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:
Vacancy
Lymphoedema:
Hari Kakouris
Quality Use of Medicines:
Lee Stamford
Mental Health:
Anne Diamond
Practice Capacity for Chronic Disease Mgt:
Vacancy
Nurses in GP:
Lesley Czulowski
PEPA (GP Palliative Education):
Lee Stamford
Primary Care Liaison:
Sonya Tremellen
Policy: Louise Willis &
Christine Macdonald
Refugee Health:
Annette Dupont
Star Divisions:
Helen Threlfall

Coming Events

Event	Date
Program Orientation	Thursday 8 Feb
Mental Health Network	Wednesday 14 Feb
IM/ICT Network	Wednesday 14 Feb
GPDV Forum: General Practice Funding Models	Sunday 18 Feb
Metro Divisions Teleconference	Tuesday 20 Feb
Rural Divisions Teleconference	Wednesday 21 Feb
Star Boards Level 1	Saturday 24 Feb
*Victorian Primary & Community Health Network Forum	Friday 2 Mar
Information Management for CEOs	Wednesday 7 Mar
Clinical Risk Management Network	Wednesday 7 Mar
* RACGP Endorsed Provider Workshop	Wednesday 7 Mar
CEO Network	Thursday 8 Mar
Immunisation Network	Thursday 8 Mar
Nurses – Metro	Wednesday 14 & Thursday 15 Mar
Nurses – Rural	Wednesday 21 & Thursday 22 Mar
*RACGP Accredited Provider Workshop	Wednesday 21 Mar
Planning and Reporting in the Divisions Network	Wednesday 28 Mar
GPLO meeting	Wednesday 28 Mar
Introducing Divisions meeting for Primary Care Sector	Thursday 29 Mar

** denotes event not auspiced by GPDV*

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

Hot Topics

GPDV Statistics Package Update	Email: s.tremellen@gpdv.com.au

The GPDV Statistics Package has the following tables updated:

- AGPAL Accreditation
- GPA Accreditation (by 31 Jan)
- % practices accredited (by 31 Jan)
- CDM Items

The November quarter PIP/SIP statistics are now on the Medicare website and we will update the data on asthma, diabetes, cervical screening and Practice Nurses by end of this week (Feb 2nd).

GP Health System Integration

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

DoHA News

Better Access Latest Statistics

AGPN has provided the latest statistics on uptake of the new *Better Access* GP and allied health items for November 2006.

General Practitioner MBS Mental Health Item numbers for month of November 2006.

	State								Total Services
	NSW Services	VIC Services	QLD Services	SA Services	WA Services	TAS Services	ACT Services	NT Services	
MH Care Plan **2710**	10,166	8,305	4,687	1,283	1,869	630	264	99	**27,303**
MH Consultation **2713**	3,892	3,013	2,227	895	866	312	128	43	**11,376**
Number of 3-step mental health SIP claims									
2574 level C surgery	558	379	250	124	166	28	18	10	**1,533**
2575 level C out of surgery	4	1	2	1	2	0	0	0	**10**
2577 level D surgery	215	144	81	48	18	6	9	2	**523**
2578 level D out of surgery	1	1	0	0	0	0	0	0	**2**
2704 level C surgery NVR	16	11	12	2	4	2	0	0	**47**
2705 level D surgery NVR	5	8	3	1	0	1	0	0	**18**
Total	**799**	**544**	**348**	**176**	**190**	**37**	**27**	**12**	**2,133**

Focused Psychological Strategies claimed by general practitioners during November 2006

These numbers relate to FPS delivered by GPs	State								Total Services
	NSW Services	VIC Services	QLD Services	SA Services	WA Services	TAS Services	ACT Services	NT Services	
2721 in surgery 30-40 mins	608	333	334	82	120	25	4	3	**1,509**
2723 out of surgery 30- 40 mins	53	3	4	0	1	0	2	0	**63**
2725 in surgery > 40 mins	674	506	395	197	60	22	10	4	**1,868**
2727 out of surgery > 40 mins	3	1	3	0	0	0	0	0	**7**
Total	**1,338**	**843**	**736**	**279**	**181**	**47**	**16**	**7**	**3,447**

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Mental Health MBS item numbers claimed by clinical psychologists during the month of November 2006.

Services provided by clinical psychologists	State								Total Services
	NSW Services	VIC Services	QLD Services	SA Services	WA Services	TAS Services	ACT Services	NT Services	
80000: in consulting rooms 30-50 mins	8	4	3	0	2	2	0	0	**19**
80005: out of consulting rooms 30-50 mins	0	3	0	0	0	0	0	0	**3**
80010: in consulting rooms >50 mins	360	390	138	32	178	37	15	1	**1,151**
80015: out of consulting rooms >50 mins	0	2	0	0	0	0	2	0	**4**
80020: group therapy	0	0	0	1	0	0	0	0	**1**
Total	**368**	**399**	**141**	**33**	**180**	**39**	**17**	**1**	**1,178**

Mental Health MBS item numbers claimed by allied health providers during the month of November 2006.

