Primary Care Programs Update

Issue 7
July 2003

Aboriginal Health
Asthma
Cervical Screening
Diabetes
EPC
HMR
Immunisation
Mental Health
Nurses in General Practice
PCPs

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

What's News?

* Use of Interpreters in General Practice

The Department of Immigration and Indigenous Affairs website: http://www.immi.gov.au/tis/ provides informative information about the use of interpreter services.

In particular the doctors priority line. The Doctors Priority Line is a **fee-free** service for eligible doctors or specialists to help them communicate with patients who do not speak English. It provides a prompt telephone interpreting service for medical practitioners and their eligible patients.

Call **1300 131 450**, 24 hours a day, 7 days a week, anywhere in Australia for the cost of a local call.

Why use an interpreter?

A client should have access to an accredited interpreter:

* to ensure accurate communication between people of different languages while taking into account cultural sensitivities and confidentiality.
* because it is well known that in times of crisis or in traumatic or emotionally-charged situations, second-language competency may decrease dramatically.
* as effective professional practice is dependent upon the worker's ability to understand the client's situation, through verbal and non-verbal communication.
* because qualified interpreters are bound by the AUSIT (Australian Institute of Translators and Interpreters) Code of Ethics. They understand and practise impartiality, confidentiality and accuracy when interpreting and their conduct is professional.
* because all Australians have the right to equal access. Interpreters are an important tool in allowing people who do not speak English well to achieve that right.

SOME LIGHT READING?

Physical activity is important, but can it be promoted in general practice?
Ben J Smith, Elizabeth G Eakin and Adrian E Bauman
Med J Aust 2003; 179 (2): 70-71.
http://www.mja.com.au/public/issues/179_02_210703/smi10162_fm-1.html

Providing healthcare for people with chronic illness: the views of Australian GPs
John Oldroyd, Judith Proudfoot, Fernando A Infante, Gawaine Powell Davies, Tanya Bubner, Chris Holton, Justin J Beilby and Mark F Harris
Med J Aust 2003; 179 (1): 30-33.
http://www.mja.com.au/public/issues/179_01_070703/old10148_fm.html

Aboriginal Health

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VACCHO PROJECT OFFICER, ENHANCED PRIMARY CARE PACKAGE

VACCHO is currently recruiting for a project officer which would provide a central contact to facilitate communication between VACCHO member organisations that offer GP services and Divisions of General Practice. The project officer will work with Divisions of General Practice to promote the use of Enhanced Primary Care Medicare item numbers within ACCHOs that have the capacity to implement the EPC package. General Practice Division Victoria (GPDV) will provide EPC training and support the development of linkages with Divisions of General Practice. For further information please contact Rosemary at GPDV.

Asthma

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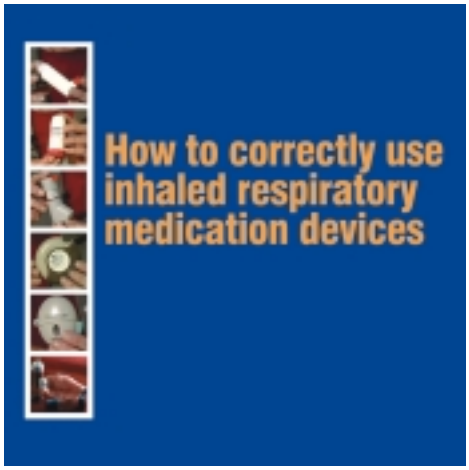

RESOURCE TO BENEFIT PEOPLE WITH ASTHMA

Up to 80% of patients with respiratory illnesses do not use their inhaled medication devices correctly. The Alfred's Lung Health Promotion Centre is seeking to turn this around with the development of an interactive CD.

The CD – an Australian first - is a much-needed resource for GPs and other health professionals and will help them to use and teach their patients to use inhaled respiratory devices correctly.

Adrienne James, Lung Function Promotion Centre co-ordinator said that many patients do not use their inhalers correctly, which results in less than optimal management of their disease. "This leads to recurrent asthma attacks, hospitalisations and loss of quality of life for the person with the disease," Adrienne said. "We hope that this new education tool will result in less problems for those with respiratory problems and fewer asthma sufferers presenting to hospital. It also assists GP's and health professionals with their ongoing professional development," Adrienne added.

