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Please send your contributions for the next Update to d.capovilla@gpdv.com.au.

What's New on GPDV's Website?

GPDV CONFERENCE PRESENTATIONS

Following the success of the GPDV conference held over April 4 & 5, you can now view the presentations at: www.gpdv.com.au/conference2003/.

Some light reading

Primary care in the United States: Profiling performance in primary care in the United States

Norbert Goldfield, Shamini Gnani, and
Azeem Majeed BMJ 2003;326 744-747
http://bmj.com/cgi/collection/health_service_research

Improving the quality of health care: Using research to inform quality programmes

John Ovretveit and David Gustafson
BMJ 2003;326 759-761
http://bmj.com/cgi/collection/quality_improvement

Accreditation of general practices: challenges and lessons

S A Buetow and J Wellingham Qal Saf
Health Care 2003;12 129-135
<http://qhc.bmjournals.com/cgi/content/abstract/12/2/129?etoc>

Using routine comparative data to assess the quality of health care: understanding and avoiding common pitfalls

A E Powell, H T O Davies, and R G
Thomson
Qual Saf Health Care 2003;12 122-128
<http://qhc.bmjournals.com/cgi/content/abstract/12/2/122?etoc>

Work based assessment is best for appraisal of doctors

<http://bmj.com/cgi/content/full/326/7392/0/e?etoc>

Drug treatment of hypertension

Daniel G Hackam and John S Ashcroft
BMJ 2003;326 764
<http://bmj.com/cgi/content/full/326/7392/764/a?etoc>

"The impact of point-of-care clinical systems on health care." (Centre for Health Informatics, University of New South Wales - March 27, 2003) A report from research funded by NSW Department of Health into the impact of point-of-care clinical systems on the safety, quality effectiveness, appropriateness, acceptability) and efficiency of health care services. Report:URL:<http://www.chi.unsw.edu.au/>

Upcoming Events

LINKING PCP AND DIVISION PROGRAMS AT THE GENERAL PRACTICE LEVEL: EXPLORING CAPACITY FOR QUALITY REFERRAL IN CHRONIC DISEASE MANAGEMENT

WEDNESDAY 4TH JUNE, 9.30AM – 4.00PM

**VENUE: MELBOURNE EVENTS &
BANQUET CENTRE
488 SWANSTON STREET
CARLTON 3053**

This workshop is to explore links between Commonwealth and State chronic disease initiatives in the context of state primary care reform. The workshop will enable participants to think about how these seemingly separate initiatives might be brought together in implementation at the local agency and general practice level. For division staff, the strategic linkages component of their CDM program is relevant; for PCP staff, the service coordination and integrated health promotion work is relevant. Examples of quality referral and feedback between general practice and primary health agencies for the care of those with chronic disease will be showcased.

Asthma A-Team Workshops

Rosemary Fenech: R.Fenech@gpdv.com.au

5 POINT PER HOUR EVENTS

For divisions that have chosen to go for a 5 point per hour Asthma A team event please send out your post workshop questionnaire to your GPs according to time-lines set by the RACGP. Then provide GPDV with your collated report once you receive your forms back from your GPs.

TAX INVOICE FOR FUNDING

Please provide GPDV with one tax invoice once the event is completed and the relevant paper work is completed, according to details in the funding agreement letter sent to your CEO. For divisions who have worked in partnership, the lead division should send in the tax invoice. If you would like to make another arrangement please call Rosemary.

Cervical Screening

Belinda Caldwell: B.Caldwell@gpdv.com.au

ON THE HORIZON: A PAP TEST PROVIDER COURSE FOR PRACTICE NURSES

In response to demand from GPs and Practice Nurses, an accredited Pap test provider course will soon be available for nurses working in general practice. The Department of General Practice at the University of Melbourne is currently developing a 12-week short course for Practice Nurses after being awarded a contract by the Department of Human Services.

The course will be offered through flexible delivery and will be available to practice nurses in regional and rural areas. Course participants will be guided through the principles and practices of Pap test provision through an innovative teaching program. A multimedia CD will be used to bring the theory alive, and will be supplemented with relevant readings, practice activities and support from distance tutors. Practical instruction will be taught through a face-to-face training visit and supervised Pap tests with clinical preceptors. At this early

stage, I understand that the course is being designed so that nurses will be able to attain credit towards further advanced courses.

Importantly, practice nurses undertaking this accredited short course will be able to offer women a second option for accessing service providers. The training course will be available to registered Division 1 nurses during the second half of 2003.

GPDV is currently working with both the university and both tiers of government to make the course both as affordable and accessible to practice nurses as possible. We are also considering how practices are to be funded to provide this service (ie through MBS? By direct patient payment?). Please contact myself or Peter Larter (p.larter@gpdv.com.au) if you have strong views on these matters. For further information about the course itself, contact Rhian Parker, Department of General Practice, The University of Melbourne, 200 Berkeley St. Carlton Vic 3053. Phone: (03) 8344 3371, email: r.parker@unimelb.edu.au

LIQUID-BASED CYTOLOGY QUERIED

A new study, suggesting liquid based cytology is less reliable and gives more false positive and false negative results than the conventional Pap test, has flared debate around Australia on the appropriateness of liquid based cytology.