FPS provided by allied health providers	State								Total Services
	NSW Services	VIC Services	QLD Services	SA Services	WA Services	TAS Services	ACT Services	NT Services	
80100: psychologist in rooms 20-50 mins	98	168	109	8	11	0	0	0	**394**
80105: psychologist out of rooms 20-50 mins	3	4	3	0	4	0	0	0	**14**
80110: psychologist in rooms >50 mins	1,836	1,576	1,057	90	257	114	39	1	**4,970**
80115: psychologist out of rooms >50 mins	21	29	4	2	1	0	0	0	**57**
80120: psychologist group therapy	6	0	6	0	0	1	0	0	**13**
80135: OT in rooms >50 mins	0	1	2	0	0	0	0	0	**3**
80150: SW in rooms 20-50 mins	0	3	1	0	1	0	0	0	**5**
80160: SW in rooms >50 mins	50	27	20	6	7	0	0	0	**110**
80165: SW out of rooms >50 mins	7	0	0	0	0	0	0	0	**7**
Total	**2,021**	**1,808**	**1,202**	**106**	**281**	**115**	**39**	**1**	**5,573**

Better Outcomes Level 1 and Level 2 Training Requirements

GPs and divisions need to be aware that, based on information from AGPN, the General Practice Mental Health Standards Collaboration (GPMHSC) are still processing registrations for Level 1 skills training up until 30 April. However there has been an agreement between GPMHSC and DoHA that Familiarisation Training for *Better Outcomes* is no longer necessary in order for a GP to be Level 1 registered. GPs are still able to use the 3-step mental health SIP triggered item numbers (2704 and 2705) up until 30 April. GPs need to keep in mind that the 3-step process would have to be started in March (or by 2 April) in order for the review and the SIP trigger to be applied before 30 April.

GPs who wish to complete a Level 1 skills training will receive a certificate for attending and completing the event by the education provider. They will not undergo a registration process with the GPMHSC and Medicare Australia.

GPs who wish to complete Level 2 skills training and provide Focused Psychological Strategies will need to complete both a Level 1 event and a Level 2 event. There is a new registration form to apply

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for Level 2 accreditation. The old registration form for Level 1 training is no longer in use. GPs will need to provide evidence of having completed both Level 1 and Level 2 (the certificates provided by the education provider).

GPMHSC Level 2 Training

The GPMHSC lists Level 1 and Level 2 GP mental health training courses. For GPs interested to undertake Level 2 training, the earliest available is the Certificate in Cognitive Behaviour Therapy (CBT) which is offered by Cognitive Behaviour Therapy Australia. The Certificate course addresses CBT with depression and anxiety and is being offered over four days from **3 March – 6 March** for $990 (early bird discounts apply), and is approved for Category 1 – 30 CPD points and for Level 2 training requirements. Further information is available from the RACGP QA&CPD education activities calendar, under Mental Health, and from Ms Heather Beasley, Cognitive Behaviour Therapy Australia on 03 796 9300 or email: mokc@starnet.com.au.

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AGPN News

Better Access Resources

Copies of the new Better Access manual may be downloaded from the AGPN mental health care website, www.primarymentalhealth.com.au. The Better Access CD-Rom is still in production and will be available soon.

The "Can Do" Initiative: Managing Mental Health and Substance Use in General Practice

The Can Do Initiative, funded through DoHA as part of the National Comorbidity Initiative and co-ordinated by AGPN, offers joint training and networking for GPs and mental health professionals working in alcohol and drug services, community pharmacies, and mental health services. Can Do aims to improve the capacity of general practice and divisions to recognise and effectively respond to mental health and substance use issues in their local communities. Utilising a train-the-trainer approach, two streams of education are offered under the initiative. The Orientation Workshop for participating divisions will be held on 23 February in Melbourne. Further information from Anne Diamond at GPDV, or from the AGPN website www.primarymentalhealth.com.au.

GPDV News

Just a reminder that the first GPDV Mental Health Network meeting for 2007 will be held on 14 February at Arrows on Swanston. Please contact Anne Diamond if you wish to receive a copy of the program on a.diamond@gpdv.com.au.

Other

The MHS 9th Annual Summer Forum on 15th and 15th February, Sydney

The MHS 9th Annual Summer Forum will focus on mental health workforce issues for the future, in terms of new interventions in mental health and building a system and workforce to support innovative interventions. Speakers will include Harvey Whiteford, Professor of Psychiatry and Population Health, University of Queensland; Louise Newman, Director of the New South Wales Institute of Psychiatry; Paul Nestor, Peer Specialist, Central Northern Adelaide Health Service; Ian Hickie, Executive Director, Brain and Mind Research Institute; Leanne Wells, Manager, Policy and Development, APGN, and others drawn from academia, government, and mental health services. Further information is available on their website at www.themhs.org and from The MHS Conference on (02) 9810 8700. The closing date for registration is 13 February.

