I n d e x

Click on the underlined text categories to take you to your category of choice.

Program Consultants

Aboriginal Health: Lesley Czulowski
Division Accreditation: Susan Webster
Aged Care: Lee Stamford
Broadband for Health: Brendon Wickham
Clinical Risk Mgt & GP/CHS Collaboration: Pete Marshall
Collaboratives: Catuscia Biuso
GP-hospital communication: Lenora Lippmann
Hepatitis C: Michelle Wills
Immunisation: Michelle Wills
IM & ICT: Chris Hayward & Paul Macdonald
Lifescripts: Rachel Overell
Lymphoedema: Hari Kakouris
Medication Management: Rachel Overell
Mental Health: Anne Diamond
Practice Capacity for Chronic Disease Mgt: Rachel Overell
Nurses in GP: Lesley Czulowski
Primary Care Liaison: Sonya Tremellen
Policy: Louise Willis & Christine Macdonald
Refugee Health: Annette Dupont
Star Divisions: Helen Threlfall

Coming Events

Event	Date
Care Planning for CDM	Wed 6-Dec-06
CEO Network	Thur 7-Dec-06
Divisions CQI and Accreditation	Fri 8-Dec-06

** denotes event not auspiced by GPDV*

Please send your contributions for the next Update to Vanessa Collinson
v.collinson@gpdv.com.au

Hot Topics

New and Amended MBS items – 1st November 2006	**Sonya:** s.tremellen@gpdv.com.au

GPDV summary of new and amended MBS Items – effective 1 Nov 2006

We have prepared a summary of new and amended MBS items, effective 1st Nov 2006. The summary does not cover all changes to the November 2006 MBS Book, but does include those impacting on general practice in particular. Please click here to download the document or visit the Chronic Disease Management web page under Services & Resources on our website www.gpdv.com.au. The changes covered in the document include:

NEW

- **45 Year Health Check -** Item 717
- **GP Mental Health Care Plan** – Item 2710
- **GP Mental Health Care Plan Review** - Item 2712
- **GP Mental Health Care Consultation** - Item 2713
- **Provision of psychological services and focussed psychological strategies services by allied health providers** – Items 80100-80170
- **Services provided by a practice nurse (cervical smear AND preventive health check)** – Items10994 and 10995
- **Antenatal service provided by a midwife, nurse or a registered Aboriginal Health Worker in regional, rural or remote area RRMA 3-7 -** Item 16400

AMENDMENTS

- **The Asthma 3+ Visit Plan renamed Asthma Cycle of Care and changed requirements** (note A.30 and Items 2546-2599, 2664-2677)
- **Diabetes Cycle of Care – changed requirements** (note A.29 and Items 2517 and 2620)
- **Cervical smears taken by a practice nurse on behalf of a GP has been extended to ALL AREAS -** Items 10998 and 10999

GPDV Statistics Package Update

Sonya: s.tremellen@gpdv.com.au

The GPDV statistics package has been updated to include the August quarter PIP & SIP data for Asthma, Diabetes, Cervical Screening, Practice Nurses and the GPII recalculation for Immunisation.

Please click here to view the latest data or visit the Divisional Data and Statistics page of our website by clicking on the link "Latest GPDV Statistics Packages" from our homepage www.gpdv.com.au

Australian Primary Health Care Research Institute - articles released

http://www.anu.edu.au/aphcri/Publications/pubs.php

The following articles were released in 2005 and are now available from the Australian Primary Health Care Research Institute website.

Stream One, MJA Supplement: The Sustainability of Primary Health Care Innovation, MJA Supplement 21 November 2005

Questioning the sustainability of primary health care innovation
Beverly M Sibthorpe, Nicholas J Glasgow and Robert W Wells — Med J Aust; 183 (10): S52-S53

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Implementation of a SNAP intervention in two divisions of general practice: a feasibility study
Mark F Harris, Coletta Hobbs, Gawaine Powell Davies, Sarah Simpson, Diana Bernard and Anthony Stubbs — Med J Aust; 183 (10): S54-S58

Caring for a marginalised community: the costs of engaging with culture and complexity
Gary D Rogers, Christopher A Barton, Brita A Pekarsky, Ann C Lawless, Joy M Oddy, Rebecca Hepworth and Justin J Beilby — Med J Aust; 183 (10): S59-S63

Sustainable chronic disease management in remote Australia
John Wakerman, Elizabeth M Chalmers, John S Humphreys, Christine L Clarence, Andrew I Bell, Ann Larson, David Lyle and Dennis R Pashen — Med J Aust; 183 (10): S64-S68

Sustaining an Aboriginal mental health service partnership
Jeffrey D Fuller, Lee Martinez, Kuda Muyambi, Kathy Verran, Bronwyn Ryan and Ruth Klee — Med J Aust; 183 (10): S69-S72

Exploratory economic analyses of two primary care mental health projects: implications for sustainability
Cathrine Mihalopoulos, Litza Kiropoulos, Sophy T-F Shih, Jane Gunn, Grant Blashki and Graham Meadows — Med J Aust; 183 (10): S73-S76

Emergent themes in the sustainability of primary health care innovation
Beverly M Sibthorpe, Nicholas J Glasgow and Robert W Wells — Med J Aust; 183 (10): S77-S80

Primary Health Care Position Statement: A scoping of the evidence
Nicholas J Glasgow, Beverly M Sibthorpe and Anna Gear - Commissioned by Australian Divisions of General Practice

Free BMJ Access

The BMJ now provides free access to its journals for 113 countries. The list of countries is at: www.bmjjournals.com. This includes the Evidence-Based Journals (Medicine, Nursing, and Mental Health) http://ebm.bmjjournals.com/

Competition!

