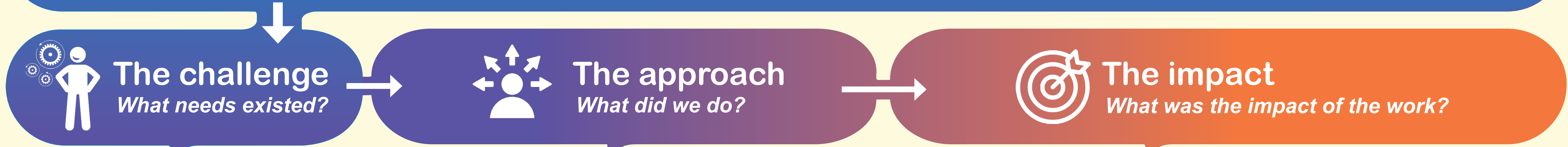


GP LIAISON IN ALCOHOL AND OTHER DRUGS (GLAD)

Delivery of a GP shared care project to assist GPs and specialist AOD services to work together.



The challenge

What needs existed?

- **4 in 10 Australians** either smoked daily, drank alcohol in risky quantities or used an illicit drug in the past 12 months. This is associated with significant morbidity and mortality.
- GPs in Australia see **nearly 89%** of the community each year so are well placed to provide AOD interventions.
- However, barriers to GP providing AOD interventions: **poor skills and knowledge regarding AOD issues**, lack of specialist support, structure in primary care makes it difficult for GPs to provide care for people with complex needs.

The approach

What did we do?

- Worked with **SESLHD, SLHD, and SVHN** to **develop a shared care model**. A steering committee was established to guide the development process.
- GP focus groups to **validate GLAD approach**.
- Project aims were established:
 - Increase participation of GPs in the delivery of AOD care.
 - Increase specialist AOD capacity to work with GPs.
 - Delivery of effective treatment to people referred by their GP to AOD services.
 - Development of durable referral pathways that allow smooth transition of care in and out of primary care and specialist AOD settings.
 - Provide clinical liaison services to GPs to improve integration and support around clients with complex presentations.
 - Educate and support GPs to enable increased participation in the delivery AOD care to their patients.
 - Educate and support specialist clinicians to work with GPs as part of routine care planning for all AOD patients.

The impact

What was the impact of the work?

- From 2020-2023:
 - number of referrals from/consults with GPs: **1240**
 - number of occasions of service: **3111**
- CPD events related to GLAD: withdrawal management, assessment and brief intervention, management of prescribed drugs, motivational interviewing.

PATIENT FEEDBACK:

"I think the first thing is that it was my GP who sent the referral... She [the nurse] called me to arrange times and was always willing to accommodate me..."

... it was just all really well organised. I feel I can be honest with my GP and the drug and alcohol nurse. I wish everyone could have the same support. The nurse gave me plenty of information on all aspects of the plan. The withdrawal was not nice but it's done and I have not had a drink since."

GP FEEDBACK:

"GLAD has been an amazing service to link my vulnerable patients to the local health district's drug and alcohol service... I hope this service will continue to expand to provide valuable specialist care to the community. Excellent support and educator for patients and for me as a GP. Patient feedback on interactions always excellent regarding communication style and support."

The learnings

What are the learnings for PHNs?

CHALLENGES

- GP model of care is less effective for patients with more complex AOD presentations. The GLAD service demonstrates the provision of additional specialist support is an effective way to increase GP confidence, skills, and capacity in providing care to people who use alcohol and other drugs.
- Recruitment of suitably qualified and experienced CNCs who wish to work with General Practice and in an outreach model.

FUTURE RECOMMENDATION

- Funding an increased staffing level to more adequately cover the CESP HN region.
- Expand reach of GLAD to GPs who don't already use the service.

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