Primary Care Programs Update
March 2007

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

Coming Events

Event	Date
*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 – Rural	Wednesday 14 & Thursday 15 Mar
Nurses – Metro	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

GPDV Statistics Package Update

Email: s.tremellen@gpdv.com.au

The GPDV Statistics Package contains data related to population health and integration initiatives that are central to the work of divisions. The purpose of the package is to assist Victorian divisions to understand and analyse the data as one measure of their performance. The package can be used to track indicators over time, benchmark against other divisions, set targets and support PDSA/CQI activities.

The package includes over 30 tables (plus archives), divided into 10 sections. The sections are:

1. (Practice) Accreditation
2. Practice Incentive Payments and Service Incentive Payments for CDM
3. Nursing in General Practice
4. Immunisation
5. Resi Aged Care
6. Mental Health – under development – New mental health care items by division coming soon
7. CDM Care Planning
8. Health Assessments/Checks – under development – 45+ health checks by division coming soon
9. Quality Use of Medicines
10. Broadband for health

Updated tables this month are:

Section 1: Accreditation – data has been corrected to ensure that the number of practices listed as 'accredited' includes those that are currently fully accredited and those maintaining accreditation. This has raised the number of practices accreditation, and % of accredited practices for some divisions, and overall for Victoria.

Section 2: PIPs & SIPs for CDM – November payment quarter data for PIP SIPs

Section 3: Nursing in General Practice – November payment quarter data for Practice Nurse PIP

Section 4: Immunisation – November recalculation for Immunisation coverage and ranking. Please note that Feb quarter data is available but will not be included in the Stats Package. Only recalculation tables will be included as they provide the most accurate coverage rates.

Section 7: CDM Care Planning – Sept-Dec quarter data for GPMPs, TCAs, contributions to care plans and RACF care plans (by 5/3/07)

Section 9: Quality Use of Medicine – Sept-Dec quarter data for HMR and RMMR (by 5/3/07)

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HIV Viral Hepatitis and STI Education

Michelle: m.wills@gpdv.com.au

GPDV has formed a partnership with The Alfred Hospital Infectious Diseases Unit (IDU) and the Australasian Society for HIV Medicine (ASHM) to deliver the Victorian HIV, Viral Hepatitis and STI General Practice Education Program. The program will be based on the program that was delivered by the Alfred IDU in partnership with ASHM.

The aim is to deliver a comprehensive training and support program for general practitioners and other healthcare workers in relation to blood borne and sexually transmissible infections.

The partnership is committed to the delivery of high quality education that leads to a skilled workforce and better patient outcomes and is underpinned by flexibility and innovation in response to workforce needs. An Expert Reference Group will be convened to provide advice on course content, the availability of suitable sessional lecturers and the implementation of accreditation and re-accreditation of GPs with a special interest.

For upcoming short course or to host an education event at your division please contact Michelle Wills, Special Programs Consultant, m.wills@gpdv.com.au or phone (03) 9341 5200.

GPDV Staff Changes

David Overton – Lifescripts

GPDV would like to welcome back to Victoria David Overton, former CEO of Border division, who has been appointed to work on the LifeScripts Program. He can be contacted at GPDV on 9341 5208, d.overton@gpdv.com.au.

Jenny Wilkins – Nurses in General Practice

We would also like to welcome Jenny Wilkins back to GPDV. She has been appointed to the position of Practice Nurse Project Officer, and will work with divisions to improve the recruitment, utilisation and retention of practice nurses.

It is a familiar area for Jenny as she has just completed a practice nurse project with Western Melbourne Division of General Practice. Her division experience also includes working at different times with both Whitehorse Division and Southcity Division on mental health shared care. Jenny's experience with GPDV dates back to 1999 when she developed the 'GP Register'. She looks forward to providing support to division staff in their practice nurse programs over the next twelve months. She can be contacted on 9341 5241, j.wilkins@gpdv.com.au.

