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## CONFERENCE ABSTRACT

# Sharing the Caring - Reinvigorating GP Ante-natal Share Care on the Central Coast

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**Introduction – context and problem statement:** An examination of the causes of a substantial decline in GP Antenatal Share Care (GPANSC) on the Central Coast over the last 15 years, and solutions to re-invigorate the GPANSC.

**Aim and theory of change:** GPANSC can provide women centred care and continuity of care close to the woman's home.

A survey of Central Coast women showed 9% want GPANSC however only 3% were participating.

**Goal:** Improve women's access to antenatal care of their choice, by increasing GPANSC.

**Objectives:**

1. Increase the number of women receiving GPANSC from 3% to 9% and the number of GPs who provide ANSC from 71 to 81 by January 2018.
2. Ensure that all pregnant women accessing pregnancy care with the LHD are aware of GPANSC as an option.

The Agency for Clinical Innovation (ACI) Clinical Redesign Framework and Accelerating Implementation Methodology (AIM) principles were followed.

**Targeted population and stakeholders:** Women presenting for pregnancy care

GPs

Local Health District & Primary Health Network staff

**Timeline:** Jan 2016-2018

**Description of practice change implemented:** ACI Clinical Redesign methodology with strong stakeholder involvement in all stages.

**Solutions are being implemented to address the key issues identified:**

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| Increase | Women's knowledge of options of care   |
| Remove   | Registration list for GPs              |
| Improve  | Communication between key stakeholders |

Regular	Antenatal Education Events
Central	Contact Person
Pilot	Midwife position providing GP Practice Visits
Increase	Use of HealthPathways

**Highlights – innovation, impact, outcomes:** This project is currently in implementation phase and early results are promising:

Patient surveys showed patient understanding of GPANSC increased from 67% (April 2016) to 81% (December 2016).

18 new GPs commencing GPANSC.

Sustained increase in the number of views of relevant pages on HealthPathways since June 2016.

Percentage of women enrolled in GPANSC has risen to 5.6% (at September 2017).

38 GP Practice visits from pilot Midwife position.

**Sustainability:** Greater collaborative community based Antenatal Care not only increases patient satisfaction but has positive fiscal benefits for LHDs as GP ANSC is partially or fully funded via Medicare.

Low- risk pregnancy care in the community with GPs also results in an increased capacity in the hospital setting for High Risk Clinics.

**Transferability:** There is generality of the diagnostics and solutions generated in this clinical redesign intervention for other LHDs looking to provide woman centred care in a collaborative model, and sustainable maternity services in a time of medical and midwifery workforce shortages and increasing birth rates.

**Conclusion & Key Findings:** This initiative demonstrates collaboration between a Local Health District and GPs to connect health care for the benefit of pregnant women.

Following a structured framework for clinical redesign is important to ensure strong stakeholders engagement.

**Discussions:** Addressing long standing communication issues and declining interest in GPANSC requires extended timeframes and a commitment to maintaining relationships between stakeholders.

**Lessons Learned:** Patient experience measures are useful to feedback to clinicians, and are powerful drivers for change.

Implementing a clinical redesign project during an organisational restructure and redevelopment maybe challenging due to change fatigue among staff.

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**Keywords:** antenatal; clinical redesign; shared care

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