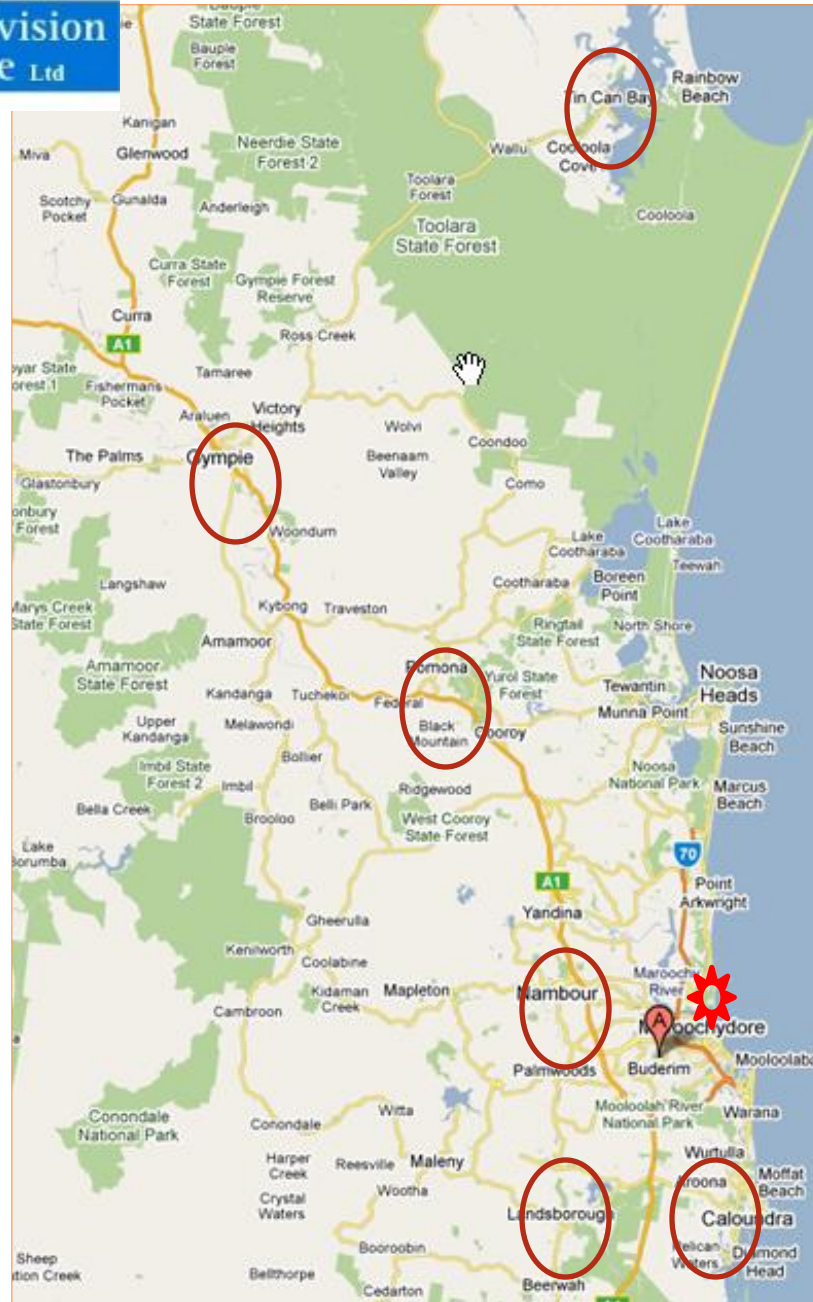


**PARTNERING IN PRIMARY
HEALTHCARE**



THE REGION

Areas circled in red are the major centres of Indigenous population in the Sunshine Coast/Gympie region



THE REGION



- **Pop: 407,472 (Sunshine Coast/Parts of Gympie)**
- **2009-10: 4th highest net pop increase in Qld**
- **GP to Patient ratio = 1:878 (C/wealth benchmark for shortage = 1:1400)**
- **Well-served with GPs & AHP (specialist services sub-optimal but improving)**
- **Fastest growing localities: Coolumb-Mudjimba & Peregian Springs**
- **Indig Pop: 5,297 (1.22% SC, 2.19% Gympie)**
- **Lowest % of Indigenous residents in non-metro Qld**
- **87.5% Aboriginal people**
- **7.7% Torres Strait Islander people**

THE DIVISION

- **117 practices (+10 'specialty' practices)**
- **464 GPs (approx) 63 registrars, ? med students**
- **266 Practice Nurses**
- **Younger than mean national GP workforce**
- **73% GPs part-time**
- **12,252 Mental Health OoS (2010-11)**
- **282 GPs contracted for Indigenous bulk-billed services & data collection**
- **140 GPs contracted for Indigenous Smoking Cessation & data collection**
- **74% of eligible practices enrolled in CtG**
- **GP to Indigenous person ratio 1:19**
- **SCDGP largest provider of non-acute mental health services on Sunshine Coast**
- **SCDGP largest provider of Indigenous health care on Sunshine Coast**



WHO ARE SOME OF OUR PARTNERS?