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GP Health System Integration

Aged Care Homes

Lee: l.stamford@gpdv.com.au

Residential Aged Care Medication Guide

The Department of Human Services (DHS) has produced a comprehensive guide for medication management in aged care facilities. Called: *"Resource Kit to enable implementation of the APAC Guidelines for Medication Management in Residential Aged Care Facilities"*, the kit contains very practical information on setting up a medication advisory committee, medication charts, medication storage and medication reviews and so on. The information is also cross referenced with the aged care accreditation standards.

The kit is available at:
http://www.health.vic.gov.au/dpu/downloads/medication/resource_kit_apac.pdf

The APAC Guidelines are available at:
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/nmp-pdf-resguide-cnt.htm

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GP/Hospital Communication

Lenora: l.lippmann@gpdv.com.au

GP requirements from the Victorian Reform of Outpatient Systems

At the February 2007 meeting, the GPDV Board approved the minimum GP requirements regarding Outpatient Services. Please notify your local representatives who might be working with the health services about outpatients. We are hoping that all divisions and GP reps will give a common message re outpatients.

The paper is available on our website on the GP/Hospital Communication page under Services & Resources.

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GPDV funded to provide GPLO Program Coordination

GPDV will receive 3 year funding from DHS to develop and coordinate the GP-hospital liaison program to commence as soon as possible. The deliverables include:

1. Deliver an agreed 3-year statewide GPL strategy plan consistent with the DHS GPL framework and priorities.
2. Facilitate the preparation of annual health service plans for GPL services that are consistent with the 3-year statewide GPL strategy plan.
3. Act as a conduit for information and issues relevant to the GPL program.
4. Coordinate new innovative project-based activities for the GPL program.
5. Building on existing service coordination arrangements, facilitate the development of communication and patient referral processes between health services and primary care services.
6. Facilitate professional development and training for GPL services.
7. Facilitate consultation processes between DHS, health services and GPL services on policy related matters.
8. Contribute to the development of the National GPL network.
9. Provide regular reports on the activities of the GPL Coordinating Service as part of the funding and service agreement with the Statewide Emergency Program (SEP).

Lenora Lippmann, Integration Team Leader, is the contact for this program: l.lippmann@gpdv.com.au, 9341 5214.

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

RHIMO update

Chris and Paul hope to complete their visits to all Victorian divisions by mid-March. Many of you will have been involved in discussions at these visits. They intend to analyse the input they've received from you, and prepare a written report for CEOs. This will include a draft of the education and support program in IM for divisions that will be proposed for development.

If you have any queries please contact Chris Hayward on 9341 5237 or Paul McDonald on 9341 5234

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Draft AGPN Network Information Management Policy

This draft policy was circulated to all divisions on 17 January by GPDV. Feedback to AGPN has been provided and will be made available on our website shortly. A key message from Victorian divisions was that:

> *"the vision and proposed technology solution are far too ambitious and would therefore benefit from being scaled back to something that is perceived as being a "do-able". Small practical steps towards this goal will allow all people (stakeholders) to see themselves as part of, and integral to, the vision".*

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

Uptake of Better Access GP Mental Health Items 2710 and 2713 for November 06 – January 07 (cumulative).

		STATE								TOTAL
		NSW Services	VIC Services	QLD Services	SA Services	WA Services	TAS Services	ACT Services	NT Services	Services
MH Care Plan										
2710	**Nov 06**	10,166	8,305	4,687	1,283	1,869	630	264	99	27,303
	Dec 06	12,280	10,290	5,330	1,723	2,792	709	361	121	33,606
	Jan 07	11,419	9,655	5,651	1,951	2,904	681	466	95	32,822
	Nov to Jan	***33,865***	***28,250***	***15,668***	***4,957***	***7,565***	***2,020***	***1,091***	***315***	***93,731***
MH Consultation										
2713	**Nov 06**	3,892	3,013	2,227	895	866	312	128	43	11,376
	Dec 06	6,731	5,191	3,213	1,391	1,676	387	244	87	18,920
	Jan 07	7,249	5,852	3,549	1,856	1,973	467	262	124	21,332
	Nov to Jan	***17,872***	***14,056***	***8,989***	***4,142***	***4,515***	***1,166***	***634***	***254***	***51,628***

Medicare Australia Statistics

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

Funding for promotion of Victorian Statewide Referral Form

DHS have made available $1000 for each of the 30 Victorian divisions of General Practice, to be administered through GPDV. To be eligible for the funding divisions will be asked to undertake the following:

1. Publish information and advice about the VSRF in divisional newsletters;
2. Include a “How to use the VSRF” information sheet in GP software training materials and manuals and on websites; and
3. Demonstrate how to use the VSRF in GP software training sessions or other relevant opportunities.