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

Care Planning with GPs workshop held 6 December 2006

This workshop was attended by staff from divisions, PCPs and CHSs from around Victoria and particularly those with funding through the Early Intervention in Chronic Disease in CHSs initiative. All presentations and resources are now on the gpdv website:

- **Update on the Chronic Disease Management MBS items for care planning –** Martin Mullane, Director, chronic disease medicare items, Department of Health and Ageing
- **Reflection about implementation issues for general practice from two of the speakers on CDM MBS Items who provided information to division-sponsored meetings for GPs and practice nurses** Ges Hammer, Practice Nurse & Dr John Buckley, GP from Mallee division
- **Improving Linkages between GPs and Community Health Services using the Chronic Disease Management MBS items – DHS Small Grant for Service Coordination -** Helen Plousi, Monash Division, Southcity division and Inner South East Partnership in Community Health
- **Care planning and team care arrangements: A collaboration between Brunswick Community Medical Clinic and Moreland Community Health Service (DHS Small Grant for Service Coordination) -** Alex Butler, Hume Moreland PCP – with practitioners involved in the project
- **Brief snapshot of an activity to support GP-CHS working together on care plans –** Belinda Carra and Linda Hewat, Central Highlands Division and Central Victoria Health Alliance
- Notes from small group work are also available.

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Case Study guide: Developing Care Plans between general practice and community health

The project by Hume Moreland PCP has been written up into a case study/guide titled: "Developing Care Plans between general practice and Community Health: How we did it and what we learnt". The project was a collaboration between Brunswick Community Medical Clinic and Moreland Community Health Service. They set out to learn how to use the MBS care plan items for general practice in a way that involves community health services, and targets patients who are also clients of the CHS.

The case study/guide includes a detailed description of what they did, step by step description of how the care planning process was implemented, a client/patient case study, enablers and barriers and a list of resources and care planning flowchart. This guide is a clear and comprehensive resource for division staff and excerpts may be useful for your practices. It is available from the GPDV website.

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Early intervention in chronic disease in CHSs (EIiCD)

The EIiCD initiative comprises funding to selected Community Health Services, as well as allocations going to corresponding PCPs. Nine CHSs were funded in 05-06, and is now extended to a further nine CHSs in 06-07. Each of the 18 CHSs receive recurrent funding of $400,000 per annum – mainly for additional service delivery. Corresponding PCPs receive recurrent funding as follows (called Integrated Chronic Disease Management (ICDM) initiative):

- $50,000 pa if one EIiCD funded CHS is in the PCP catchment
- $70,000 pa if there are two EIiCD funded CHSs in the PCP catchment.

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The following table indicates the geographic catchments and organisations involved:

REGION	LGA	2006-07 CHSs	2005-06 CHSs	PCP	Division
NORTH-WEST METRO	Darebin	Darebin CHS		North Central Metro	Northern Melbourne
	Moreland	Moreland CHS		Hume Moreland	North West Melbourne
	Brimbank		ISIS Primary Care	Brimbank Melton	Western Melbourne
	Banyule		Banyule CHS	Nillumbik Banyule	North East Valley
	Maribyrnong		Western Region Health Centre	Westbay	Western Melbourne
EASTERN METRO	Knox	Knox CHS		Outer East	Knox
	Monash	Monash Link CHS		Inner East	Greater South Eastern
	Whitehorse		Whitehorse CHS	Inner East	Whitehorse
SOUTHERN METRO	Casey & Cardinia	Casey - Cardinia CHS		South East	Dandenong & Eastern Ranges
	Kingston	Central Bayside CHS		Kingston Bayside	Monash & Central Bayside
	Frankston		Frankston CH	Frankston Mornington	Mornington Peninsula
	Greater Dandenong		Dandenong CHS	South East	Dandenong & Monash
GIPPSLAND	Latrobe	Latrobe CHS		Central West Gippsland	Central West Gippsland
GRAMPIANS	Ballarat	Ballarat CHS		Central Highlands	Ballarat
LODDON MALLEE	Greater Bendigo	Bendigo CHS		Bendigo Loddon	Bendigo
	Mildura		Sunraysia CH	Northern Mallee	Mallee
HUME	Greater Shepparton		Goulburn Valley CHS	Goulburn Valley	Goulburn Valley
BARWON-SOUTH WESTERN	Greater Geelong		Barwon Health	Barwon	Geelong

GPDV has sent out a briefing paper to all divisions involved. GPDV has the Implementation Plans for the 06-07 sites and if anyone wishes to talk through local issues please ring Sonya on (03) 9341 5205.