Competition! – Create a logo to promote 4-year-old Vaccination in Victoria!

For your chance to enter a competition to design a logo and catch phrase for promoting the four year old vaccines, visit the article under the immunisation section of this PC Update by clicking here.

G P H e a l t h S y s t e m I n t e g r a t i o n

Aged Care Homes

Lee: l.stamford@gpdv.com.au

Sixty Victorian representatives will have attended the National General Practice Divisions Aged Care workshop in Queensland on Friday 24th November. Delegates are from a wide range of aged care services including general practice, residential aged care homes and general practice divisions and from metropolitan, regional and rural centres.

The Medicare Benefit Schedule was revised on 1 November 2006. Fees related to aged care services can be found on the GPDV website at:
www.gpdv.com.au/gpdv/documents/AgedCareHomes_MBSFlowchartNov06.pdf

DVA service fees have also been revised for medical and health care workers and can be found at:
www.dva.gov.au/health/mainhe.htm

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IM & ICT	**Chris:** c.hayward@gpdv.com.au **Paul:** p.macdonald@gpdv.com.au

IM/ICT

The IMIT Network meeting was held on Wednesday November 15. Presentations from the workshop will be made available on the GPDV web site.

Back to IM & ICT

NQPS

Cathy Dalton, Director, Primary Health Information Management Section GP Divisions, DoHA, spoke on the National Quality and Performance System (NQPS) and the National Performance Indicators (NPIs). Key messages for divisions are:

- That the Commonwealth sees the implementation of the NQPS as building blocks, it is a system under development.
- Divisions do not need to be able to report at all levels immediately.
- National feedback on the NQPS to divisions is a priority for the Commonwealth, however it is unlikely that it will be available for the next reporting cycle.
- The current NPIs will remain as they are until June 2008.
- The number of points divisions need to achieve will not be raised in the next reporting year.
- The NQPS and the National performance Indicators will be under review within 12 months. The Commonwealth will be seeking input from Divisions into the review process, however no decision has been made on the timing and structure of the process.

Back to IM & ICT

Update - Divisions Network Information Management Project (DNIMP) and Access Card

Jan McRobie, ADGP, provided an update on the DNIMP. The proposal was submitted to the Commonwealth on 19 November for consideration. The Commonwealth is currently reviewing the proposal. Divisions will be notified of the outcome as soon as a decision has been made.

The Commonwealth Department of Human Services Access Card – Issues sought

Details on the access card can be found at http://www.accesscard.gov.au . GPDV is interested in input on concerns about the implementation and use of the card for general practice. For example, will card readers be required? Please forward comments to C.Hayward@gpdv.com.au

Back to IM & ICT

New Victorian Statewide Referral Form (SRF)

DHS demonstrated the new SRF as it functions in Medical Director. Other software vendors are being approached to include or update the SRF into their systems. DHS discussed the possibility of making $1000 available to each division to promote the use of the SRF. For more information please contact Sonya Tremellen s.tremellen@gpdv.com.au

Practice Health Atlas (PHA) – Adelaide West General Practice Network

A presentation on the PHA was given by Julian Flint and Peter Del Fante. The PHA aims to inspire general practice teams to reflect on their activities and to develop business models for more effective health care services/outcomes (innovation). It is based on the synthesis of relevant, high quality and timely practice health data, as well as using such data to predict future health care needs and trends (intelligence).

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PHA Training - Register Your Interest

Divisions that are interested in participating in training for the PHA should contact c.hayward@gpdv.com.au or p.macdonald@gpdv.com.au . If enough divisions are interested GPDV will investigate opportunities for training in Victoria. For further information on the PHA, see the Adelaide West Divisions' website at www.awdgp.org.au or click here to go directly to the PHA page on their website.

Back to IM & ICT

RHIMO Division Consultations

16 divisions have been visited to date. We expect to have completed all division visits by February 2007. A preliminary report on the findings will be made at the December CEOs network meeting. We will be seeking feedback on the findings over the next few months.

Mental Health	**Anne:** a.diamond@gpdv.com.au

ADGP News

ADGP convened the Primary Mental Health Symposium on Saturday 25 November as part of the ADGP Forum at the Gold Coast Convention Centre. The plenary session included Nathan Smythe, Assistant Secretary, Health Priorities and Suicide Prevention Branch, DoHA; Mr Evan Lewis, Branch Manager, Mental Health Branch, FACSIA; Mr Patrick McGorry, Consortium member, headspace, National Youth Mental Health Foundation; and Mr Jeff Cheverton, Queensland Alliance NGO. We will let you know how to find out more about the presentations and discussion if you were not able to attend in person.

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RACGP News

Please be aware that Veena Vather, Senior Research Officer, Medical Workforce Initiative, Professional Peer Support Program, RACGP is currently inviting expressions of interest from GPs who wish to train as a group leader under the Peer Support Program, or to participate in a group for 2007. In addition, Veena is interested to hear from GPs who wish to be listed on their Doctors for Doctors database. Further information about the Peer Support Program and Doctors for Doctors database is available from Veena on 03 8699 0574. Information will soon be forwarded to divisions about these programs.