In addition, divisions will be asked to provide feedback on the appropriateness of the VSRF content and suggestions on how to increase the use of the VSRF in General Practice.

Further communication and detail about this funding will be sent out to CEOs in March. If you have any questions please contact Sonya Tremellen on 9341 5205.

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

Coming UP – the OATSIH Medicare Workshops

The Office for Aboriginal and Torres Strait Islander Health (OATSIH) within the Department of Health and Ageing will host a number of one day workshops around Australia providing information about Medicare and the major health programs run by the Department of Health and Ageing. The workshops are intended for Aboriginal and Torres Strait Islander primary health care services funded by OATSIH.

Speakers at the workshops are expected to include representatives of the major health programs from the Department of Health and Ageing, Medicare Liaison Officers for Indigenous Access, representatives from accreditation agencies, representatives from Aboriginal and Torres Strait Islander primary health care services and Divisions of General Practice.

Dates for the workshops are:

Sydney	6 March and 7 March 2007
Alice Springs	13 March 2007
Darwin	14 March 2007
Brisbane	20 March 2007
Cairns	22 March 2007
Perth	27 March 2007
Adelaide	29 March 2007
Melbourne	3 April and 4 April 2007

What will it cost?

There is no registration fee to attend the workshop. OATSIH will cover the travel and accommodation costs for two people from each OATSIH funded service to attend one of the workshops. Delegates from other organisations are responsible for their own travel and accommodation costs. Special accommodation rates are available at the workshop venues for delegates from other organisations.

Please complete your accommodation requirements and return by February 23rd, and a reservation will be made for you. Any queries regarding delegate accommodation please call Carillon Conference Management (07) 3368 2644 or email liz@ccm.com.au.

Who should attend?

OATSIH funded health services are invited to nominate two people to attend a workshop in their state or territory. It will be most useful for health services to nominate staff who can use the knowledge they gain from the workshops to benefit their health service. OATSIH suggests you consider both clinical and administrative staff. Delegates from other invited organisations can nominate one person to attend a workshop in their state or territory.

Delegates from the ACT should attend a workshop in NSW and delegates from Tasmania should attend a workshop in Victoria.

How do I register?

Complete the registration form and fax it to (07) 3369 3731 or mail it to:

OATSIH Workshops
C/- CCM
PO Box 177
RED HILL QLD 4059

You can also register on line here.

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Confirmation of your registration including travel and accommodation if booked by CCM will be sent to you by post and email with any specific information you need about the workshop you are attending.

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New Reports

Aboriginal and Torres Strait Islander Access to Major Health Programs, 2006

Information about access for Aboriginal and Torres Strait Islander people to major health programs – 2006. This study was conducted during 2005-06 for the Department of Health and Ageing (DoHA) and Medicare Australia. Its purpose was to provide an up to date picture of Aboriginal and Torres Strait Islander people's access to major health programs.

The work included consideration of a range of Australian Government initiatives that have been implemented since the submission of an earlier report on Indigenous access to Medicare and the Pharmaceutical Benefits Scheme (PBS), prepared by Urbis Keys Young in 1997.

The present study involved national stakeholder consultation, visits to twelve urban, regional and remote locations across Australia, statistical analysis and the conduct of four inter-related surveys with Aboriginal and Torres Strait Islander Health Services (ATSIHSs), community pharmacies, GPs and Medicare staff.

The report can be downloaded:
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-mbsaccess.htm

For more information about these publications please contact OATSIH Enquiries or call (02) 6289 5291.

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Aboriginal and Torres Strait Islander Health Performance Framework

Measuring the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health

The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) was signed by all Australian Health Ministers as a framework for action by governments for the period 2003-2013. The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) is designed to measure the impact of the NSFATSIH and inform policy analysis, planning and program implementation.