Sunshine Coast Health Service District
North Coast Aboriginal Corporation for Community Health (NCACCH)
Sunshine Coast Regional Council
Gympie Regional Council
Bluecare
Flinders University
Queensland University
QAIHC
Melbourne University
University of New South Wales
University of the Sunshine Coast
Episoft
Sunshine Coast Mental Health Executive Council
Etc
Etc



WHAT'S PARTNERING?



- One that is united or associated with another or others in an activity or a sphere of common interest
- There are two necessary components in partnering, *trust and mutual understanding*
- A number of different components can be added in various combinations to form a specific variant of partnering.

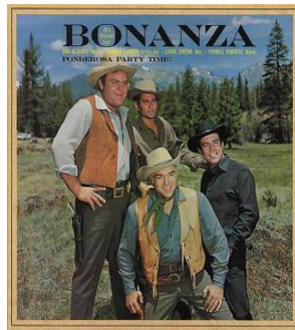
HOW DOES THE DIVISION SEE PARTNERING?

As a innovative and non-confrontational relationships-based approach to the design, delivery and procurement of services



WHAT ARE PEOPLE SAYING ABOUT PARTNERING IN HEALTH?

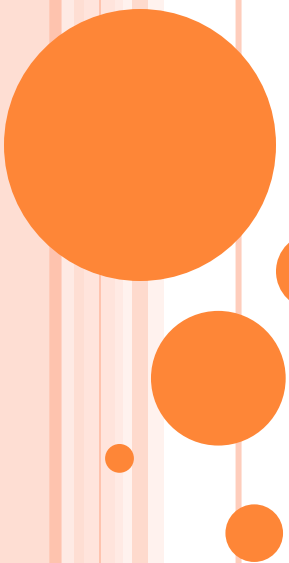
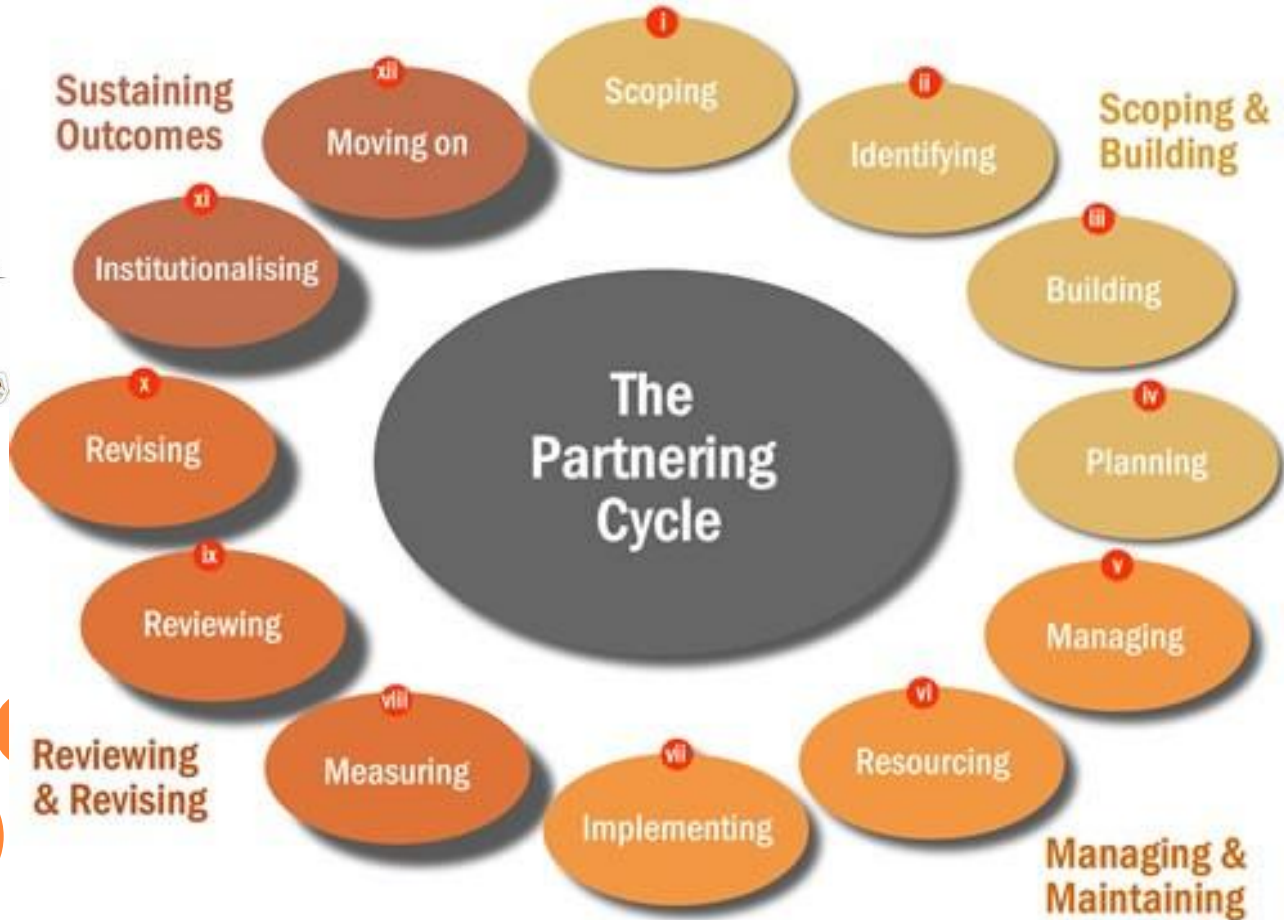
All patients have values, beliefs and priorities about how they want to manage their health conditions. When clinicians shift thinking from compliance to being patient partners by including patients in care planning and adherence to the plan, health outcomes improve