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GPDV News

Please see the summary of the *Better Access* GP item numbers (hot topics). Please note that the list of questions arising from the discussion with DoHA and representatives of the Australian Psychological Society (APS), Australian Association of Social Workers (AASW), OT Australia, and SANE Australia on Friday 17 November at the GPDV *Better Outcomes* Network Meeting have been sent to DoHA for response. Presentations from this workshop will be available on the GPDV website from 27 November. All relevant materials for the *Better Access* item numbers are posted on the GPDV website, linked from the home page. Divisions are invited to send Anne Diamond their *Better Access* resources and templates for further posting.

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Primary Care Liaison	**Sonya:** s.tremellen@gpdv.com.au **Pete:** p.marshall@gpdv.com.au

Collaborative Practice Models for Careplanning - General Practitioners and Community Health Services

In order to facilitate collaborative practice between General Practitioners and Community Health services, DHS has funded GPDV to support the development of models focussing on improved integration and coordination for effective careplanning between CHSs and General Practices.

The program called for Expressions of Interest (EoI) from CHSs, PCPs and/or Divisions to undertake small projects that would develop and demonstrate the models. Funding of $17,000 is available for 3 small projects. The closing date for the EoI was Monday 16th October 2006, and a total of 18 submissions were received.

Submissions were received from 12 different Divisions, representing 40% of Victorian Divisions. One third of submissions had participation from the Division, CHS and the PCP.

The strength of the submissions in general offers an opportunity to trial and measure a number of high impact and reproducible models.

The 3 successful projects are

- **Diabetes care planning – linking GPs and Community Health Services to improve patient care.**

  Monash Division of General Practice
  Bentleigh Bayside Community Health Service

  The Project seeks to develop effective care planning systems for older patients with diabetes by aligning the referral and feedback needs of Bentleigh Bayside Community Health Service and GPs. The Project will work with a small group of practices and the Community Health Service staff to identify and pilot test system changes using PDSA cycles. Systems developed through this process will then be expanded to other practices within the Division and other service areas of the Community Health Service. Diabetes is a priority for both agencies, and while they are keen to work collaboratively, they have also identified areas of uncertainty and confusion.

- **Collaboration for Better Outcomes for Patients (C-BOP)**

  Northern Division of General Practice – Melbourne (NDGP)
  Plenty Valley Community Health Inc (PVCH)
  North Central Metropolitan Primary Care Partnership (NCMPCP)

  The Division through its National Primary Care Collaboratives (NPCC) program, and PVCH through its Central Intake system and Integrated Service Coordination protocols and practises, will work to refine the process for patient referrals and team care arrangements using Connecting Care. This will have broader applications as Northern Health, the local acute health service, begins to introduce Health Smart. By engaging all participants in quality improvement (PDSA) cycles, PVCH will be able to trial and refine its intake referral management systems to support improved co-ordination and care between GPs and PVCH sites. The area is experiencing rapid population growth, while also having medical workforce and health infrastructure shortage.

- **Collaboration, Community Health and Care Planning**

  West Vic Division of General Practice
  Wimmera Primary Care Partnership
  Grampians Pyrenees Primary Care Partnership
  Grampians Community Health Centre

  The aim of this project is to improve service coordination systems by bringing the leaders of Division, PCP and Community Health together to learn of each others intentions, identify common core business and identify an area to conduct PDSA activities at the service delivery or “grass roots” level with general practice. An important first step is to achieve clear governance from all the sectors involved. The lessons of the PDSA cycles will be shared with all the stakeholders providing opportunities for rolling out the developed processes. The professional relationships

established and the success of the PDSA activity will provide a framework for future activity. International Medical Graduates now comprise 57% of the GPs in West Vic Division, making it more important to provide common understanding as a foundation for future service collaboration.

GPDV Workshop – Care Planning with GPs

This workshop is shaping up to be an interesting day with an opportunity to think about care planning processes between general practice and community health in particular. Speakers include Martin Mullane, Director of chronic disease medicare items, DoHA and Ges Hammer, a Practice Nurse from Gippsland and one of the GPDV trainers on the CDM items. Also, we will hear about two small grants projects that have focussed on care planning.

The workshop is likely to be helpful to divisions with CHSs and PCPs in their catchment funded through the Early Intervention in Chronic Disease in CHS initiative. This initiative is particularly focussed on improving coordination of chronic disease care across service providers/agencies in each catchment, for the population whose care needs are not yet highly complex (highly complex are HARP-CDM clients) and to increase service delivery capacity within CHSs. The workshop is open to division, CHS and PCP staff – please encourage your colleagues in partner CHSs and PCPs to come along.

Click here to view the draft agenda and faxback registration form.

Please contact Sonya if you have any queries.

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Improved Population Health through systematic general practice

Aboriginal Health — **Lesley:** l.czulowski@gpdv.com.au

Clean bill of health for Aboriginal community
By Tara Ravens

The residents of Utopia did not need a study to tell them life was promising in their corner of the world. But research has found the small Aboriginal community, in the desert northeast of Alice Springs, has a mortality rate almost 40 per cent lower than the Northern Territory's indigenous average.

The locals are about 70 per cent less likely to be hospitalised for heart problems and, unlike other Aboriginal communities, there has been no increase in obesity rates over the last 30 years. This in turn means they have avoided the skyrocketing diabetes crippling large sections of indigenous Australia.