The HPF has approximately 70 measures in three groups:

- health status and outcomes;
- determinants of health including socioeconomic and behavioural factors; and
- health system performance

The report can be downloaded:
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-framereport

If you would like more information about this publication, please email OATSIH Enquiries, or call (02) 6289 1409.

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Template for Aboriginal & Torres Strait Islander Children

Thanks to Ann Hine, Southern Division of General Practice, SA, for this Medical Director/Best Practice template (tested in MD3)

Item 708 for Aboriginal and/or Torres Strait Islander children 0-14 years.

Please feel free to link to http://www.sdgp.com.au/client_images/88060.rtf. Please feel free to use the template while bearing in mind that:

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- The Immunisation Schedule is for South Australia and may vary in different states and territories;
- It remains the user's responsibility to ensure that the health check meets all the requirements as outlined in the MBS guidelines.

Thanks to Dr Helen Parry-SDGP Health Promotion/Prevention GP Adviser for developing this template and Paul Dickson- SDGP IT/IM Coordinator for converting this to Medical Director friendly format. Thanks also to Monique Porter from Pika Wiya for sharing templates.

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

NPCC Learning Workshop

Dr Dale Ford, NPCC Clinical Director, welcomed over 400 attendees at the final learning workshop for the Collaboratives program, held at the Grand Hyatt Melbourne on Friday 2nd & Saturday 3rd of February 2007.

The workshop included a series of well received and insightful presentations across the key topic areas of Access, Coronary Heart Disease and Diabetes. Victorian practices were well represented on the workshop agenda, covering a total of 12 presentations. We thank all the Victorian practices for their time and commitment to sharing their experiences. A copy of the workshop presentations is available on line at - http://www.npcc.com.au/W3_LW3.htm

As part of the final learning workshop, Collaborative Program Managers developed a storyboard, which described the journey for Wave 3 practices. Congratulations to Melbourne Division who won first prize in the poster category.

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NPCC Senior Program Manager

GPDV would like to acknowledge Mr Colin Frick's departure from the NPCC and his contribution to the success of the program. Colin was involved as the NPCC Senior Program Manager for over 2 years.

We also extend a warm welcome to Ms Judy Myers who has recently been appointed as the NPCC Senior Program Manager. Judy has extensive experience in Project Management both within Australia and internationally, including managing the AusAID funded Australian Youth Ambassadors for Development Program and the Australian Caribbean Community Sport Development Program. She has worked in over 30 countries and has a passion for assisting to build capacity. We look forward to working with Judy over the next phase of the program.

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Program Outcomes

The Collaboratives program has resulted in key changes within Australian primary care and better health outcomes for patients with chronic disease. To date, the documented improvements include:

- Improved patient care through better management of Diabetes and Coronary Heart Disease
- Increased best practice care through better use of information systems (both medical and business systems)
- Evolving roles among practice staff to better meet patient demand
- A cultural shift from individual patient care to population based care

For a more detailed summary of program outcomes, go to – http://www.npcc.com.au/key_outcomes.htm

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

Syphilis Epidemic Continues

The latest Victorian surveillance data indicates 238 cases of infectious syphilis (syphilis of less than 2 years duration incorporating primary, secondary and early latent infection), were notified to DHS in 2006.

This is an alarming increase from 9 cases in 2000 and double the 117 cases notified in 2005.

Almost one half of cases had primary syphilis, one third had secondary syphilis and one quarter had early latent syphilis.

90 % of cases were in males of which three quarters were notified as Men who have Sex with Men (MSM).