The independent research completed in France and reported in the BMJ (5 April), found the conventional Pap test more satisfactory, more reliable and had consistently better sensitivity and specificity than monolayer cytology.

These findings from 2500 women disagreed with previous studies that had shown monolayer techniques to be at least as effective as the conventional Pap test.

Women in Australia have to pay for a liquid based Pap test - this research indicates that there may be no value in the additional test and that further high level independent research needs to be undertaken.

EPC Discharge Demonstration Projects	Lenora Lippmann: L.Lippmann@gpdv.com.au
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The four Victorian EPC discharge demonstration projects have now been completed and final reports for each have been submitted. I will write a short final report on all four projects to share the findings. This composite report will form the basis of a conference paper I will present at the next DHS Conference 'Achieving and Sustaining Change' 20-22 May at the Carlton Crest Hotel in Queens Rd Albert Park. This paper is entitled 'Increasing GP Involvement in Discharge Processes'.

There will also be a conference workshop entitled 'Involving GPs in Planning Patients' Post-Hospital Care' on Tuesday 20 May from 1.00-4.30. The objective of this workshop is to provide practical advice for individuals and organisations wanting to improve hospital/GP partnerships in the management of chronic and complex patients. Martin Mullane from the Medicare Benefits section of the Commonwealth Department of Health and the project workers from the four projects will participate in this interactive event. It would be expected that Nurse Unit Managers, Quality Managers, Care Coordinators, GPLOs, GP

Divisions, and project staff involved in the HARP initiatives and the interstate EPC Demonstration Projects would find the workshop most useful.

For more information on registration see www.patientneeds.com

Home Medicines Review

Peter Larter: P.Larter@gpdv.com.au

The MMR Web site has a pretty comprehensive newsletter coming out now and I'm not going to repeat all that news here, so this is just a top up.

HMR STATS

Mel Blachford at the Pharmacy Guild has a suite of recent HMR stats available for divisions. He can be contacted at mel.blachford@guild.org.au or on (03) 9810 9999.

GP SOFTWARE UPDATE – HMR TEMPLATES

New templates (Version 2003-2) were sent out by GPDV on 17th March. ADGP, GPDV and the Guild have been working with HCN (who make Medical Director, currently the most popular GP desktop software) to get improved templates on a future revised edition of Medical Director. This would mean we wouldn't have to go to practices taking the new templates around. Still, in the meantime, this is the best we can do.

GPDV has also been working with another division in the creation of templates for another GP software program you may have heard of, Medical Spectrum. This is currently the second most popular program that GPs use. I'll let you know when templates are ready... I understand that a couple of GPs have been asking for new templates for Medical Spectrum as well.

Mental Health

Anne Diamond: A.Diamond@gpdv.com.au

Dr Cade

A new play by Neil Cole, 1-17 May 2003

beyondblue is proud to support, "Dr Cade" a play written by Neil Cole. The play is the true story of Dr John Cade, a Melbourne psychiatrist who in 1948 discovered lithium as a treatment for manic-depressive illness. The play is directed by Mike Bishop.

Details:

WHERE: The Beckett Theatre, CUB Malthouse, 113 Sturt Street, South Bank, Melbourne VIC
WHEN: 1st to 17th May 2003
TIME: 8:00pm
PHONE: 9685 5111
TICKETS: \$30/\$20 concession

About the play, "Dr Cade":

Home from the war where he was a prisoner of the Japanese at Changi for three and a half years, Dr. John Cade, a Melbourne born psychiatrist working from a disused kitchen in Royal Park Mental Hospital made the remarkable discovery in 1948, that lithium was an extremely

effective in the treatment of manic-depressive illness. After testing the drug for side effects on himself, Dr Cade administered it to his patients, some of whom had been institutionalised for five years. All fully recovered.

Based around the time of his discovery of lithium, the play addresses his time in Changi and explores his relationship with a manic-depressive patient at the Repatriation Hospital where he worked. Manic-depression, technically known as bi-polar mood disorder, is a mental illness that affects mood states, from the extreme highs of mania to the deep lows of depression. In a high state, the symptoms of the illness include racing thoughts, fast-talking, a high libido, inability to sleep and excessive and frenetic energy. While in a low state, a person may feel despondent, melancholic, hopeless and suicidal.

Although he is still little known, Dr Cade made a discovery that was internationally renowned, saved millions of lives and billions of dollars worldwide and is still the main and most successful treatment for manic-depressive illness.