One of the study's researchers, Paul Richard, said [11 October 2006] the results had the potential to impact greatly on how indigenous health is managed.

“When the data came in from the most recent analysis at the end of 2004 and 2005 there were some really surprising results,” Dr Richard said.

“Not only is there a much lower mortality rate but the rates of people hospitalised for heart related problems is extremely low. There is lower blood pressure, cholesterol, diabetes and almost no obesity. The outcomes are really exciting and they have to be taken very seriously.”

The results come at a time when the federal government is reviewing the viability of outstations in the wake of ongoing reports that abuse and disease are rife in some communities. But Utopia is made up of 16 outstations, maintained by a central health clinic that has a weekly roster for doctors who check on the Aborigines as they live a mostly traditional lifestyle. And it is this very lifestyle that lends itself to a clean bill of health, Dr Richard said.

Starting in the early 1980s, the study is a collaborative effort involving the Menzies Research Centre in Alice Springs, Melbourne University and the Urapuntja Health Centre. Now in its second stage, Dr Richard said researchers would consider the results collated over the last 30

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years and work out why the health of this particular community, which numbers about a thousand, is in such good condition.

"We are reluctant to speculate until we are certain of all the answers, but the people have quite a unique, traditional life," he said. "Primary health care delivery in this region is also very good and in this way they predict and pre-empt a lot of problems."

In addition, people on the outstations continue to hunt, fish, eat bush tucker and conduct ceremonies.

"This reduces heart disease because it reduces stress and they are active with a better diet," Dr Richard said.

One of Utopia's doctors, Karmananda Saraswati, dismissed the suggestion that treating people on outstations was too expensive.

"You also have to cost if there was 30 to 40 per cent more cardiovascular disease and inpatient time in hospitals and more evacuations to the hospital," he told ABC radio in Alice Springs. "You need to factor in those costs before you say the outstation mode of living is not cost-effective."

The second phase of the study should finish early next year.

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Chronic Disease Management	**Rachel:** r.overell@gpdv.com.au

Asthma

There are changes to the MBS Items for Asthma Care – please see the GPDV summary – click here to download the document or visit the Chronic Disease Management web page under Services & Resources on our website www.gpdv.com.au.

GPDV has been asked if there are any changes to the Asthma SIP and we have been informed that there are no changes. The Asthma SIP is paid per patient with a completed Asthma Cycle of Care. One plan per patient per year unless major change in status - $100 / patient

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Diabetes

Diabetes Australia Welcomes announcement of new investment in diabetes and obesity prevention

Diabetes Australia (Vic) welcomes the announcement by Premier Steve Bracks of new diabetes and obesity prevention programs for Victoria.

"The commitment to a new program modeled on Quit to focus on the prevention of type 2 diabetes will see Victoria leading the way in Australia in implementing an innovative statewide program" said Greg Johnson, CEO. "We estimate there are 500,000 Victorians with pre-diabetes and these people are up to 20 times more likely to develop type 2 diabetes."

"The plan to spend $16 million over 4 years on the program including awareness campaigns combined with on-the-ground programs to support individuals, represents a very significant new investment and demonstrates a commitment to addressing the continuing epidemic of type 2 diabetes in which around 60 people are developing diabetes every day in Victoria."

"We now know from international studies that type 2 diabetes prevention is proven, possible and powerful and if we are successful in preventing or delaying the development of type 2 diabetes we will be preventing or delaying the development of the very serious complications of diabetes including heart disease and strokes, blindness, kidney failure and limb amputations."

Diabetes Australia (Vic) also welcomed the initiative to provide fresh fruit to primary school children.

"We are also very focused on the broader community issue of childhood obesity and weight gain in all age groups and the risk this represents for further escalation of the type 2 diabetes epidemic."

In the U.S. it is estimated that one in every three children born this year will develop diabetes in their lifetime.

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Greg Johnson said “One of the major drivers of the type 2 diabetes epidemic around the globe is weight gain. We must act now with more serious steps to reduce weight gain and obesity in our children. The announcement of further investments by government in programs to address overweight and obesity are very important”.

GPDV is meeting with Diabetes Australia (Vic) to discuss opportunities to work together on these programs. We will keep you posted.

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Collaboratives	**Catuscia:** c.biuso@gpdv.com.au

NPCC Learning Workshop

The second learning workshop for Wave 3 was held at the Grand Hyatt Melbourne on Friday 27th & Sat 28th of October 2006. The workshop was one of the largest to date with over 450 attendees, including practice staff, general practitioners, Divisional CEOs, Collaborative Program managers, health service management, and representatives from the Office of the Hon Tony Abbott MP (Department of Health and Ageing).

Notable speakers included:

- Dr Tony Hobbs, Chair of the ADGP (Australian Divisions of General Practice)
- Dr Jennifer Johns, Director of Cardiology at Austin Health
- Professor James Best, Professor of Medicine at Melbourne's St Vincent's Hospital.

A copy of the presentations from the workshop is available on line at – www.npcc.com.au/W3_LW2.htm

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Victorian Program

The Collaboratives Program has formally completed Wave 1. Waves 2 and 3 are currently being implemented and involve over 80 practices in Victoria. A local version of the NPCC program is also being delivered in Victoria and includes participation from 25 practices.