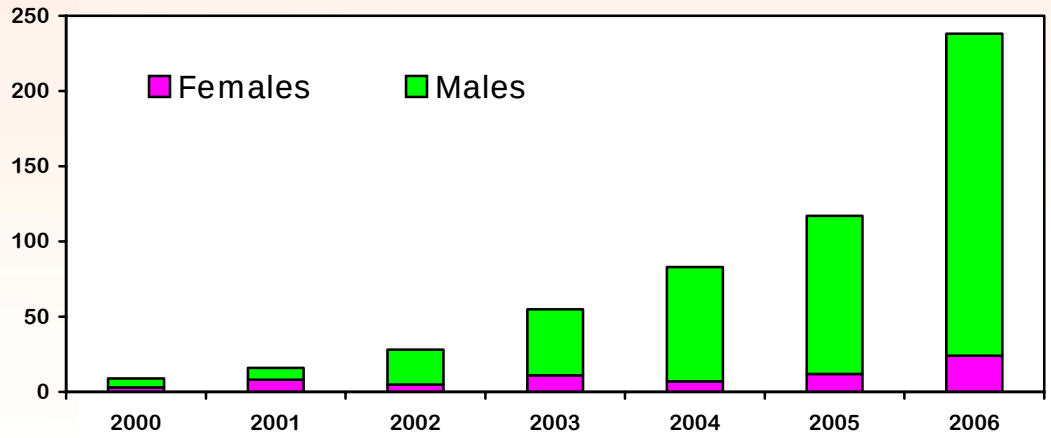
Early detection, treatment and contact tracing are essential to interrupt this epidemic.

Regular HIV /STI testing of asymptomatic sexually active MSM is recommended by the Australasian Chapter of Sexual Health Medicine (http://www.racp.edu.au/public/SH_MSMguidelines.pdf) and supported by the DHS.

These guidelines recommend that doctors take a sexual history and consistently test all sexually active MSM **annually** for HIV /STIs. Testing is required **more frequently** (every 3 to 6 months) for those at higher risk (attendees of MSM saunas etc, those involved in recreational drug use, or those who find partners on the Internet).

Advice 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 www.mshc.org.au.

Figure 1 Notified cases of infectious syphilis by sex, Victoria, 2000-2006



Of the 238 cases, nearly 50 per cent of the cases (n=115) were diagnosed as primary syphilis, 29 per cent (n=69) were secondary syphilis and 23 per cent were (n=54) early latent syphilis.

Ninety per cent (n=214) of the notified cases were in males and 10 per cent (n=24) were in females (figure1). This is a similar distribution as in 2004 and 2005.

The 2006 data identified those affected ranged from 13 to 75 years of age, however syphilis is most common in the 35 to 39 year age group. Of the 238 infectious syphilis cases, seventy four per cent of the cases were Australian born and nine cases were reported in people of Aboriginal and/or Torres Strait Islander origin.

Over 90 per cent of the cases were based in metropolitan Melbourne.

Since 2003 infectious syphilis has been predominantly notified in men who have sex with men. (figure 2).

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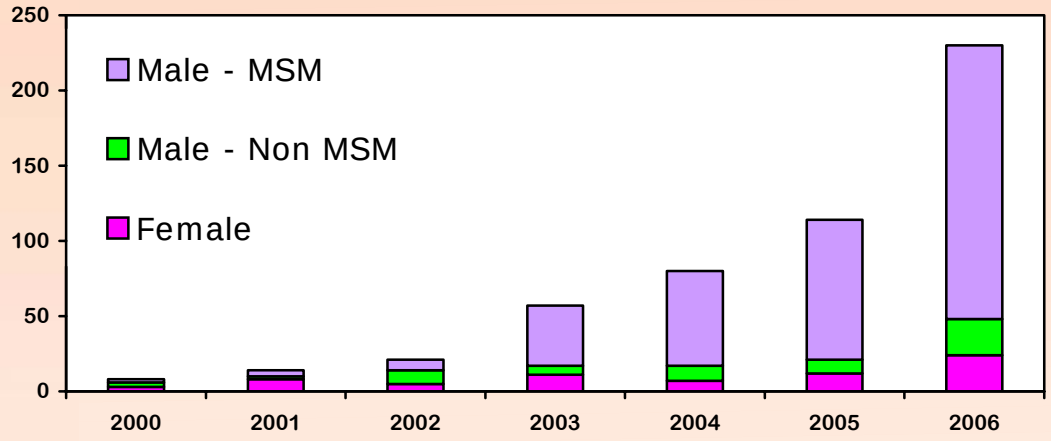
Figure 2: Notified cases of infectious syphilis by sexual orientation, Victoria, 2000-2006 (excludes cases where sexual orientation not reported or unknown)



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Disease Prevention	**Helen:** h.threlfall@gpdv.com.au

Bowel Cancer

Publicity for NBCSP on Channel 7 News

Last week the Channel 7 News screened a three minute item publicizing the national bowel cancer screening program. If divisions want to review the clip to be aware of the information that the public is receiving, the Cancer Council of Victoria have made a copy available and we can email it to you.