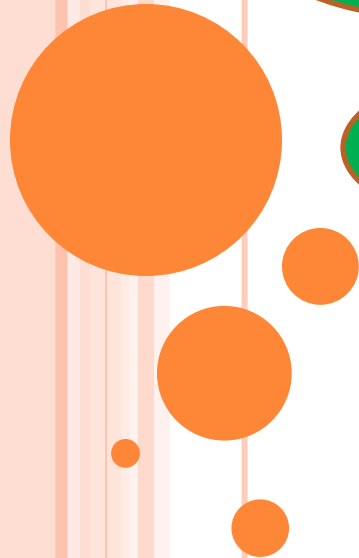
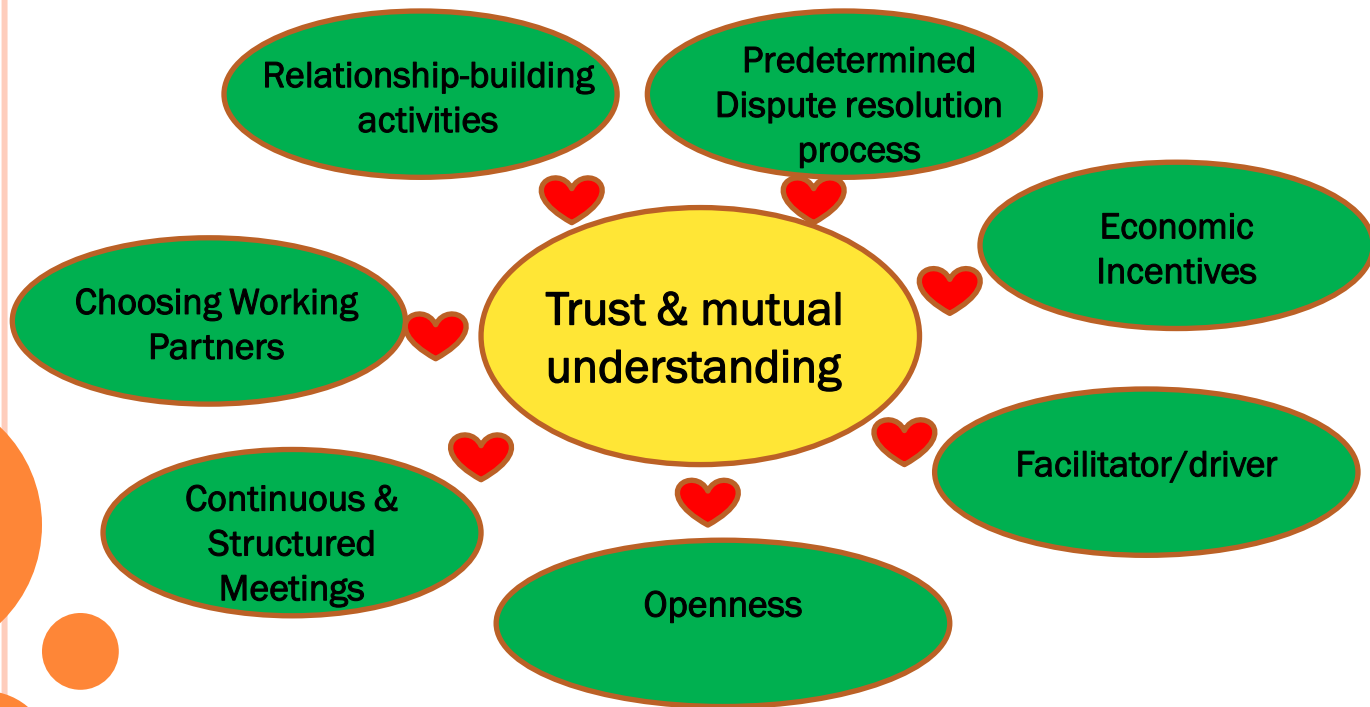
Values-based partnering is designed to move the healthcare system beyond cost-based competition. It recognises that the healthcare 'product' is not a commodity and that much of the value in the system comes from relationships between and among consumers, providers, health planners and employers.