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Drought funding

In December DHS released guidelines to PCPs under the 'Tackling Mental Health' Drought Initiatives. The guidelines include a summary of the funding, available to selected PCPs for specified LGAs. The deliverables include links with general practice and the guidelines indicate that PCPs should pass on funds to the division as follows:

> ***4.6 Links with General Practice***
> *PCPs to support the engagement of general practice in an integrated service response to drought, through a strong partnership with relevant Divisions of General Practice. It is important to focus this around adding value to current strengths, gaps and opportunities. As a minimum, PCPs are required to provide 50% ($5,000 per LGA) of the GP engagement allocation, to ensure that each division is provided with some capacity to participate. Allocation of the full amount of $10,000 (per LGA) to GP Divisions is encouraged to support a shared partnership commitment. Below are just some examples/ideas of actions:*
> • *Division of General Practice staff inclusion in Mental Health promotion courses.*
> • *Inclusion of Practice Nurses in Mental Health First Aid courses.*
> • *Working group participation in development of mental health entry point / referral.*

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- *Participation of GPs in Bouverie Counselling training and regional peer support networks.*
- *Strengthening partnership with Primary Mental Health Teams to support GP links.*
- *GP participation in 'Sale Yard' health assessment and health promotion teams*.

To download the guidelines go to: http://www.health.vic.gov.au/pcps/publications/drought_pcp.htm

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VSRF – Genie template now available

Russell Venn from West Vic division has developed a Genie version of the VSRF. This is now available from the GPDV website for downloading and importing.

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State Diabetes Plan – consultation draft now available

COAGs National Reform Agenda: Victoria's Plan to Address the Growing Impact of Obesity and Type 2 Diabetes: This consultation paper sets out Victoria's 10-year plan for addressing obesity and type 2 diabetes. To download the document: http://www.dpc.vic.gov.au/CA256D800027B102/Lookup/NationalreformagendaVictoria'splantoadressthegrowingimpactofobesityandtype2diabetes/$file/National%20Reform%20Agenda%20Victoria's%20plan%20to%20address%20the%20growing%20impact%20of%20obesity%20and%20type%202%20diabetes.pdf

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Interesting article on PCPs

Managing risk: Risk perception, trust and control in a Primary Care Partnership

Walker R, Bisset P, Adam J. Social Science & Medicine Vol 64, Issue 4, February 2007

(available online 29-Nov-06) Science Direct Website

ABSTRACT: In this article, managers' perceptions of risk on entering a newly formed primary health care partnership are explored, as are the mechanisms of trust and control used to manage them. The article reports a qualitative component of a 2-year National Health and Medical Research Council (NHMRC) funded study of trust within the structures of a Primary Care Partnership (PCP) in Victoria, Australia. Multiple methods of data collection were employed. We found that managers identified risk at system, partnership and agency levels, and that as trust was built, concern about risk diminished. Trust effectively facilitated joint action, but it was betrayed on occasions, in which case the informal power of group process was used to contain the problems. The implications of this study for policy makers are in terms of understanding how perceptions of risk are constructed, the ways managers use social control to create a safer context in which to locate the trust-based relationships that facilitate joint action, and the importance of institutional arrangements. Without trust, joint action is hard to achieve, and without control, it is difficult to prevent breaches of trust from inhibiting joint action.

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Improved Population Health through systematic general practice

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

GPDV Aboriginal Health Project

In early 2006 GPDV was awarded a Performance & Development Pool (Pool A) grant of $100,000 for a short term project: Aboriginal Health: addressing CDM through collaboration between GPs and Aboriginal Health Workers in ACCHSs. The project focus is on increasing systematic, planned GP care for Aboriginal and Torres Strait Islander people with chronic conditions

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and involves GPDV, in partnership with Victorian Aboriginal Community Controlled Health Organisation (VACCHO) working with a small number of divisions and their local ACCHSs to develop models for division support for GP-led chronic disease management in general practice and for linkages with between Aboriginal Community Controlled Health Services (ACCHSs).

The project funding also supports

- Participation of a small number of divisions and their local ACCHS in collaborative style PDSA cycles for improving systematic care with a particular emphasis on the use of MBS incentives

In December GPDV called for expressions of interest in this project activity and can now confirm that the East Gippsland, Goulburn Valley and Murray Plains divisions have been successful. Congratulations to those divisions and we look forward to working with them on the projects.

National Breast Cancer Centre Call for Expressions of Interest

The National Breast Cancer Centre (NBCC) is planning a half-day training workshop in conjunction with the **9th National Rural Health Conference** at **Albury** on Wednesday **7 March**.

'Breast Cancer in Indigenous Women' will be of great value to all health workers in rural and remote areas who are involved in Indigenous health or who have contact with Indigenous women.

The workshop program is likely to include topics such as incidence and outcomes, Indigenous women's perceptions and experiences, and early detection, treatment and care for breast cancer. There will also be an opportunity for participants to give their own observations and experiences of breast cancer in the Indigenous community.

The workshop will allow for the **cultural sensitivity** of **'women's business' issues**. If the audience is comprised primarily of female Indigenous health workers, attendance may be restricted to women.

The level of demand for the workshop will determine whether it forms part of the program for the 9th National Rural Health Conference. A final decision on the availability and a detailed program for the workshop will be available in mid-February.