The interactive CD can be used on any PC with a CD drive and sound card. Using verbal instructions, checklists and non-verbal demonstrations, it explains and demonstrates the use of the six inhalers currently available. The CD can be used to teach patients to competently use their devices and as it has non-verbal demonstrations, it is also effective for patients from a non-English speaking background.

The device has received approval from the National Asthma Council. Kristine Wharlow, the Council's CEO said: "This is an excellent education tool for improving asthma management". Dr Michael Kidd, President of the Royal Australian College of General Practitioners, has added his approval for the new educational tool. "This devices combines very easy to use sound educational principles to an every day, yet clinically important general practice topic," Dr Kidd said.

The Alfred's Lung Health Promotion Centre is an education facility that services health professionals with information on respiratory health issues. The CD, which costs $69.30, is available from the Lung Health Promotion Centre at The Alfred, Commercial Rd. For more information, phone 9276 2382, email lunghealth@alfred.org.au or log onto www.lunghealth.org.

Cervical Screening

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

CERVICAL SCREENING OUTCOMES PAYMENT – DOHA CLARIFICATION

Thank you to Roslyn Emmerick, Commonwealth Department of Health and Ageing, for clarification regarding the calculation of the cervical screening outcomes payment – responses below.

Question 1:

What if the WPE aged between 20-69 years in a particular practice has a large number of women who have had a hysterectomy? Look at the following example: 100 women 20-69 years @ 35% = 35 women must have received a screen. 100 women less 20 who have had a hysterectomy and therefore do not require a screen. Is this taken into account? For example: 35% of 80 women = 31 screens, however if the practice WPE is 100 does the practice have to do at least 35 screens or will 31 be the number that must be undertaken?

Answer:

The screening population for each general practice is defined as all women aged 20 to 69 years, inclusive, measured in Whole Patient Equivalents (WPEs), this includes women that have had a hysterectomy. This is because of the complexity of building a system that will identify practice patients that have had a hysterectomy and exclude them from the calculation. While this may make it a little more difficult for practices to achieve the target of 35% of women screened in the first year, the up side is that they contribute to the total outcomes payment.

It is not anticipated that this will significantly impact on a practices ability to achieve the target as it (70% over two years) is relatively low, however if it proves to be we will rethink the design of the system.

Question 2:
What happens if some women choose to have their smear done at a different practice to their usual doctor eg. SHINE SA, Women's Community Health Centre etc? Who receives the outcomes payment?

Answer:
Generally, it does not matter where women choose to have their smear taken as it will be counted against their usual doctor/practice numbers (on a WPE basis). The cervical screen will be identified from Medicare Benefits Schedule (MBS) pathology data or from the Victorian Cytology Services (VCS). However, there may be a small number of women who will have a cervical smear taken outside the MBS or VCS and these screens will be lost to their usual practice as data is not available. Again, while this will make it harder for practices to achieve the outcomes target, these numbers are expected to be very low as most alternative providers of cervical screens are no longer being funded. But the up side is, that as the outcome payment is based on the total practice female population aged 20-69 years, all practice female patients regardless of where they have a smear taken will contribute to the payment received if the practice does achieve the required target.

Roslyn Emmerick, Commonwealth Department of Health and Ageing
Email: Roslyn.Emmerick@health.gov.au

Diabetes

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DIABETES OUTCOMES PAYMENT

Some key points to remember in response to recent questions

- SWPEs are weighted differently depending on age and sex of patients. For example patients over 75 count as 2.291 SWPE if female and 2.160 SWPE if male. This means for the diabetes outcomes payment that SWPEs on the GP statement will vary from the number of diagnosed diabetics they have on their register significantly if they service an older population. For more information on SWPE calculations go to http://www.hic.gov.au/providers/incentives_allowances/pip/calculating_pip_payments/practice_size.htm
- The HbA1C test only is used to calculate the number of diagnosed diabetics in the practice. The HIC use this, as the HbA1C test can only be claimed on the MBS if used for diagnosed diabetics. If used for cardiac patients or for diabetes detection the GP is not

allowed to claim it on the MBS. The results of the HbA1C test is not forwarded to the HIC and therefore is not used to calculate the PIP Outcomes payment

- The HbA1C test has to have been done in the 2 years prior to the *end* of the reference period (finishes 4 months prior to the calculation date – e.g for the May calculation, the reference period was Jan-Dec 2002).
- Patients need to have attended the practice once in the reference period in order to be counted towards that GPs outcomes payment (unlike GPII where the patient had to attend twice in the reference period)

If you are confused please feel free to ring Belinda for clarification on 9341-5212

Eye and Ear Hospital

Tracy Orr is the Diabetes Project Coordinator at the Victorian Eye & Ear Hospital. Tracy has asked divisions to promote this support group for young people with diabetic retinopathy to GPs who may see patients who may benefit from this group. This article has been prepared for divisions' newsletters.

