HeLP-GP Study - Practice Profile

Thank you for taking part in the HeLP-GP Study. This Survey will help us understand how your practice is organised, what roles different staff members have, what information systems are used, and the particular needs of your patients.

This form should be completed with the Research Officer at the practice recruitment visit.

**Practice name:**

**Practice address:**

**State:**

**Contact person (phone number or email):**

**Size of practice:**

❑ Under 5 GPs❑ 5 or more GPs

**Can you estimate the percentage of patients who are of:**

1. Low socioeconomic background: \_\_\_\_\_% Not sure ❑
2. Aboriginal/Torres Strait Island (ATSI) background: \_\_\_\_\_% Not sure ❑
3. Culturally and linguistically diverse (CALD) background: \_\_\_\_\_% Not sure ❑

**Is your practice predominantly Arabic speaking?** ❑ Yes ❑No

**Practice Systems**

**What Medical Record System do you use?**

 ** Medical Director**

 ** Best practice**

**Which billing software system does the practice use?**

 ** Pracsoft \_\_\_\_\_\_\_\_\_\_**

 ** Best practice management \_\_\_\_\_\_\_\_\_\_**

**Is the practice accredited?** ❑ Yes ❑ No ❑ Don’t know

**Does the practice conduct clinical audits of its medical records?**

 ❑ Yes ❑ No ❑ Don’t know

 If yes: How often? \_\_\_\_\_\_\_\_ (times per year)

**Does the practice do any of the following?**

 Send email or text reminders to patients ❑ Yes ❑ No ❑ Don’t know

 If yes what are reminders sent for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Recommend preventive care Apps (phone or tablet) to patients

 ❑ Yes ❑ No ❑ Don’t know

 If yes what apps do you recommend?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have or recommend websites for patients for preventive care

 ❑ Yes ❑ No ❑ Don’t know

 If so what websites do you recommend?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice Staff**

**Please list the name(s) of the general practitioner(s) who work in your practice:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of General Practitioner(s) | Gender (M/F) | Languages spoken(other than English) | Number of sessions or half days worked per week | Willing and interested to participate (Y or N) |
|  |  |  |  |  |
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**Please list the name(s) of the practice nurse(s) who work in your practice:**

|  |  |
| --- | --- |
| **Tick this box if you have no practice nurses** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Practice Nurse(s) | Gender (M/F) | Languages spoken (other than English) | Sessions or half days worked/ week | Days of week worked (M,T,W,T,F,S) | Willing and interested to participate (Y or N) |
|  |  |  |  |  |  |
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**Please list the name(s) of the Practice Manager(s) who work in your practice:**

|  |  |  |
| --- | --- | --- |
| Practice Manager(s) Name | Gender (M/F) | Authorised to give overall consent (Y or N) |
|  |  |  |
|  |  |  |

**Please list the name(s) of the receptionist & administrative staff who work in your practice:**

|  |  |
| --- | --- |
| **Tick this box if you have no reception or administrative staff** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Receptionist or Administrative staff member’s Name | Gender (M/F) | Languages spoken | Sessions or half days worked/week | Days of week worked | Willing and interested to participate (Y or N) |
| 1.  |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

**Are there any other staff, including allied health professionals who work in the practice?**

|  |  |  |
| --- | --- | --- |
| Name | Discipline (eg physio, psychologist) | Sessions or half days worked/week |
|  |  |  |
|  |  |  |
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**Please indicate who is responsible for following aspects of preventive care in your practice? *(tick as many staff members for each item as applicable)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Not done in this practice** | **GPs** | **Practice Nurse** | **Practice Manager** | **Admin/ Reception** | **Other** |
| Counselling and lifestyle advice on weight management  |  |  |  |  |  |  |
| Organising health assessments  |  |  |  |  |  |  |
| Contacting patients for recall or reminders |  |  |  |  |  |  |
| Arranging referrals |  |  |  |  |  |  |
| Arranging follow-up visits  |  |  |  |  |  |  |

|  |
| --- |
| **FOR OFFICE USE ONLY: SITE ASSESSMENT****Number of reception computers** \_\_\_\_\_\_\_**Number of receptionists at any one time** \_\_\_\_\_\_\_**Location of printer/computer linkage** \_\_\_\_\_\_\_**Log in arrangement (shared or individual)** \_\_\_\_\_\_\_ **Wi-Fi** [ ]  for staff only [ ]  for patients [ ]  no Wi-Fi**Practice ID** \_\_\_\_\_\_\_**Date completed** \_\_\_\_\_\_\_**Date entered into database** \_\_\_\_\_\_\_**Entered by** \_\_\_\_\_\_\_ |