1. General Information

The contribution of Specialists is an integral component of Primary Health Care (PHC). Many specialists visit remote communities in the NT, and while these visits may be infrequent they provide the benefit for clients to be reviewed in their own community. Additionally Specialist Outreach visits provide the opportunity for communication between the specialist and health centre clinical staff and upskilling opportunities.

It is important that the PHC team involve the client during all stages of the specialist review process. The client must be aware of and involved in the management of their condition.

Specialist Outreach is primarily coordinated by the Specialist Outreach Northern Territory (SONT) Coordination Unit. However a small number of program areas and private providers collaborate with SONT to provide outreach services. All visiting specialist services to remote health centres must be provided in consultation with SONT.

Specialist Outreach services available to NT remote communities include:

- Cardiology
- Ear, Nose and Throat
- Eye Health / Ophthalmology
- General Surgery
- Hearing Health
- Mental Health
- Obstetrics & Gynaecology
- Paediatric
- Physician
- Psychiatry
- Renal

The SONT team have developed a number of powerful tools to assist in planning and scheduling of specialist outreach visits. During development SONT was very mindful of the potential value to Primary Health Care Services by enabling better planning and monitoring of visiting services. VisitPoint is one of these intranet based tools.

VisitPoint provides a searchable calendar of all the individual specialist services arranged through the SONT office. This can be viewed by region, specialty or individual community.

If you require assistance with access or use please contact the SONT Supervisor 89227752.

Additionally, Allied Health Professionals also augment the services that are offered in remote health centres for clients with diabetes; cardiovascular disease; chronic respiratory disease; chronic renal (kidney) disease; and cancer. This service is coordinated by Health Network Northern Territory (Health Network NT) Outreach Health Services Program. For further information on these services, see Information Sheet – Outreach Health Services Program to Remote Health Centres. The Health Network NT Outreach Health Services Program may be contacted on phone: 08 8982 1000.

2. Definitions

**Electronic Health Record (EHR):** a systematic collection of electronic health information about individual clients. The EHR is the primary health record into which client personal and health data must be entered. Two EHR systems are used within RHB, namely:

- Primary Care Information System (PCIS)
- East Arnhem Communicare System (EACS). This is a version of Communicare which is specifically adapted to meet the needs of DoH East Arnhem North clients and health centres.
RMP – Rural Medical Practitioner for the community. This may be a resident GP or an RMP fly-in / fly-out service or working off site.

Scheduled Substance Treatment Protocol (SSTP): is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer under Section 254 of the NT Medicines, Poisons and Therapeutic Goods Act.

3. Responsibilities

3.1 Primary Health Care Manager (PHCM)

- Access the SONT VisitPoint site via the DoH Intranet. The SONT VisitPoint site provides access to the calendar of visit schedules
- Utilise Specialist Outreach visit schedules to assist in developing health centre plans
- Liaise with the relevant Specialist Outreach staff as required
- Inform the RMP and PHC team of dates of specialist visits, eg visit schedules in meeting room
- In collaboration with the RMP develop the list of clients to be seen by the visiting specialist
- Ensure client and community notification of the intended specialist visit
- Ensure logistics of the specialist visit are attended eg collection from airfield if necessary
- If possible organise a member of the PHC team to work with the specialist during the visit
- Maximise potential clinical staff training opportunities by the specialist
- Notify relevant town-based staff if the specialist visit needs to be cancelled in the event of sorry business, heavy rain, etc

3.2 Health Centre Clinical Staff

- Be aware of and support Specialist Outreach visits
- Assist with procedures or mechanisms to maximise the benefit of Specialist Outreach visits

3.3 Rural Medical Practitioner (RMP)

- In collaboration with the PHCM update recall lists and prioritise clients to be seen by the specialist
- Refer clients to the specialist using the EHR Referral Process (PCIS / EACS)
- Review the letter / report from the specialist and update the client’s EHR accordingly
- Inform the PHC Team regarding the ongoing clinical management that is required for the client

3.4 Health Program Staff

- Participate with PHC Team and Specialist staff in ensuring comprehensive service delivery

3.5 SONT Booking Officer / Administration Officer

- Maintain the SONT VisitPoint site
- Prepare specialist travel and accommodation itineraries as required.
- Liaise with the PHCM as required.
- Maintain relevant Specialist Outreach databases as required.