Do you see any young adults with diabetic retinopathy?

Visual impairment can have a significant effect on the quality of life of young adults with diabetes. To provide support and relevant information, a new support group has been established. If you are aware of any young adult who would benefit from this group please forward these detail on to them. The first meeting will take place at The Royal Victorian Eye & Ear Hospital on Saturday 2nd August, at 3pm –4pm. For more information & RSVP, contact Tracy Orr on 9929 8680.

Diabetes Inside Out package

The Diabetes ? Inside Out package provides a visual template for health professionals to present scientific information in a simple manner for people with diabetes (excluding micro-vascular complications).

Prepared by consultant dietitian Helen Bauzon, the package consists of an education pad (which includes a five-step care plan), user manual, web site and interactive CD. Further information is available at www.diabetes-insideout.com.au or from Helen Bauzon on 03 9807 1776.

Diabetes Management for General Practitioners Program

Special Offer – save $120.00

When: 6th & 7th September

Where: International Diabetes Institute, Caulfield

Book for the above program before the 14th August and send your Practice Nurse to the full day program "Diabetes Update for Practice Nurses" on the 10th September free!

Please contact Paula on 9258 5053 or email pwright@idi.org.au for a flyer and registration details.

Enhanced Primary Care

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

EPC Statistics March Quarter

GPDV will be sending out the March Quarter EPC statistics in the next week. A reminder that this level of EPC postcode data is confidential under the secrecy provisions section of the Health Insurance Act. However it has been possible to release this data to divisions as it has been deemed to be 'necessary in the public interest'. So, what this means for divisions is that you can't publish postcode level data in any way. However, the data is useful for planning purposes for divisions, particularly in helping to identify pockets of specific activity such as items being used in residential aged care setting or hospital discharge items. Please contact Rosemary if you need assistance with analysing this data.

For more current EPC and other data by division go to the HIC website where you can tailor statistics for your requirements. Have a look at the GPDV website www.gpdv.com.au EPC section for instructions on how to create a report.

Home Medicines Review

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What's News?

There is no new news this month… I think everyone has heard enough about the AMA article and ADGP response, and the conference!

Immunisation

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Percentage of Total Valid Vaccinations Given in your State that were provided by GPs

Diana Terry did some number crunching and here is a summary of the latest figures as at 31 March 2003, processed 30 June 2003. Clarification – these figures indicate the percentage of total valid vaccinations given in your State that were provided by GPs.

ACT 38%	TAS 85%
NSW 83%	VIC 51%
QLD 83%	WA 63%
SA 69%	NT 3%

New GPII ACIR020A Report

Two reports are currently available to practices that have lodged a Section 46E Agreement with HIC signed by each provider in the practice. These are the ACIR020A and the ACIR021A.

After 1 July 2003 the ACIR020A will not be produced because of the change to the way in which immunisation coverage is calculated. It will be replaced by a new report, to be called the GPII020A, which is being designed in consultation with the profession through the GPII Advisory Group. The GPII020A will be similar to the existing ACIR021A report but it will be at the practice level rather than individual doctor level.

UPCOMING SBO IMMUNISATION COORDINATORS MEETING

I have included the agenda for the SBO Immunisation Coordinators meeting in Canberra on the 7th August in case anybody is interested in providing me with feedback/ideas I can take to the meeting or questions you want answered!