Expressions of interest in attending the event should be made on-line at 9thnrhc.ruralhealth.org.au/contacts/?IntContId=66&IntCatId=4, or by email to leanne@ruralhealth.org.au

For further information about the workshop program, contact Thea Kremser on 02 9036 3068

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Wanted: Indigenous Health stories for Global Health Watch

The Global Health Watch is an alternative world health report that will be released every two years. The organizers are seeking Indigenous health stories to include in the report. They are not looking for academic style writing and encourage submissions from any interested people. For more information go to: www.crcah.org.au/index.cfm?attributes.fuseaction=whatsHappening#949 or email thea.kremser@nbcc.org.au.

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Chronic Disease Management

Helen: h.threlfall@gpdv.com.au

Diabetes

Prescribing strength training for diabetes treatment

Diabetes statistics released earlier this year by the International Diabetes Institute paint an alarming picture for Australian's.

Every day in Australia, 275 people develop diabetes. In addition, approximately 220,000 people have pre-diabetes, making them 15 times more likely to develop type 2 diabetes within the next five years.

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As one means of addressing this issue the International Diabetes Institute is working to further advance the Institute's flagship physical activity program, Lift for Life.

Lift for Life is a safe and effective strength training program for Australians with type 2 diabetes or those who are at risk of developing it. This unique program is based on medical research conducted by the Institute which revealed that diabetes control is improved in people who take part in regular progressive strength training in a supervised environment. Through specialised exercise care, Lift for Life also aims to avoid or delay other lifestyle related illnesses including obesity, heart disease and hypertension.

Lift for Life:

- Provides a supportive and supervised setting with groups of no more than 8-12 people.
- Is an accredited program, ensuring that the program delivery supports the Institute's medical research and enables Participants to receive individualised, safe and effective programs which are reviewed by the Institute
- Requires that all Trainers are accredited within the Institute and participate in on-going training to better understand the needs of those people living with diabetes while undertaking physical activity
- Provides a support network by establishing a communication link between the Participant, their doctor, nominated health professional and Trainer

This February thirty Victorian Providers will begin delivery of Lift for Life, marking the start of the national roll out of this program. With more than 20,000 people expected to participate each year in this national program Lift for Life will help reduce the $3 billion-a-year diabetes burden to the public health purse.

The International Diabetes Institute is working closely with a number of Divisions to inform GP's on the roll out of this program and set up referral pathways for practices.

For more information on this program please contact the International Diabetes Institute on 03 9258 5027 or email liftforlife@idi.org.au.

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Collaboratives

Catuscia: c.biuso@gpdv.com.au

NPCC support website

Measurement is a vital component of the National Primary Care Collaboratives (NPCC) Program in supporting general practices to deliver systematic and sustainable improvements to the quality of care they provide to their patients.

The Coronary Heart Disease (CHD) and Diabetes related NPCC reports are available in a number of clinical software and provide practices with an opportunity to better understand their patient group profiles, track practice performance and review systems of care delivery within the practice. The suppliers of clinical software which produce these NPCC reports include:

- Best Practice
- Communicare
- Genie
- Medtech 32
- Practix; Zedmed
- Medical Director 3

The NPCC has developed a website - http://www.npcc.com.au/Reports/home.htm to support general practices that are not involved in the Collaboratives Program but are interested in using the Program related reports available within their software. The website is designed to help practices understand

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more about the reports, explain how to run NPCC reports from within their clinical software, and interpret their results.

For further information or practice support, contact the NPCC National Office on (08) 8201 7733.

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Resources of interest

To follow are links to a number of useful resources developed through the Collaboratives Program by program and practice staff nationally:

- Plan Do Study Act (PDSA) worksheets – Worksheets to assist practices implement change using the PDSA method - www.npcc.com.au/sharing_resources.html
- Team Health Check - An assessment tool to facilitate team reflection and assess team function: www.npcc.com.au/Health_Check.htm
- Collecting Data Measures – User guides for collecting measures in various clinical software – www.npcc.com.au/user_guides.html
- Diabetes, CHD and Access templates – www.npcc.com.au/sharing_resources.html

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Disease Prevention

Helen: h.threlfall@gpdv.com.au

Breast Screening

Pending sufficient interest, the National Breast cancer Centre will run a half-day workshop on 7 March for health professionals on breast cancer in Indigenous women as a pre-workshop to the 9th National Rural Health Conference. For more details see the Aboriginal Health article in this PC Update.

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Cervical Screening

PapScreen Website is updated

In an effort to keep Pap test providers up-to-date with the latest cervical-cancer related issues, PapScreen Victoria has updated the 'health professionals' section of its website.

The new-look section features comprehensive information on current issues such as the cervical cancer vaccine, HPV, and HPV testing. Information is also available on the PapScreen Clinical Audit, current grants available, and relevant education and courses. There is also a separate section for nurses and the mandatory credentialing process.

Kate Broun, from PapScreen Victoria, said: "Our aim is to provide Pap test providers with information on key developments in the area of cervical screening. We cover a broad range of issues such as HPV and the cervical cancer vaccine to some of the barriers for many women who don't screen regularly. Our brochures and other resources can also be ordered on-line and sent directly to clinics."

Visit www.papscreen.org.au.