3.6 Specialist

- Negotiate and confirm planned outreach visit schedules.
- Utilise and promote approved clinical protocols, eg use of the Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual (STM)
- Complete the Application for EHR Access (PCIS / EACS) and undertake appropriate training if not previously completed
- Ensure documentation in the relevant client EHR
- Provide a letter/report for each client consultation which is to be sent to the PHCM as well as the RMP for the community within two weeks of the visit
- Facilitate ongoing client referral as needed in conjunction with the RMP
- Maximise potential upskilling opportunities for clinical staff
- When relevant, maintain and generate a list of clients requiring ongoing specialist follow-up
- Complete the SONT Clinical Visit & Service Activity Report

3.7 Director of Medical Services – Primary Health Care Remote

- Ensure RMP’s are aware of available specialist services and referral processes
- Provide leadership to RMP’s to ensure Specialist Outreach problems or issues are addressed and managed appropriately

3.8 Chief Rural Medical Practitioner

- Provide feedback to the RMP’s NT-wide regarding Specialist Outreach issues

4. Procedure

4.1 SONT VisitPoint Site - Visiting Calendar Access

Specialist Outreach Visiting Calendars are available via the SONT VisitPoint site. To view to the Visiting Calendar, go to the SONT VisitPoint site.

Contact the SONT Supervisor if further information is required - phone: 8922 7752.

4.2 Referral of Clients

It is important to maximise the Specialist Outreach visit and facilitate referral of appropriate clients for review. For example clients with a chronic disease are managed by the RMP and do not necessarily require specialist review. The RMP refers clients who require additional specialist input into their medical management.

A current referral from the RMP for the community must be available for each client who is to have a specialist consultation. A referral remains current for a calendar year. This should be completed prior to the specialist visit and is provided using the EHR referral system (PCIS / EACS). Every client should be given the opportunity for a RMP review prior to seeing a specialist. Where this is not possible a referral should be done by the RMP noting that they have not clinically reviewed the client themselves.

Information in a specialist referral should include the reason for the referral, current medical issues and the date of any relevant investigations performed and results (if known).

The referral is to be sent to the Regional Hospital Outpatient Department (OPD) via the PCIS / EACS referral system. For NT Cardiac Outreach visits, the referral is to be sent directly to NT Cardiac.

<table>
<thead>
<tr>
<th>Central Australia</th>
<th>Alice Springs Hospital</th>
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<tr>
<td>Darwin &amp; Katherine Regions</td>
<td>Royal Darwin Hospital</td>
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<tr>
<td>East Arnhem</td>
<td>Gove District Hospital / Royal Darwin Hospital</td>
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<tr>
<td>Northern Territory-wide</td>
<td>NT Cardiac Outreach (fax details provided on referral form)</td>
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After the referral letter is written a recall is entered onto the client’s EHR for that particular specialist. Some specialists may also have a list of clients requiring follow-up consultations.

A list of clients referred to the various specialists should be maintained at the health centre. This may be a hard copy of the referral stored in a specialist outreach visit folder.

The EHR recall list should be reviewed and updated by the PHCM in collaboration with the RMP prior to the specialist visit. The RMP identifies the high priority clients to be seen.
There may be instances where a client presents to the health centre during a specialist visit, and it is opportune for the visiting specialist to see the client. This referral needs to be approved by the RMP for the community and a referral letter (PCIS / EACS) generated.

4.3 Community / Client Notification and Preparation

Health centre staff should inform the community of the planned specialist visit and remind clients of their appointment to see the specialist. The specialist visit should be promoted in the community and a notice should be displayed in the health centre. When appropriate the specialist visit may be promoted by displaying notices at strategic positions in the community eg council office and community store.

To facilitate an effective and efficient visit, clients on the specialist visit list should be asked to attend the health centre prior to the specialist visit for any pre-work required such as pathology, so that results will be available for the specialist during the consultation.

4.4 Specialist Visit

The PHCM should ensure the logistics of the specialist visit are attended. This includes collection from the airfield and accommodation as required. A consulting room should be allocated which has computer access to the EHRs, and room for specialised equipment eg echo cardiograph or ultrasound.

To facilitate an effective specialist visit, health centre staff should ensure an efficient flow of clients for consultation, including:

- liaise with the specialist on the day to plan the work day
- where possible assign a staff member to work with the specialist throughout the visit
- promote client attendance (subject to usual health centre practice and client needs, clients may arrive at the health centre privately or require a pick up in the health centre vehicle)
- provide clinical assistance as required
- support the specialist with any cultural or language issues that may arise.