State round-up and National Round-up

Topical issues –

- Indigenous issues, Forum seminar

Presentation from HIC/ACIR/GPII team

- Review of SBOIC data suite
- Data mapping – lag time issues, targeted reporting
- GPII algorithm change and implications – newsletter #24

NCIRS – research opportunities – Peter McIntyre

- Insight into current research projects being undertaken involving Divisions
- Future opportunities – making the links
- Impact on low socioeconomic groups – proposed Schedule changes
- Demographics associated with low coverage – practice/clinic level

Immunisation Section team

- ASVS and Handbook matters – timing, changes, communication strategies
- Overseas schedule translations – identifying resources

Mental Health

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ADGP NEWS

DIVISIONS OF GENERAL PRACTICE NETWORK FORUM – BRISBANE 2003

All Divisions should have received 10 copies of the Registration brochure, including the preliminary program for the Divisions of General Practice Network Forum 2003: Focussed on the Future to be held at the Brisbane Convention and Exhibition Centre from November 20 to 23.

For the first time, one of the themes for papers and posters is primary mental health. As well as the paper and poster sessions, there will also be a separate Mental Health Seminar on Friday 21 November at 11.15am. The theme of the seminar will be Mental Health and Physical Health Co-morbidity.

Better Outcomes in Mental Health Care Initiative Update

Participation in the Better Outcomes in the Mental Health Care Initiative continues to grow steadily. A summary of Level 1 and Level 2 registrations as at 25 July based on GPMHSC data is presented below:

Better Outcomes in Mental Health Care - GP Registrations at 25 July 03

Summary Statistics			
Total Applications	**2994**	Level One Pending	74
Level One Eligible	2839	Level Two Pending	32
Level Two Eligible	296	*	
L1 Ineligible	81	Male	1461
L2 Ineligible	51	Female	1378

Details						
	Level 1	Level 1	Level 1	Level 2	Level 2	Level 2
State	Male	Female	Combined	Male	Female	Combined
ACT	7	17	**24**	3	7	**10**
NSW	433	395	**828**	57	42	**99**
NT	4	12	**16**	0	2	**2**
QLD	215	231	**446**	17	19	**36**
SA	147	122	**269**	12	20	**32**
TAS	37	42	**79**	1	3	**4**
VIC	424	370	**794**	40	40	**80**
WA	194	189	**383**	14	19	**33**
National	**1461**	**1378**	**2839**	**144**	**152**	**296**

* "Level One" totals include "Level Two" registrations

Comments:

- Statistics are late this week due to staff leave.
- The jump in numbers is partially due to the period since the previous statistical list being 10 days rather than 7.
- The GPMHSC has also recently written to more than 450 GPs known to be eligible to register but who have not yet done so, and this is expected to result in an "artificial" increase in registrations for the next 4 – 6 weeks.
- Three previously rejected Level Two applicants have now completed training and registered; hence the drop in L2 Ineligible.

New Edition Better Outcomes Familiarisation Training Resources

By now all Divisions and mental health stakeholders should have received copies of the second edition Familiarisation Training resources. They include:

- GP and Practice Manuals
- Laminated Checklist and MBS Items Table
- Familiarisation Training CD
- Facilitator's Guide

The revised Familiarisation Training resources contain all new video vignettes and feature GPs from across Australia, sharing their experiences providing patient care using the 3 Step Mental Health Process, Focussed Psychological Strategies and the Access to Allied Health Program. The resources are intended for the provision of Familiarisation Training to GPs

interested in registering with the initiative but can also be used to add value to other mental health training events. All resources are also available from ADGP's website www.adgp.com.au.

A web-based E:program for self-directed learning based on the new resources is currently under development and will be released in August-September.

MindMatters Plus General Practice Initiative

ADGP has now finalised a funding agreement with the Department to implement a general practice component of the MindMatters Plus Initiative. Seventeen demonstration schools were selected and funded by the Department of Health and Ageing in 2002 under the National Mental Health and Suicide Prevention Strategies. Many are well advanced with mental health promotion and prevention projects designed to strengthen life skills, resilience and wellbeing among students, particularly those at risk. The general practice component will seek to increase the capacity of demonstration schools to provide support for students with high mental health needs. In particular, it will seek to promote referral pathways and networks of care for at-risk young people. A key legacy of the initiative will be a practical resource kit that is likely to include information sheets, guidelines, checklists and other clinical and practical tools and a 'menu' of models of school-primary mental health care integration that can be applied locally. This resource kit and the learnings from the demonstration will have broad application across Divisions and schools. ADGP is looking to organise a 2-day workshop on 21st and 22nd August for participating Divisions.

In Victoria, the divisions working with demonstration schools are Whitehorse, Greater South Eastern, Northern and Central West Gippsland.