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Smoking

Quit Training Programs Available

Quit Victoria runs a range of training programs for health and community professionals including GPs and practice nurses. Quit's training programs range from 2 days to an hour dependent on the needs of the group. The training is based on an international framework, the 5As which have formed part of the Australian National Guidelines on Smoking Cessation for GPs. The 5As can be done as brief intervention in the general practice or more extended support can be provided if time allows. Training for GPs and practice nurses can also run for as little as 1hour or a 1 day if a minimum of 10 participants register. GP points are available for this training.

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Quit also runs a 2 day Educator Training program which has been approved by The Royal Australian College of General Practitioners QA& CPD Program for 24 (Category 2) CPD points. The dates for the day 2 day program in 2007 are as follows:

- Mon 12 & Tues 13 Feb
- Mon 7 & Tues 8 May
- Mon 6 & Tues 7 Aug
- Mon 8 & Tues 9 Oct

For GPs and practice nurses who cannot attend training, Quit Victoria has produced a GP training package (DVD and training booklet) providing another opportunity for GPs to train in the area of smoking cessation in the privacy of their own practice.

If you have any questions or queries about any of the training programs, please contact Stavroula Zandes from QUIT on (03) 9635 5530 or email on Stavroula.Zandes@cancervic.org.au to discuss further.

For Practice Nurses this training is part of the Nursing in General Practice Subsidy Scheme, visit www.gpdv.com.au/pntraining for more details.

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Vision

Currently half a million Australians are blind or vision impaired, most of these people were not born blind or vision impaired, but have become blind later in life. Many people who are blind or vision impaired have experienced many years of sight so the loss of sight involves significant changes, affecting both personal and work life. People are often unaware of the services available and do not know where to turn for help. Their mobility changes – they often need to relinquish their drivers licence and in some cases they may need to learn to use a mobility device like a cane, monocular or dog guide. It is not surprising there is a direct relationship between vision loss and depression.

The impact of vision loss on quality of life is comparable with that of cancer and coronary heart disease. A recent white paper commissioned by the AMD Alliance International (AMDAI) drew on literature from a wide range of sources. It found that there is a direct correlation between the threat of blindness, the incidence of depression and the increased risk of depression.

Facts and Figures

- Unemployment rates are higher in people who are blind or vision impaired than the general population. Unemployment is associated with poor mental health
- 500,000 Australian's are blind or vision impaired, approximately 50,000 are legally blind and this number is predicted to rise. As few as 5 % of people who are blind or vision impaired access services
- 800,000 Australian's experience depression each year, less than 40% of affected people seek assistance

The relationship between vision loss and depression has been well documented. Less than 40 % of people with depression and less than 20% of people who are blind or vision impaired seek further care. It is imperative to highlight this relationship to your patients to reduce the effects of the negative relationship between vision loss and depression.

To find out about organisations that provide low vision services and consumer support groups please visit www.vision2020australia.org.au. To find out more about depression please visit www.beyondblue.org.au.

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Hepatitis C

Michelle: m.wills@gpdv.com.au

Hepatitis C Education Events

GPDV is still able to facilitate hepatitis C education for both GPs and Practice Nurses. If your division is interested in hosting an event please contact Michelle Wills.

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Immunisation	Michelle: m.wills@gpdv.com.au

Over 90% vaccine coverage for six year olds

Source: DHS Immunisation newsletter Issue 27 February 2007

http://www.health.vic.gov.au/immunisation/downloads/newsletters/immnews_feb07.pdf

The Australian Childhood Immunisation Register (ACIR) vaccine coverage data for Victoria was 90.08% at six years of age for the December 2006 quarterly calculation. This indicates over 90% of six year old children in Victoria have received all scheduled doses of DTP, Polio, and MMR vaccines.

This is the first time a State or Territory in Australia has received 90% coverage for the six year old cohort in Australia.

To read the full article click on the link above.

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Immunisation Network Meeting

March 8th is the date of the next immunisation network meeting and the agenda will be forwarded shortly. There is likely to be a National Divisions Immunisation Workshop the day after the National Nurses in General Practice Forum which is being held in August/September. Further details will be sent to divisions as they become available.

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Data Logging

It was agreed at a recent State Based Organisations Immunisation Coordinators, SBOIC, teleconference that there is a need for a national protocol for data logging to make sure that vaccines are managed correctly and the division and practice staff are protected in terms of their duty of care. Further discussion will take place at the next face to face SBOIC meeting in February and a report will be given back at the network meeting.

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Lifescripts	Helen: h.threlfall@gpdv.com.au

24 of the 30 Victorian divisions have applied and been approved for a small amount of funding ($1000) for Lifescripts activities over the next six months. Projects will cover but are not limited to: academic detailing training for division staff, motivational interviewing training for GPs and Practice Nurses, integration of Lifescripts across division program areas, and training on the 45 year old health check item and links to Lifescripts.

If you are still interested in doing any of this work and would like the costs defrayed a little, please complete the application form (sent several times to every division) and email it in to Helen Threlfall on h.threlfall@gpdv.com.au.