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Cervical Screening

Call to remind women: Pap tests do not detect ovarian cancer

Publicity during Ovarian Cancer Awareness Week (Feb 25 – Mar 4) may prompt an increase in questions from patients about protection against women's cancers.

The media reported results from a survey commissioned by the National Breast Cancer Centre showing that 50% of women surveyed incorrectly believe a Pap test can detect ovarian cancer (sample surveyed: 814).

PapScreen Victoria is urging all Pap test providers to remind women about the role of Pap tests, as a prevention tool for cervical cancer exclusively.

Says PapScreen Victoria's manager Kate Broun, "This is a good opportunity for practitioners to reinforce that a Pap test only checks the cells of the cervix for unusual changes, that if left undetected may progress to cervical cancer; that a Pap test does not check for ovarian cancer or any other types of cancer or conditions in the reproductive system, nor does it check for sexually transmitted diseases."

"Some asymptomatic women may also have questions about why screening is recommended every two years rather than every 12 months. This is a good chance to reinforce that because most abnormalities are caused by the human papilloma viruses, a two yearly screening interval gives the body a chance to clear the virus naturally without medical intervention."

Women with questions about abnormal Pap test results, HPV and cervical cancer can visit www.papscreen.org.au for more information.

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Heart Failure Management - Guidelines and Resources

New guidelines for the prevention, detection and management of chronic heart failure (CHF) have been released by the Heart Foundation and the Cardiac Society of Australia and New Zealand.

The guidelines were developed for GPs, cardiologists, nurses and other health professionals involved in the care of patients with CHF in Australia. They aim to help health professionals improve the management of patients with CHF and ultimately, health outcomes and quality of life.

These guidelines have been endorsed by:

- Royal Australian College of General Practitioners (RACGP)
- Heart Support Australia (HSA)
- Royal College of Nursing Australia (RCNA)
- Internal Medicine Society of Australia and New Zealand (IMSANZ)
- Australian Cardiac Rehabilitation Association (ACRA)

To access these guidelines go to: National Heart Foundation of Australia

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Hepatitis C	**Michelle:** m.wills@gpdv.com.au

There will no longer be a Hepatitis C section of the PC Update as the program has expanded to include HIV and STI see hot topic in this edition.

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

Articles of Interest

Forwarded from NCIRS from Immunization Newsbriefs, a service of the National Network for Immunization Information (http://www.immunizationinfo.org)

"North Korea 'Hit by Measles Epidemic'"

BBC News (news.bbc.co.uk/2/hi/asia-pacific/6377767.stm) (02/20/07)

North Korea has asked for 5 million doses of the measles vaccine to combat an outbreak of the disease in the country. Medicine is said to be in short supply, and resistance to measles has been weakened by malnutrition as the nation struggled with food shortages over the years. North Korea confirmed the outbreak last week. According to the International Federation of Red Cross, measles and its complications have taken the lives of four people--two adults and two children--and infected about 3,000 more since the outbreak started in November.

"Exercise May Improve Response to Influenza Vaccination"

Reuters Health Information Services (www.reutershealth.com) (02/19/07)

Researchers in the United Kingdom continue to study whether exercise can improve the immunologic response to the influenza vaccine. A team led by Dr. Kate Edwards of the University of Birmingham has already found that acute stress of exercise can improve antibody production. Now, in the February issue of Brain, Behavior, and Immunity, there is a report on their study of the impact of exercise on the antibody and cell-mediated response to influenza vaccination. The researchers put 60 young, healthy adults through an exercise that involved resisting the force of gravity as a weight is lowered, using the muscle where they received the flu shot.

"We're trying to find something that could be very simple to do, which would benefit your vaccine response," says Edwards. The clinical relevancy of the improved immunologic responses would need to be determined in future studies, according to Edwards. Still, she says, "If you manage to fit in doing some exercises before you get your flu shot that certainly could benefit you in many ways and might well benefit your vaccination response."