The following Victorian Divisions are involved in the Collaboratives Program:

- Central Bayside GPA (including Monash DGP)
- Central Highlands DGP
- Central West Gippsland DGP (including East and South Gippsland DGPs)
- Melbourne DGP
- Northern DGP
- Otway DGP (including Limestone and West Vic DGPs)

Further information on the Collaboratives Program is available online at www.npcc.com.au

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Communicable Diseases **Michelle:** m.wills@gpdv.com.au

Dramatic increase in syphilis in men who have sex with men

Notifications of infectious syphilis have increased from 9 cases in the year 2000, to 116 in 2005, to 86 cases in only the first 6 months of this year. It is predominantly occurring in men who have sex with men (MSM).

Early detection, treatment and contact tracing will assist in interrupting this epidemic.

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The Department of Human Services would like to highlight the recommended testing guidelines for STIs (Sexually Transmissible Infections) in men who have sex with men, available at www.racp.edu.au/public/SH_MSMguidelines.pdf (on a handy single A4 page)

These guidelines recommend that doctors take a sexual history and test all men who have sex with men annually for STIs, OR test them 3 – 6 monthly if at higher risk. (The types and sites of tests are detailed in guidelines). Those at higher risk of STIs include MSM who attend sex on premises venues (eg gay saunas), or are involved in recreational drug use, or seek partners on the Internet. As HIV positive MSM are significantly over represented in the current syphilis notifications, the Department is now also recommending 3 monthly syphilis serology testing of all sexually active, HIV positive MSM.

Advice in terms of clinical manifestations, treatment, interpretation of results or general management can be obtained from the Melbourne Sexual Health Centre on a DOCTORS ONLY information line, 1800 009 903 Monday - Friday (9.00- 12.30, 1.30 – 5.00) or see website www.mshc.org.au.

Assistance with contact tracing can be arranged through the Department's partner notification officers on 03 9347 1899.

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Disease Prevention

Rachel: r.overell@gpdv.com.au

Website launch makes latest family cancer information just a click away

New support is now available for GPs and patients with questions about genetics and cancer, following the launch of a family cancer online resource developed by The Cancer Council Australia and the National Cancer Genetics Education Group.

Accessed via The Cancer Council Australia website on www.cancer.org.au, the resource provides centralised access to the latest evidence-based information on genetics and cancer.

The online resource helps GPs to address patient anxiety about family history and cancer by providing information on types of family cancers, genetic testing, and Family Cancer Clinics. As well as helping GPs to provide appropriate management and support for patients and their families, the user-friendly website is suitable for patients to access directly.

The family cancer online resource can also be used to link users to the updated Cancer Genetics Education Resource Directory, which has a new Internet address - www.cancergenetics.org.au. This directory provides a list of Australian publications and resources about genetics and cancer for health professionals and members of the public to download.

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Breast Screening & Bowel Cancer

Family Cancer Workshops

The Cancer Council Victoria's General Practice Program offers two Family Cancer Workshops for General Practice: Family Breast Cancer and Family Bowel Cancer. The workshops are 2 hours duration and have been accredited by both RACGP and ACRRM as a Category 2 activity. A local GP presenter recruited by the Division presents the workshop and is supported by an expert panel with expertise in genetics and family cancer. Panel members are recruited by the General Practice Program and usually consist of a genetic counsellor and cancer clinician.

A new handbook has been developed to assist Divisions to host the workshops. The handbook and accompanying CD ROM contains all the resources required to host the workshop in an easy to use format. The handbook clearly outlines the roles of the Division and the Cancer Council in relation to hosting a workshop. The Cancer Council offers a $1000 grant to cover the costs of hosting the workshop.

If you are interested in hosting a workshop next year or would like a copy of the handbook or more information, please contact the General Practice Program on 9635 5049 or general.practice@cancervic.org.au.

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Cervical Screening

PAPScreen issues a reminder about HPV resource

The HPV vaccine has attracted growing media attention with recent debate focusing on whether or not the drug will be government-subsidised.

PapScreen Victoria would like to remind all Pap test providers that its brochure: *Pap tests and the human papilloma virus (HPV)* is an extremely useful resource for women, and includes a range of commonly asked questions about HPV and its link to cervical cancer. The brochure can be ordered from www.papscreen.org.au (see the Health Professionals section) or by calling 13 11 20

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Men's Health

Whats a GP to do?

A recent article in the Medical Journal of Australia provides an interesting read on Men's health. In summary,

- Men are at highest risk of cardiovascular disease, chronic lung disease, some cancers, suicide and transport-related injury.
- An anticipatory approach to men's health in general practice should assess risk for these conditions and offer effective interventions, either to prevent them or manage them early.
- This requires attention to the barriers, not only to men accessing general practice, but also to appropriate assessment and management, especially among disadvantaged groups.

The full article can be read at: www.mja.com.au/public/issues/185_08_161006/har10079_fm.html

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Prostate Cancer

Localised prostate cancer, a guide for men and their families – New Edition Out Now!