The specialist consultation must be documented in the client EHR at the time of the consultation.

The specialist must communicate with the PHCM if any follow-up management is required for the client and ensure they have sufficient information for their follow-up letter / report.

4.5 Follow-up

4.5.1 Specialist

Following the community visit:

- provide a letter / report for every client consultation in a timely manner. This is facilitated via the relevant Regional Hospital with a contracted external service provider
- make recommendations regarding ongoing medical management and changes to medications where required, to be detailed in the letter / report.
- facilitate client referral within their scope of practice where required, ensuring the RMP is aware of the referral
- provide copies of all specialist to specialist communication to the relevant PHCM and RMP
- Complete the SONT Clinical Visit & Service Activity Report

4.5.2 SONT Booking Officer / Administration Officer

Maintain SONT Clinical Visit & Service Activity Report data for reporting purposes.
4.5.3 Primary Health Care Manager

Following the specialist visit, client management should be actioned as necessary. In consultation with the RMP, this may include:
- recall information updated on the EHR
- rural prescriptions updated and sent to the relevant pharmacy
- PATS arrangements facilitated as required

4.5.4 Rural Medical Practitioner

Following the specialist visit, the RMP processes the consultation letter / report and updates the client EHR accordingly. This includes:
- updating the problem list, rural prescriptions, recall and any other changes as required
- communicating the current management plan to the PHCM and PHC team

4.6 Visit Schedules and Travel Arrangements

The majority of Specialist Outreach programs provide a visit schedule for planned community visits. This may be for varying periods ranging from a few weeks to a full year. The visit schedule is prepared in consultation with the specialists and takes into account related health centre and visiting services schedules such as the RMP health centre visits. The visit schedule may be viewed via the SONT VisitPoint site and the PHCM should confirm the dates for planned visits with health centre plans, and negotiate any necessary amendments to the schedule.

*Note: As production of the visit schedule requires a considerable amount of consultation and planning, amendments should only be negotiated if absolutely necessary. Changes for one health centre may impact on planned visits to other health centres.*

The SONT Booking and Liaison Team in most cases organise specialist travel arrangements. Where possible the opportunity to arrange travel in conjunction with related health travel such as the RMP visit to the community, are explored. Alternately other visiting health staff are welcome to travel with the specialist where this arrangement is possible and will not overwhelm the health centre. SONT will liaise with the PHCM regarding airfield pick-up and drop off and accommodation as required.

4.7 Electronic Health Record Systems

The EHR used within the DoH health centres is the primary health record and must be used to record all client consultations. Specialists conducting consultations in these health centres must apply for User Access (PCIS / EACS).

Specialist letters / reports may be sent and received electronically as follows:
- **PCIS:** via a ‘discharge referral’ (Secure Electronic Messaging Service (SEMS) Inbox message) from the hospital. These will be received as an unassigned message.
- **EACS:** via e-mail

Specialist letters / reports received in hard copy must be scanned into the individual client record as described in *Electronic Health Records – Overview.*

4.8 Supervisor Specialist Outreach NT (SONT) Contact Information

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<tr>
<th>Phone</th>
<th>Fax</th>
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<tr>
<td>08 8922 7752</td>
<td>08 8922 8328</td>
<td><a href="mailto:SONT.dhf@nt.gov.au">SONT.dhf@nt.gov.au</a></td>
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5. Forms

EHR Application for User Access: [PCIS / EACS](#)

Referral Template, available electronically in PCIS / EACS

SONT Clinical Visit & Service Activity Report, available from the Supervisor SONT via the above contact information.
6. References and Supporting Documents

Related Atlas Items:

- Section 250 NT MPTGA
- Section 7 Health Records:
  - Electronic Health Records - Overview
  - Electronic Health Records - User Access

Information Sheets:

- Medical Specialist Visits to Remote Health Centres & Coordination of Care Outreach Health Services Program to Remote Health Centres
- VisitPoint
- Specialist Outreach Northern Territory (SONT) website
- Secure Electronic Messaging Service (SEMS)
- NT Medicines, Poisons and Therapeutic Goods Act

Related Electronic Health Records documents:

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<thead>
<tr>
<th>PCIS Website</th>
<th>EACS Website</th>
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