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Pandemic Influenza

By now every general practice in Victoria should have received a copy of the General practice flu tool kit, *'Preparing for an influenza pandemic. An information kit and workplan for general practice'*. This kit is to encourage local planning and has been followed up with a series of interactive education evenings organised by 25 Divisions of General practice.

The web-site for health professionals may be accessed at
www.health.vic.gov.au/pandemicinfluenza/professionals.htm

Any one that has not received a planning kit may download a copy from this website.

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Lifescripts	**David:** d.overton@gpdv.com.au

Integrating Lifescripts into core division business

Aimee Black has advised us that she has just finished working with Cathy Zesers from the Adelaide Hills DGP on a case study outlining their approach to integrating Lifescripts into core division business. Please feel free to check out the new case study on the Lifescripts web site in both the 'news' section and the 'resource centre': http://www.adgp.com.au/site/index.cfm?display=5277.

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Pregnancy Lifescripts – Quit Smoking prescription for pregnant women

The Pregnancy Lifescripts initiative will shortly be entering the next phase: field testing of the resources. The Smoking in Pregnancy Lifescripts resource has been finalised, available on the AGPN website at http://www.adgp.com.au/site/index.cfm?display=5271 and select the 'Pregnancy Lifescripts' category, with the remaining two resources (Nutrition and Alcohol in Pregnancy) currently being finalised.

As part of our involvement in the initiative, GPDV has worked with divisions and recruited 10 metropolitan GPs to field test the resources from mid-March.

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Data gathering tool

AGPN have sent out the Lifescripts Implementation Data Collection Form for the period 1st October 2006 to the end of March 2007. GPDV has emailed out the Form and David Overton will be calling each division to assist with its completion. We hope this phone consultation will reduce the reporting burden.

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

Lymphoedema Association of Victoria – Annual Seminar Day

The Lymphoedema Association of Victoria (LAV) will be hosting its Annual Seminar Day on Saturday 24 March 2007 to raise awareness of lymphoedema among the general public. For more information contact the LAV on 1300 852 850 or by email at info@lav.org.au

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International Consensus on Best Practice

The International Advisory Board of the *Lymphoedema Framework* has recently released an international consensus document on Best Practice for the Management of Lymphoedema. The Lymphoedema Framework is a UK based research partnership launched in 2002 that aims to raise the profile of lymphoedema and improve standards of care through the involvement of specialist practitioners, clinicians, patient groups, healthcare organisations, and the wound care and compression garment industry.

Standards of Practice

The consensus document, endorsed by 18 organisations from Europe, North

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America, Australia and Japan, sets out standards of practice for lymphoedema services. The standards include identification and empowerment of people at risk of or with lymphoedema, provision of lymphoedema services that deliver high-quality clinical care, and provision of compression garments and multi-agency health and social care. For more information visit www.lf.cricp.org

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

Residential Aged Care Medication Guide

Go to Aged Care Homes to view this article.

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

Practice Nurse Workshops

Looking forward to catching up with the you all at the 2007 Practice Nurse Workshops –

- Rural Divisions – 14 & 15 March
- Metro Divisions – 21 & 22 March

Please enrol ASAP the agenda is on GPDV web page.

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Practice Nurses Calendar

GPDV has had a very good uptake from nurses accessing training through our practice nurse calendar which was launched in June 2006.

Figure 1: Summary of the number of courses and nurses that were funded from June 2006 – December 2007

Course	Metro	Rural	Total
3 day Intensive Diabetes	4	2	6
Leg Ulcer - S&N	3	11	14
Wound Management S& N	6	2	8
Lifestyle Change	3	2	5
Certificate in Sexual and Reproductive Health	7	10	17
Immunisation	11	20	31
Intro to Asthma Education	5	14	19
Asthma Update	6	0	6
Educating and Presenting with confidence	1	5	6
Comprehensive Diabetes - 5 day	2	4	6
Creative Approaches to Diabetes	0	3	3
Better Health Self Management	0	3	3
Diabetes Education and Management - Albury	0	11	11
Spirometry	2	3	5
Respiratory Nurse	1	0	1
Managing COPD	1	2	3
Smoking Cessation	2	1	3
Health Coaching	1	4	5
Allergic Disorders	0	1	1
Viral hepatitis	0	1	1
Motivational Interviewing	2	0	2
Intro to Mental Health	1	0	1
Totals	**58**	**99**	**157**