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Lifescripts – Pregnancy

GPDV is seeking urban GPs (SA will recruit the rural GPs, QLD the Practice Nurses) to trial the Pregnancy Lifescripts resources with patients, and provide feedback on their usefulness. There is a practice payment of $1,000 for participation, and a payment to divisions for recruitment. For more information, please call Helen Threlfall on 9341 5200.

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Lymphoedema	Hari: h.kakouris@gpdv.com.au

Medicare funding proposal for lymphoedema treatment

The Australian Physiotherapy Association (APA) has put forward a proposal to the Federal Government for a new Medicare item number for lymphoedema treatment by accredited physiotherapists. The APA has proposed that patients with lymphoedema would receive Medicare rebates to cover an average 7.5 physiotherapy treatments a year, at a cost to the Government of $10 million annually. The proposal is based on a Department of Veterans' Affairs program that is already run for war veterans who suffer lymphoedema.

A Senate inquiry into gynaecological cancer last year recommended that the Federal Government consider Medicare rebates for physiotherapy used to treat lymphoedema, and the provision of subsidised lymphoedema compression garments which are used after physiotherapy to stop the recurrence of swelling.

A spokesperson for Health Minister, Tony Abbott, said that the Senate committee recommendations were currently being considered, but that there were no immediate plans to introduce a Medicare item number specifically for lymphoedema treatment.

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

Please note: The information in the following Prescribing Update has been provided by MIMS.

MIMS
100% pure knowledge

Prescribing Update

New Products

Revatio (**sildenafil citrate**), a specific PDE5 inhibitor, has been approved for the treatment of pulmonary arterial hypertension (WHO classes II and III), to improve exercise capacity.

Treatment should only be initiated and monitored by a doctor experienced in the treatment of pulmonary arterial hypertension.

The recommended dose for adults is 20 mg three times daily (6-8 hours apart). Revatio is available on a private script as 20 mg tablets (packs of 90).

New Indications

Tamiflu (**oseltamivir**) is now also indicated for the *prevention* of influenza in children aged one year or older.

The recommended prophylactic dose in children one year or older, 15 kg or less, is 30 mg; for those 15-23 kg, it's 45 mg; for those 23-40 kg, it's 60 mg; and for those >40 kg, it's 75 mg. The dose should be taken once daily for 10 days.

Safety-related changes

The following new post-marketing events have been reported in association with **cabergoline** (Cabaser, Dostinex): alopecia, increased CPK, delusions, oedema, fatigue, fibrosis, abnormal hepatic function, hypersensitivity reaction, abnormal liver function tests, rash, respiratory disorder, respiratory failure and syncope.

Digital vasospasm and leg cramps have also been reported with the use of Cabaser.

Ezetrol (**ezetimibe**) in combination with **fenofibrate** (Lipidil) is contraindicated in patients with gall bladder disease.

Colchicine (Lengout, Colgout) is indicated for the relief of pain in acute gout. It should not be used unless NSAIDS are contraindicated, or have been used and found to lack analgesic efficacy or to have unacceptable side-effects in the patient.

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The total cumulative dose should not exceed 6 mg over four days. If gastrointestinal adverse effects occur, discontinue immediately.

In elderly patients weighing less than 50 kg, and those with renal or hepatic impairment, other treatments should be considered.

Patients on **fusidic acid** (Fucidin) treated concomitantly with **simvastatin** (e.g. Lipex, Zocor) may have an increased risk of myopathy and should be closely monitored. Temporary suspension of simvastatin treatment should be considered.

Viagra (**sildenafil**) is now contraindicated in patients with male erectile dysfunction with a previous episode of non-arteritic anterior ischaemic optic neuropathy.

This list is a summary of only some of the changes that have occurred over the last month. Before prescribing always refer to the full Product Information.

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Nurses in GP	**Lesley:** l.czulowski@gpdv.com.au

Welcome to 2007

Lesley & Warren hope you all had a wonderful break over the Christmas New Year period.

2007 looks as though is will be a BIG YEAR for nursing in general practice!

The Practice Nursing Division Workshop dates to put in your calendar are:

- 14 – 15 March (Rural divisions)
- 21 - 22 (Urban divisions).

The agenda for these 2 day workshops will be sent out to you soon.

We expect new practice nurse item numbers to be released in May, there will be another National Division Nursing in General Practice forum in August/ September.

If you have any enquires regarding the practice nurse program please contact us.

Looking forward to seeing you all again soon.

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New 2007 practice nurse training calendar

Check out our new 2007 practice nurse training calendar draft on the GPDV web page at www.gpdv.com.au/pntraining/course_index.htm.

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General Practice Nurse Leadership Program Scholarship Application

Funded by the Australian Government Department of Health and Ageing

Scholarships are available to support general practice nurses for the first intake of the General Practice Nurse Leadership Program to commence early in 2007. Scholarship funds include:

- a course fee incentive of $1,200 per student for up to 20 students,
- funding of up to a maximum of $2,000 per student for up to 15 students, to support travel and accommodation costs associated with attending the two study workshops

Instructions for applicants

1.1 Please ensure that all sections of the application form (add link to agpn site) are completed in full and are legible. Incomplete applications will not be considered.