For more information, contact Ms Audrey Graviou, Senior Project Officer, MindMatters Plus GP Initiative on (02) 6228 0844 or agraviou@adgp.com.au.

Mental Health and Aged Care

A Recent Report By Alzheimer's Australia, "The Dementia Epidemic: Economic Impact And Positive Solutions For Australia", has found that the prevalence of dementia is growing rapidly – expected to each ½ million Australians by 2040 and that dementia is more common than skin cancer yet with significantly less investment in public health initiatives. In particular, the report concludes that dementia costs more years of health-span than any of the other national health priority areas.

Dementia has links to recognised national health priorities including cardiovascular disease, diabetes and depression, and it is the most costly area of mental health. The report calls for greater support for GPs in the diagnosis, ongoing support and management of dementia including education and training programs, and greater access to specialist services (eg Memory clinics).

Alzheimer's Australia is interested in collaborating with ADGP and the National Primary Mental health Care Initiative to develop joint recommendations to government around aged care and primary mental health. A further meeting between the two organisations has been scheduled to take this work forward. Divisional input to any document that goes to government will be sought a full copy of the report is available from www.alzheimers.org.au.

DRUG AND ALCOHOL RESOURCES

New health promotion and treatment resources for the treatment and prevention of alcohol problems are now available under the National Alcohol Strategy.

Alcohol and your health is a Kit containing new National Alcohol Guidelines developed by the National Health and Medical Research Council (NMHRC). The Kit also includes fact sheets, a consumer information booklet, posters and other resources, including important information on standard drinks. Kits have been mailed to all Divisions.

Guidelines for the Treatment of Alcohol Problems are guidelines intended for all health workers and general practitioners who come into contact with dependent or problem drinkers. They are based on a review of the evidence about the effectiveness of treatments, and on the clinical experience of an expert panel. The aim is to provide evidence that guides treatment, education and professional development.

For more information about the Australian Alcohol Guidelines and treatment guidelines see www.alcoholguidelines.gov.au. If you would like additional copies, there is an order form on the website, or alternatively phone (02) 6289 7387.

The Right Mix: Your Health and Alcohol is an information kit produced to assist the veteran community. These resources are the health promotion component of the Department of Veteran's Affairs' Alcohol Management Project. The project is concerned with creating opportunities to reduce alcohol-related harm in the veteran community and ensure that alcohol and related problems are addressed in an integrated way with other physical and mental health conditions. The printed materials are supported by an interactive website, www.therightmix.gov.au. The site includes an innovative self-assessment tool which assesses a patient's drinking patterns and behaviour as well as their readiness to do something about their drinking. On the home page there is a button called help a client/patient giving health providers quick access to relevant information about health and alcohol in relation to veterans.

CO-MORBIDITY OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS

ADGP has received some queries about available funding for co-morbidity projects. As part of the 2003-04 Federal Budget, $4.4 million (over 2 years) has been made available to the National Co-morbidity Initiative to improve service co-ordination and treatment outcomes for clients with both illicit drug addiction and mental illness. The measure is intended to improve co-ordination across psychiatric/mental health services and drug treatment services, develop best practice guidelines for service delivery and increase professional education and training. ADGP understands from the Department of Health and Ageing that an implementation strategy is yet to be developed but a role for the general practice sector is envisaged.

MENTAL HEALTH AND PHYSICAL HEALTH CO-MORBIDITY

The National Health Priority Action Council Advisory Group on Mental Health chaired by Professor Ian Hickie has commissioned a scoping study to explore issues relating to co-existing depression and related disorders and other national health priority areas. The study is expected to suggest where improvements need to be made in the delivery of health

services in this area and targeted ways of moving forward. ADGP is a member of the Group and will consult Divisions on the draft report and recommendations as soon as it is available.

Mental health and physical health co-morbidity will be further discussed at two upcoming conferences:

Partnerships Conference 2003: Maintaining Momentum, 17-18 October, hosted by GPDWA and the Primary Care Mental Health Unit, UWA.

The primary mental health seminar at the Divisions of General Practice Network Forum 2003: Focussed on the Future to be held at the Brisbane Convention and Exhibition Centre from November 20 to 23.