The new edition of "Localised prostate cancer, a guide for men and their families", prepared by the Australian Prostate Cancer Collaboration and The Cancer Council Australia, is now available. The resource is based on the NHMRC Evidence-based Recommendations for the Management of Localised Prostate Cancer. The new edition has been revised and updated and remains an excellent source of information for consumers and professionals alike. To obtain a copy please contact The Cancer Council Helpline on 13 11 20

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Vision

As summer approaches the UV radiation index rises. Most people are aware of the damage the sun can cause - especially to the skin. Sun is also very damaging to the eyes and can cause many short-term irritating symptoms including excessive blinking, irritation and the cornea may even become sunburnt - acute photokeratopathy. In the long term the sun can cause permanent damage to the eye including:

- cataracts
- pterygium
- cancer of skin around eye
- photokeratitis
- corneal degenerative changes

Appropriate sunglasses

It is important for people of all ages to wear appropriate sunglasses - including children and babies. In Australia all sunglasses must be labelled according to the AS/NZS 1067:2003 category they comply with. In addition some sunglasses will also have an Eye Protection

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Factor (EPF) rating from 1-10. Sunglasses with EPF 9-10 transmit almost no UV rays.

When discussing the importance of wearing sunglasses with your patients it is important to remember expensive sunglasses are not always more effective than cheaper sunglasses, at protecting eyes against the damaging effects of the sun.

This summer in your health advice to your patients please encourage them to Slip, Slop, Slap, Seek shade and Slide on sunnies.

For further information please visit www.vision2020australia.org.au or www.sunsmart.com.au

Hepatitis C

Michelle: m.wills@gpdv.com.au

Viral hepatitis treatment at Royal Melbourne Hospital

This Hepatitis clinic offers treatment for patients with viral hepatitis at the Royal Melbourne Hospital, the location is at the Victorian Infectious Diseases Service (VIDS) in 9 North.

This is a multidisciplinary service, which involves a combination of Infectious Diseases Physicians and Gastroenterologists to provide optimum care and is the primary referral location for patients with viral hepatitis referred to this hospital.

They offer state of the art therapy for hepatitis B and C patients as well as providing access to clinical trials of new and emerging therapies.

Referrals can also be made to the Private Consulting Rooms which is located inside the Melbourne Private Hospital, Royal Parade, Parkville.

Should you wish to make a referral please call the clinic on (03) 9342 7212 or fax your referral to (03) 9342 7277.

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Immunisation

Michelle: m.wills@gpdv.com.au

Boostrix-IPV

Regarding a recent enquiry as to when Boostrix-IPV should be recommended the following information has been supplied by Professor Peter McIntyre, NCIRS. The product information states that "…is indicated for booster vaccination against diphtheria, tetanus, pertussis and polio of individuals from the age of four onwards."

This product was registered and approved for use in Australia as a booster vaccination against diphtheria, tetanus, pertussis and polio in persons aged 4 years and upwards at the ADEC 234th meeting in 2004 (Published in the Commonwealth of Australia Gazette, No. GN 27, 7 July 2004).

The 8th Edition of the Australian Immunisation Handbook currently recommends that in adults aged >50 years requiring a booster dose of dT that dTpa may be used instead. (See pages 126, 211 and 264) Booster doses of poliomyelitis vaccine are only indicated where adults are at special risk of poliomyelitis due to intended travel to a poliomyelitis endemic or epidemic country; or a health care worker in possible contact with poliomyelitis cases. Presumably the persons in the over 50 years age group being offered this vaccine fall into the travel category; certainly there are no recommendations for routine use of dTpa-IPV containing vaccines for booster vaccination at 50 years although there is no reason to suppose that it would be associated with any adverse reactions or different effectiveness to other age groups.

A journal article, which describes the use of dTpa-IPV as a booster in an adult population, was published in Vaccine, Volume 23 pages 3657-3667 March 2005 "Combined

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reduced-antigen-content diphtheria-tetanus-acellular pertussis and polio vaccine (dTpa-IPV) for booster vaccination of adults" Emmanuel Grimprel, Frank von Sonnenburg, Roland S¨anger, Veronique Abitbol,Joanne M. Wolter, Lode M. Schuerman.

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Competition! – Create a logo to promote 4-year-old Vaccination in Victoria!

GPDV in conjunction with the immunisation program at DHS is giving you a chance to unleash creative talent to promote 4-year-old vaccinations. All immunisation providers are invited to create a logo that will become the symbol of 4 year old vaccination in Victoria.

What is needed?

A logo and catch phrase for promoting the four-year old vaccines. The information is designed for display on promotional material such as posters, flyers, four-year-old activities, birthday cards/postcards.

The winner can take pleasure in knowing their winning logo will contribute to the public health protection of four-year-old children in Victoria.

Pleasure will also be derived by seeing their winning logo displayed on a variety of resources for promotional display and activities in health services, child care centres, kindergartens, schools etc.

To enter:

Send your entry to Immunisation Program, 4-year-old Vaccination Logo Competition via:
Email: immunisation@dhs.vic.gov.au
Fax: 1300 768 088
Post: GPO Box 4057N Melbourne 3001
Please include contact name and contact details.

For further information:

Please contact Michelle Wills at GPDV on 9341 5226 or m.wills@gpdv.com.au or Helen or Megan at DHS on telephone 1300 882 008.

Entries close **31 January 2007**.

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Some interesting articles!

"Roll Up Your Sleeve, and Stay in the Car"
Syracuse Post-Standard (NY) (11/09/06) Mulder, James T.