About Neil Cole:

Before becoming a writer, Neil Cole was a Labor Member of Parliament for the state seat of Melbourne for eleven years. He was the first Australian politician to admit to having a mental illness, namely manic depression. He currently works at the Mental Health Research Institute. Three of his previous plays: "Alive at Williamstown Pier", "A Policewoman's Absurdity" and "Billy Possible" had their first performances at La Mama and the Carlton Courthouse.

Nurses in General Practice

Peter Larter: P.Larter@gpdv.com.au

Things are now moving swiftly again for practice nursing!

RACGP PROJECT – EDUCATION FOR PRACTICE NURSES

The Royal Australian College of GPs has been funded through the National Steering Committee to scope the range of educational opportunities for practice nurses, and to help plan the future role for practice nurses in general practice in Australia.

They will be surveying and conducting a series of workshops with practice nurses, GPs and other interested stakeholders from May to July 2003, with the aim of releasing a final report with recommendations in September 2003.

The contact at the College is Ms Ronelle Hutchinson at ronelle.hutchinson@racgp.org.au. She is keen to ensure that divisions are briefed on the project, and have the opportunity to provide input at a later date.

INAUGURAL APNA AGM

On the 28th March, APNA held its first Annual General Meeting at Ormond College, the University of Melbourne. All Executive positions were up for re-election and the following people were elected unopposed:

President: Ms Lynne Walker

Vice President: Ms Julie McSwiggan

Secretary: Ms Kate Greenwood

Treasurer: Ms Carol Forrest

Other Committee Members: Ms Jo Humphries, Ms Marion Jenkins, Ms Vivienne Pike, and Ms Juliete Esmons

APNA's contact details remain the same: service@apna.asn.au or 1300 303 134 and their website is www.apna.asn.au. APNA may be able to advise you on projects involving practice nursing.

Congratulations were offered to the new office bearers on behalf of divisions. I can't help but marvel at the dedication of the APNA movers and shakers, particularly Lynne Walker and former president Samantha Moses, because they are still volunteers putting in an extraordinary amount of time to support and promote practice nursing. Given their fortitude, I'm quite sure that the organisation will continue to mature and prosper.

NEXT APNA (VICTORIAN BRANCH) MEETING

The Australian Practice Nurse Association (Vic Branch) will hold their next meeting on Monday May 5th at 6.30pm with a light meal, followed by guest speaker Dr Rick Kausman, author of the book "If not dieting, then What?"

Venue: GPDV, Level 1, 458 Swanston Street Carlton. RSVP by April 30th 1300 303 184.

APNA have asked me if you could advertise this to nurses if possible. This is a great opportunity to network with other practice nurses. All are welcome.

Primary Care Partnerships

Sonya Tremellen: S.Tremellen@gpdv.com.au

"REDTAPE" REPORT SAYS PAY GPs FOR FORMS

In the March 03 Primary Care Update GPDV included information about new Centre Link forms for GPs for disability support. It has come to our attention that these new Centre Link forms are under review by the Productivity Commissioner as part of the "RedTape" report. Here is an excerpt from the AMA newsletter.

The AMA's battle to secure payment for GPs filling in Centrelink forms received a boost with the release of the Productivity Commission's report on General Practice Administrative and Compliance Costs last Friday. The Department of Family and Community Services argued in their submission to the inquiry that GPs could fill out the forms as part of a consultation and charge accordingly. However, the Commission found that GPs can not receive payment if they fill out the form in the patient's presence but without a medical examination or if they complete the form without the patient present. The Productivity Commission report recommends Departments seeking information from GPs pay for the time involved. "FaCS/Centrelink should fund GP remuneration arrangements out of its own budget, rather than relying on GPs to charge Medicare for a standard consultation," the report said. Department payment principles should also be consistent across government bodies. The AMA has welcomed these recommendations. Other findings will also be useful as the AMA continues to work with Centrelink to simplify the forms. GPs told the Commission that of all

the forms they have to complete, they find the Disability Support Pension TDR and review TDR the most frustrating, time consuming and difficult to complete.

DHS SMALL GRANTS - SERVICE COORDINATION WITH GENERAL PRACTICE

Congratulations to all involved in developing applications for these small grants. The vast majority of divisions and PCPs did submit applications and this has sent some clear messages. In particular, such a high level of interest shows the ongoing willingness of divisions and PCPs to undertake work together. It also makes clear that there is a need for ongoing resources to tackle the tasks of implementing service coordination into general practice settings. Although only a small pool of funding is available and only a few applications will be funded, your efforts in applying are helping to keep GP participation in primary care reform on the agenda.

CDM & PCP WORKSHOP (HYPERLINK TO THE SECTION AT THE FRONT)

A draft agenda will be sent out to divisions and to PCPs as soon as possible. Please put the date (Wednesday 4th June) in your diary & check with your PCP colleagues that they're able to come as well. The feedback from previous workshops involving both division and PCP staff/ reps is how much more worthwhile they are when both 'partners' are attending.



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