DoHA NEWS

Allied Health pilots in Victoria

Victoria now has 19 Allied Health projects involving 24 divisions of which 12 divisions are in urban areas and 7 divisions in rural locations. Nine divisions across five project sites were funded in 2002/03; six divisions in early 2003; and nine divisions have been funded from June 2003/04. The breakdown by division is as follows:

2002/2003 Round 1	**2003/2004 Round 2**
Knox	Western
North-West Melbourne	Inner East
Dandenong/Greater South Eastern	Whitehorse
Bendigo/Murray Plains	Central Bayside
Gippsland (x3)	North East Valley
Supplementary 2003	Monash
North East Victoria	Murray Plains
Central Highlands	Melbourne
Ballarat	Westgate
Geelong/Otway	Southcity - pending
Mornington	

Allied Health

Up to a total of 70 allied health services covering 77 Divisions of General Practice will be funded in 2003-04. Each State and Territory will have at least one project and, nationally, 36 projects are in areas classified as rural, 34 in areas classified as urban.

GPDV NEWS

Mental Health Orientation

As quite a number of divisions have seen staff changes in the mental health portfolio over the last few months, a Mental Health Orientation for new staff will be held on 30 July at GPDV. This Orientation is in addition to the general program staff orientation conducted by GPDV as part of its events calendar, and aims to provide new staff with background

information on the Better Outcomes in Mental Health Initiative and to discuss key aspects of the mental health role in divisions.

STATS AND DATA COLLECTION FOR BETTER OUTCOMES

As mentioned in the most recent ADGP Primary Mental Health Care E-Bulletin, the issue of determining which GPs are registered with the Better Outcomes Initiative through the HIC remains a problem for most divisions. This issue was raised with Anne Croft, Assistant Director, Mental Health and Suicide Prevention Branch at the last divisions Allied Health meeting at GPDV and a recent phone conversation has advised the DLO that the issue is still on the agenda but requires further discussion. Following the recent data collection for the national analysis of Better Outcomes conducted by ADGP, I am hopeful that the issue will be progressed with the Department for final resolution.

ALLIED HEALTH MEETING

The next Allied Health meeting will be held at the MEBC on Thursday 14 August. This will be an opportunity for recently funded divisions to discuss implementation issues with divisions nearing their first year or six months of project funding; to confirm evaluation processes; and to consider the PCP interface with the Allied Health projects.

Primary Care Partnerships

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

IMPROVED VICTORIAN STATEWIDE REFERRAL FORMS FOR MEDICAL DIRECTOR

The updated version of the Victorian Statewide Referral Forms template for Medical Director software will be available to GPs in the August release. A copy of the template has been emailed to all divisions as an RTF document and will be on the GPDV website in the next few days, under Primary Care Partnership Strategy, Resources and Issues.

The updated version incorporates a covering letter, Summary and Referral Form, Consumer Information Form, Consent Form and Privacy Brochure in a single template. The output can be printed or exported as an RTF document for attachment to a secure electronic message (email and/or web page).

How can divisions promote the statewide referral form in Medical Director?

Please let GPs know about the availability of the form in Medical Director through your division's usual method of communication. A short message that you might consider for your newsletter, Friday fax etc is as follows:

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Victorian Statewide Referral Form – now available in Medical Director

Consultations with GPs on primary care reform over the years have almost always included the call for a common and simplified referral form to replace the plethora of forms that each GP seems to find in their desk drawer. Another significant step toward answering this call has now been made. The common referral form for use in Victoria is ready – in a medical software product! It will be available in the August release of Medical Director.

A number of GPs have been involved in refining this updated referral template from the initial version first included in the November release of MD last year. It is now very easy to complete, with minimal mouse-click data entry for the GP and only one field that requires typing (Reason for referral – a field that GPs would probably prefer to type anyway). Patient demographic type information that is commonly held in Medical Director is auto-populated into the referral form, and clinical notes and pathology results can be selected for inclusion. GPs are not expected to complete all questions and can send the referral without all fields being filled. As the referral is received by other agencies, they will each seek further information from the patient depending on their requirements and protocols (eg Country of Birth), with the result that over time the form will be complete.