First responders in Syracuse, N.Y., received flu shots in a staged emergency to gauge how quickly county officials could administer vaccines in a pandemic. The Onondaga County Health Department conducted its first drive-through flu shot clinic at the Regional Market in Syracuse Wednesday. Nurses administered shots to more than 200 emergency personnel through their car windows. Participants were screened, completed paperwork, and were given their shots at five different stations. The entire process took just 10 minutes. "This is one more tool in our pocket to protect the health of our community in an emergency," said Onondaga County Executive Nick Pirro

To see the entire article:

www.syracuse.com/business/poststandard/index.ssf?/base/business-6/1163066985211040.xml

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“Hundreds at Risk of Disease after Two-Year Vaccine Storage Blunder”
Scotsman (UK) (11/09/06) Urquhart, Frank

Health officials in Aberdeen, Scotland, are trying to quell any fears patients and parents may have about a National Health Service (NHS) vaccination program that may have put patients and children at risk for disease. Last week, health officials held a press conference to inform

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the public that it should not be overly concerned about the discovery in September 2006 that vital vaccines had been stored at the wrong temperature, due to a problem with a refrigerator. Some 813 patients--404 children and 409 adults--received vaccines at the Northfield practice in Aberdeen from October 2004 through October 2006. The vaccines included those against tetanus, diphtheria, polio, hepatitis A and B, meningitis and pneumonia, in addition to the children's measles, mumps, and rubella shot. "The vaccines that have been given are not likely to have caused any harm to the children or the adults," said Dr. Helen Howie, a consultant in public health medicine at NHS Grampian. "It is also better to provide additional vaccinations to protect an adult or child from what can be potential serious infections." A re-immunization program is planned for December.

To see the entire article:
thescotsman.scotsman.com/index.cfm?id=1658082006

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Lifescripts	**Rachel:** r.overell@gpdv.com.au

The GPDV summary of MBS changes document includes details about the 45 year health check MBS Item and resources available. As detailed in that document:

45 Year Health Check—Item Number 717

The 45 year old health check is part of the *Australian Better Health Initiative* (ABHI) announced by the Council of Australian Governments (COAG) in February 2006. The ABHI aims to enhance the capacity of the health system to promote good health and reduce the burden of chronic disease.

The aim of this health check is to assist with the prevention of chronic disease and to enable early intervention strategies to be put in place where appropriate. Item 717 will support GPs to provide a health check to patients who are between 45 and 49 years of age (inclusive) and at risk of developing a chronic disease.

The decision about whether an individual is at risk of developing a chronic disease rests with the clinical judgement of the GP, but a specific risk factor must be identified. Factors that the GP may consider include, but are not limited to:

- lifestyle risk factors, such as smoking, physical inactivity, poor nutrition or alcohol misuse;
- biomedical risk factors, such as high cholesterol, high blood pressure, impaired glucose metabolism or excess weight; and
- family history of a chronic disease.

The Medicare rebate is $100.00 (paid at 100% of the schedule fee). Where the health check is bulk billed and the patient is a Commonwealth concession card holder, the GP is also entitled to claim a bulk billing incentive item. Since 1 November 2006, these bulk billing incentive payments are $5.30 (item 10990) and $8.00 (item 10991).

The following support resources are available on the DoHA website: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-45check

- Fact sheet
- Questions & Answers (currently being updated by DoHA)
- Checklist - designed to be a sample checklist that may assist GPs and health professionals in the practice to undertake the 45 year old health check

The MBS item descriptor is available from the MBS online website: http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=717&qt=item

The following resources are available on the RACGP website: http://www.racgp.org.au/clinicalresources/45

- Presentation – explaining the 45 health check and what GPs and their teams need to do

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- Checklist – based on the Red Book, providing an evidence-based summary of the key factors to be assessed
- Template letters to patients
- Patient practice prevention survey – taken from the Green Book
- MBS item descriptor

The North East Valley Division of General Practice has created a template for use in Medical Director that can be found at www.nevdgp.org.au

To support effective use of the template and the item number the ADGP has created a wall chart of 'how to' tips 45 year health check wall chart

At the Lifescripts workshop on 3rd November, additional support resources were also developed, including:

- Summary of the roles of practice team
- Business model
- PowerPoint presentation (based on the RACGP presentation)

All of the information outlined above can be accessed from the GPDV website: www.gpdv.com.au under the 'What's New' section on the home page.

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New Report: The Economic Costs of Obesity

Diabetes Australia has recently released a report by Access Economics titled the 'Economic Costs of Obesity' which identifies that in 2005, 3.24 million Australians were obese, costing Australia about $3.7 billion (this does not include the cost of overweight, only obesity as defined by a BMI = or greater than 30). The report and further information are available at http://www.diabetesaustralia.com.au/notice_board/mediacentre.htm

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Lymphoedema

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New Lymphoedema Journal

Lymphoedema is estimated to affect up to 30,000 Australians, with 10 times that number considered to be at risk of developing the condition, mostly as a consequence of cancer treatment. Lymphoedema can impact on every aspect of an individual's life, including functioning at work and in the home, personal relationships and recreational activities.

The Journal of Lymphoedema, launched in October 2006, is the first medical journal specifically dedicated to lymphoedema, with the primary aim of helping develop the clinical practice of all health professionals involved in this area of care.

The journal, to be published bi-annually, will include the latest clinical research and patient perspectives, and promote evidence-based approaches to effective management and support for patients and their families.