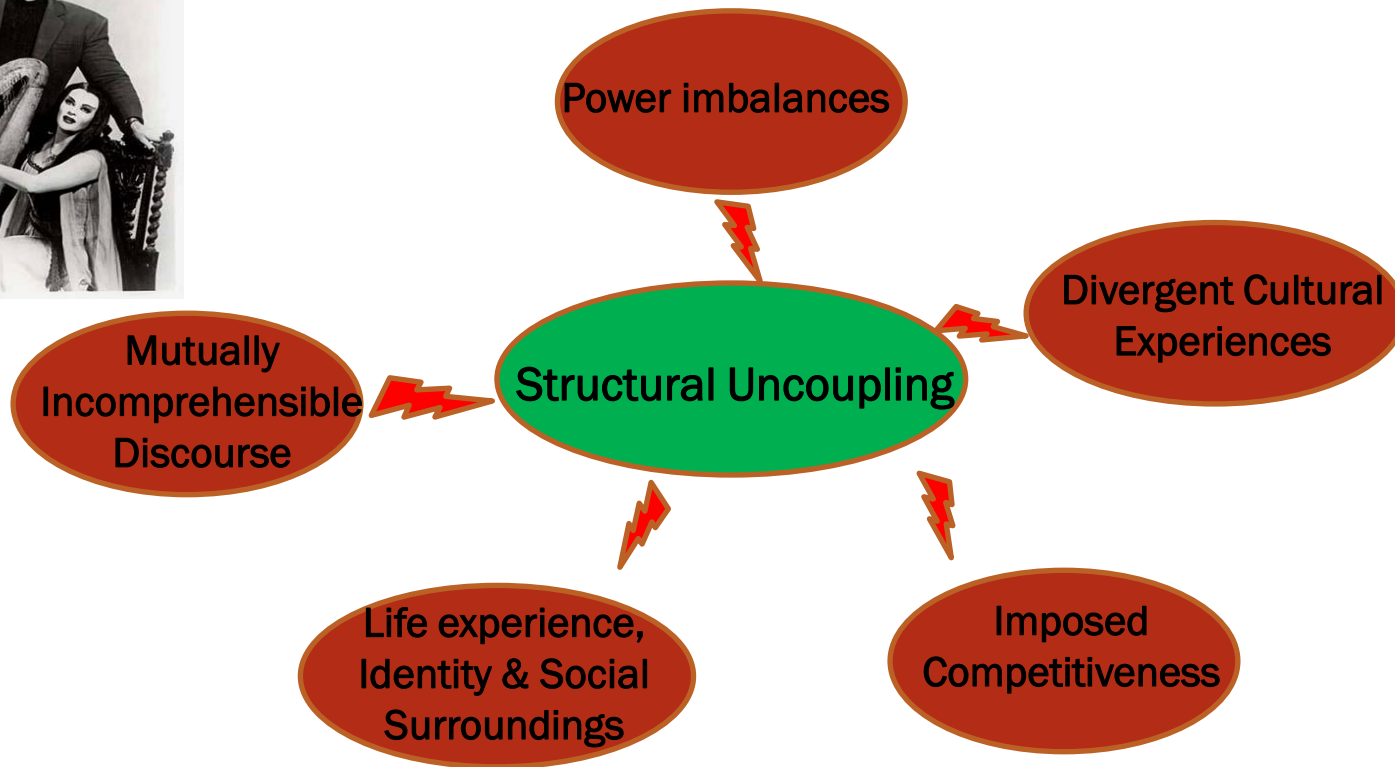
TRADITIONAL VIEW OF PARTNERING



THE 'PARTNERSHIP FLOWER'



SOME UNCOMFORTABLE AND OVERLOOKED PETALS



CONCLUDING QUESTIONS



What are your assumptions about partnering?

What are your basic partnering principles?

Is a funder a partner? If so, why? If not, why not?

Is partnering between mainstream and Indigenous organisations important/desirable/effective?

Does any organisation truly represent its community/constituency? If not, who should decide with whom – or what – it partners?

If your partnership breaks down, should the ex-partners compete in the contested space?