The Victorian Statewide Referral Form in MD includes:

- Cover Letter, Summary and Referral and Consumer Information Forms - to be shared with the referred to service provider
- Victorian Consent Form – to be stored in the patient record (a copy can be provided to the patient)
- Privacy Brochure – to be provided to the patient

The output is immediately recognisable to all primary care agencies and is the standard format for Victorian primary care agencies. This agreed template is a key development in the electronic transfer of patient information, such as e-referral. The aim is for all client software management products, including other medical software, to incorporate the standard template. At this stage many state funded primary and community health service providers have client management software applications that "match" the templates so receiving a referral in this format will make it significantly more efficient and effective for them to utilise the patient information.

A number of GPs in Victoria will be testing the Referral Form in practice as part of funded projects through their divisions. All GPs are encouraged to try it out and consider adopting it for all referrals to state funded primary and community health providers. For more information please contact (NAME) at your Division. In addition, you are welcome to contact Sonya Tremellen at GPDV on 9341 5205 or s.tremellen@gpdv.com.au

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Thank you to the division IT/IM Officers who sought feedback from GPs. The updated version is based on this feedback as well as comments from the GP Engagement Working Group (convened by DHS) and via detailed discussion with Dr Peter Waxman (Senior Medical Advisor, DHS) and Dr Andrew Magennis (Medical Director).

Future Enhancement to the updated Victorian Statewide Referral Forms for Medical Director

Further suggestions for improvements to the Medical Director Victorian Referral Form Template are very welcome. Please advise David Sandic, Health Informatics Consultant at GPDV, of enhancement requests to the updated Victorian Statewide Referral Forms by the last week of September so that they can be factored into the November release – d.sandic@gpdv.com.au

NURSES IN GP WORKFORCE SURVEY

I've just e-mailed the survey and an explanatory letter to all divisions. ADGP and SBOs would love to see as many surveys back as possible so that the results are robust. At the moment we have a low level of knowledge about the PN workforce, which hinders workforce planning and policy debate for everyone.

At the divisional level, the survey could help you with practice profiling, strengthening relationships with practices and nurses, and/or gaining a greater appreciation of your local workforce needs.

Good luck.

INAUGURAL NURSES IN GP CONFERENCE – BUNBURY WA – NOVEMBER 6-8

The final program went to the printers on 18 July, and so should be out within the next month.

REPORT: MENTAL HEALTH MEETING – ROLE OF NURSES IN GP

Along with the RACGP, APNA, and a Divisional representative, I met with the Bell St Academic Centre for Community Mental Health about the possibility of providing some training for PNs in the field of mental health.

The main messages provided to the Centre were:

- there will need to be basic training for nurses with little exposure to mental health issues – signs, symptoms, knowing when/how to refer, understanding legal framework;
- beyond that, the training would need to be seen to be highly relevant to PNs' work eg: can we tailor training for those who perform home based health assessments?;
- training will be delivered locally, through PCPs; and
- training will need to take account of when nurses can actually attend!

Project Background

The Department of Psychiatry at the University of Melbourne has received funding from 'beyondblue: the national depression initiative' to develop and deliver a training program in mental health to the "non-medical primary care workforce" (their definition includes nurses) throughout Victoria. The project is to be implemented over 3 years from 2003 to 2005 and is being managed by the Bell Street Academic Centre for Community Mental Health. The training will be delivered through Primary Care Partnerships (PCPs) in close collaboration with Primary Mental Health and Early Intervention Teams.

Training will be offered to "non-medical primary care staff" across PCPs whose work brings them into regular and frequent contact with people experiencing, or at risk of, depression and other related mental health problems. The training will enhance awareness of depression and related disorders; improve attitudes towards the importance of effective treatment, early intervention, prevention and mental health promotion programs; and develop skills in the identification and engagement of individuals and groups who could benefit from intervention.

Practice nurses have been identified as a target group for this training.

General Practice Leader Awards - Announcement

The National Institute of Clinical Studies (NICS) has announced the winners of its inaugural General Practice Leaders Award, established to identify two health professionals (a GP and a practice nurse) with the potential and passion to drive future improvements in general practice patient care in Australia.

From a large field of applicants from across the country including many from Victoria, NSW health professionals Sally Hall, an experienced nurse, and Dr Andrew Knight, GP, have been selected. Commiserations to the Victorian nurses who applied… there were some excellent candidates.

Both practitioners will attend the Primary Care Collaborative Training Program, led by Dr John Oldham, in the UK in July. Upon their return, the pair will work with NICS to develop knowledge and skills transfer programs to enable GPs and practice nurses, and ultimately the patients, to benefit from the course learnings.

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