The first issue of the Journal of Lymphoedema can be viewed at www.journaloflymphoedema.com/journal/october_2006.shtml

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Medication Management	Lee: l.stamford@gpdv.com.au

DVA

Veteran's Medicines Advice and Therapeutics Education Services (MATES) is a programme designed to address various medication issues related to the veteran community. Module 9 was released on November 15th and covers Home Medicines Reviews. Veteran, pharmacist and GP information is included in the module. Previous modules have included information about antidepressants, use of inhalers, adverse drug events and arthritis medication.
For further information: http://www.dva.gov.au/health/veteransmates/index.htm

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Nurses in General Practice	Lesley: l.czulowski@gpdv.com.au

Practice Nursing

Currently we are in the process of planning for 2007; consequently we don't have a lot for you this issue. We will have the 2007 version of the training calendar out by early January, if not sooner. There will still be the electronic version on the web site which will keep you up to date with what is available, but there will also be a hard copy booklet that we will distribute. Every practice nurse in a Victorian division will be provided with a copy.

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New and updated Parent information fact sheets from Royal Children's Hospital

Some relevant new titles have just been added to the Kids Health Info website, including:

- Hand foot and mouth disease - coxsackie virus
- Peanut and tree nut allergy
- Chicken pox
- Epidermolysis bullosa
- Lichen scoliosis
- Haemangiomas
- Unequal breast size
- Ulcerative Colitis
- Crohn's disease

Please join mailing lists online if you'd like direct updates (~2 monthly) about new info for GPs or parents.

Kids' Health Info – parent info www.rch.org.au/kidsinfo

Kids Connect – primary care liaison www.rch.org.au/kidsconnect

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Training – 'Taking a Pap test: Theory and practice'

With the announcement of the pap smear item number extension (see our hottopic article on this) to all areas we are opening applications for the Melbourne University Pap Test Training for Practice Nurses. This is a post-graduate unit and as such has entry requirements.

Details of the subsidy process will be distributed via email to all relevant division staff.

General Information

'Taking a Pap test: Theory and practice' is a distance education course supported by Pap Screen Victoria to train practice nurses in the theory and practice of sensitive pap testing. This course is delivered using innovative teaching and learning techniques, including regular teleconferences and support from University academic staff and clinical preceptors (supervisors). An assignment, clinical audit and reflective journal are the major assessment pieces for the subject.

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Although this course is run by distance education mode, practice nurses must attend a one-day face-to-face workshop in Melbourne to enable them to participate in clinical teaching associate tutorials. The clinical teaching associate (CTA) program employs women specifically trained to teach the fine technical and communication skills involved in undertaking Pap tests. These CTA tutorials are run in small groups so that participants receive individual attention and direct feedback about their practical and communication skills in a non-threatening environment. The CTAs act as both patient and tutor and are able to provide specific and detailed information from both a patient's perspective and a practitioner's perspective.

Students undertaking the course are also expected to carry out 15-20 Pap tests under the supervision of an allocated preceptor. This preceptor can be either an advanced Division 1 practice nurse or a practising GP (if there are no experienced nurses available). The preceptor role provides an opportunity for nurses undertaking training to access education, supervision and support on a one to one basis in order to achieve a high level of competence in cervical screening within the clinical setting. Preceptors are provided with extensive guidelines and are paid an honorarium by the University for their role.

'Taking a Pap test: Theory and practice' is accredited by the Royal College of Nursing Australia.

This short course is also a subject within the Postgraduate Certificate in Women Centred Clinical Care.

Presentation from women's health seminar *"The Ten Commandments of Risk Management for Pap Smear Providers":* Issues for Pap test providers [pdf]

Enrolment details for semester 1, 2007

- ***Application forms***

  Taking a Pap test: Theory and practice application form (pdf format). In addition to the application form you are also required to complete the Applicant's Disclaimer Form (pdf format).

  Applications are due COB Monday 22 January 2007.

- ***Entry requirements***

  This course is only open to Division 1 registered nurses.
  Students must attend a 1 day face-to-face workshop in Melbourne.

- ***Fees***

  The Pap test subject undertaken as a stand alone is $2067.50 for 2007.

  GPDV are offering a subsidy of approximately 80% ($1650.00) for this course. Nurses will have to pay the remainder ($417.50). To obtain this subsidy please contact your division.

- ***Semester Dates***

  Semester 1: Monday 26th February 2007 - Friday 15th June 2007
  Semester 2: Monday 16th July - Friday 26th October

- ***Contact details***

  Prospective students should contact Ms Lynne Walker on (03) 8344 8961 or email l.walker@unimelb.edu.au to discuss the course content in more detail.

  For general enquiries, contact the Research and Postgraduate Administration Coordinators, Bernie Cooper on (03) 8344 7275 or email cooperb@unimelb.edu.au or Aradhana Deoki on (03) 8344 7183 or email aradhana@unimelb.edu.au

  Subsidy information please contact your division member first. For further information about the Nursing in General Practice Initiative please contact GPDV, Lesley Czulowski (03) 9341 5200 or Warren Loorham (03) 9341 5200.

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Palliative Care	Lee: l.stamford@gpdv.com.au

PEPA

The DHS sponsored Program of Experience in the Palliative Approach (PEPA) is currently running nursing, allied health and GP practice staff education across Victoria.

Dates & Places:

Monday 27 November	Ballarat
Wednesday 29 November	Wodonga
Thursday 30 November	Bendigo
Friday 1 December	Geelong
Tuesday 5 December	Sunshine
Wednesday 6 December	Fitzroy
Friday 8 December	Clayton

Registration and further information can be obtained from Ellen Sheridan on 9096 5296 or Ellen.Sheridan@dhs.vic.gov.au

The GP palliative care programme is scheduled to resume in 2007.

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