1.2 Please post the original application form to:
Nursing in General Practice Program
Australian General Practice Network

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PO BOX 4308
MANUKA ACT 2603

1.3 Applications by fax will not be accepted.

1.4 Applications by email will be accepted until 5.00pm Eastern Summer Time on the Closing Date, provided that the original application is received by post within one week of the closing date. Email address jporritt@adgp.com.au

Closing date for applications

Applications must be received by 5.00pm (Eastern Summer Time) Thursday 15th February 2007.

Enquiries

Enquiries regarding scholarship applications should be forwarded to Julie Porritt, Principal Adviser for Nursing in General Practice email jporritt@adgp.com.au or phone (02) 6228 0820.

Notification

All applicants will be notified by mail in the week commencing 19th February 2007 of the outcome of their application. Successful applicants will be required to return a signed letter of acceptance and to provide official certified copies of supporting documentation as indicated on the application form.

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National resource for NiGP

Courtesy of Nursing News, December 2006

The Nursing in General Practice Recruitment and Orientation Resource was launched at the AGPN Forum in November. The Resource is due to be released during January 2007. The Resource will be a web based document and will be located on the Nursing in General Practice section of the AGPN website. The Resource will have the ability to be downloaded and printed in sections or as a complete document.

Each division will receive a hard copy of the resource and a limited amount of hard copies will be available to practices with no access to the internet.

Further information on the dissemination of the Resource will be provided in early 2007.

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NiGP promotional material

Courtesy of Nursing News, December 2006

Promotional material including pamphlets providing information for consumers, general practices and nurses not currently working in general practice including nursing students are now available. Bookmarks promoting Nursing in General Practice are also available.

To obtain copies of the promotional material contact Toni Rice on trice@adgp.com.au.

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APNA News

Due to APNA membership fees remaining constant for the past two years, 2007 will see the introduction of a new membership fee structure. As of the 1st of February 2007 memberships will increase to:

- Individual/Associate/Division rate - $165 GST inclusive (an increase of $15)
- Group rate (for practices with 2 or more nurses) - $150/each GST inclusive (an increase of $25/each)

To ease the transition to the new fee structure, APNA is offering an “APNA Summer Sale” available until 31 January 2007 and is available to all new and existing members:

- membership can be renewed at the current rate of $150 for Individual/Associate/Division, or $125 for Group rate.

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- *'Pay Now and Save'*
  For example if your membership is due in June 2007 and you pay before the 31 January 2007, your new membership expiry date will be June 2008. We encourage you to take up this financial benefit.

Membership can be renewed by one of three ways:

- **Online**
- **Phone:** Call APNA on 03 9614 7777 or 1300 303 184 give your credit card details over the phone; or
- **Post:** send cheque or credit card details, along with your name, membership number and contact telephone number to
  APNA Level 1, 595 Little Collins Street, Melbourne VIC 3000

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Refugee Health

Annette: a.dupont@gpdv.com.au

Greater Support for Refugee Health Assessment

In May 2006, a new Medicare item number was released to provide for the health assessment of refugees and their orientation to the Australian primary health care system. As part of the DHS Refugee Health and Wellbeing Action Plan (2005-2008), a refugee health project commenced at GPDV in August 2006. The aim of this project is to encourage broader GP ownership and consistent use of a comprehensive approach to health assessment of refugees in Victoria.

To date, a reference group has been established to review an existing health assessment tool and ensure its compatibility with the new Medicare item number. This tool should be ready for dissemination in early 2007, along with supporting resources for GPs which are being developed by the Victorian Foundation for Survivors of Torture. An email contact list of interested GPs, practice nurses and refugee health nurses has also been established to obtain wider comment on the tool and to identify supporting resource needs.

In addition, GPs working in areas with large refugee populations will be supported by other DHS initiatives such as the refugee health nurse program and primary care partnerships. While the refugee health nurses program aims to improve the overall wellbeing of refugees and provide direction for improving their health, the primary care partnerships will further the development of care pathways and access to locally relevant services.

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Use of MBS Refugee Health Assessment items - Victorian Data for 2006

July 2005 to November 2006

Item No.	Australia	Vic (25% of Aust pop)
714	1861	988 (53%)
716	59	44 (75%)
Total	1920	1032 (54%)

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January 2006 to September 2006 – use of Item 714 (Refugee assessment at practice)

Border Division	*		
Central Bayside Division	*		
Geelong Division	*		
Goulburn Valley Division	*		
Melbourne Division	*		
Otway Division	*		
Westgate Division	*		
Dandenong Division	218	$42,619	7 practitioners each quarter
Northern Division	6	$1,173	3 practitioners
Monash Division	7	$1,369	3 practitioners
Western Melb Division	186	$36,364	5 practitioners in quarter 1, 8 practitioners in the next.

* = *Number less than 5*

Jan 2006-September 2006 use of Item 716 (Refugee assessment not at practice)

Western Melb Division	*

* = *Number less than 5*

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