Through the NiGP funding GPDV has been able to support local divisions to provide training for practice nurses

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Figure 2: List of courses and number of nurses that attended GPDV funded training June 2006 – December 2006

Division Based Events	Rural	Metro	Total
Informed consent - videoconference	11	-	11
Spirometry	32	-	32
Wound care update	99	102	201
Team work	13	-	13
Asthma management	24	-	24
Breast Screening	21	-	21
CDM Focus	6	50	56
Immunisation update	22	39	61
Time management - teleconference	17	-	17
Risk management - teleconference	12	-	12
Infection control	67	-	67
Diabetes	-	18	18
Refugee Health	-	18	18
kidney Health	-	11	11
Mentoring	3	-	3
Setting up a clinic	10	-	10
Vision Acuity	12	-	12
Triage	25	-	25
Ear Syringing	-	12	12
First Aid - level 2	-	19	19
Medical Director/IT training	-	27	27
Totals	374	296	670

The new **2007 GPDV Practice Nurse Training Calendar** is now up on the GPDV web page. We currently have 65 difference courses on offer for practice nurses.

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NEW PROJECT – Nurse Led Clinic Project

GPDV is currently involved in a joint project with Whitehorse division of general practice to develop an information package on nurse–led chronic disease clinics in General Practice. The work is a flow on from the Good Life Club Consortium demonstration project 2004 on chronic disease self management. The project is to develop an Information Package or "how to" resource, which can be used by staff within divisions interested in establishing nurse led chronic disease clinics, either within a division or a practice. The scope of the information package includes:

- Literature and evidence
- The development and implementation of systems such as appointment, reminder and re call, IT/IM , communication etc
- MBS items (GPMP/TCA)
- Self- management(goal setting, motivational interviewing)
- Workforce (qualifications, experience , recruitment, mentoring)
- Workforce skills eg health coaching, clinical expertise
- Treatment eg, insulin initiation
- Evaluation eg clinical indicators, GP, patient satisfaction
- Financial modelling
- GP role – team approach
- Role for Divisions

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- Recruitment, provision of resources
- Capacity building approach
- Marketing clinic to general practice and patients

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Other Nursing News from AGPN

Medicare Items for Nurses in General Practice

AGPN is a member of an Advisory Committee convened by the RCNA to develop and trial an education and training package for nurses who will be involved in assisting a general practitioner in the provision of antenatal services under Item 16400. The project is funded by the Department of Health and Ageing. It is anticipated that the training program will be available towards the end of this year.

AGPN along with other key stakeholders has been approached by DoHA to provide advice and comment on the development of the proposed new Medicare item for practice nurses to provide chronic disease care on behalf of a general practitioner. This item is scheduled for release in mid 2007 and will be available to all practices which access Medicare payments.

Further updates on these Medicare issues will be provided as work progresses.

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Nursing involvement in pandemic preparations

The Royal College of Nursing Australia (RCNA) and the Australian Nursing Federation (ANF) are involved in the Australian Government committees for the influenza pandemic. Along with AGPN, they are represented on the Primary Care Working Group, Clinical Care Working Group and the Infection Control Sub-committee of the **National Influenza Pandemic Action Committee** (NIPAC). Representatives are involved in developing some of the specific information that will help nurses, general practitioners and other health care professionals provide care during a pandemic.

A recent article in the Connections journal identified some of the key roles nurses will play in a pandemic [Foley E.R. 2006. 'Professional perspective on dealing with a pandemic' in *Connections* – December 2006, RCNA, Canberra]. These included:

- acting as front line carers
- dealing with large numbers of people some of whom will be the 'worried well'
- vaccinations
- enactment of local Pandemic Plans
- strict adherence to infection control practices
- dispelling myths and informing the public
- balancing responsibilities to family and work
- prioritising care for patients.

AGPN has recently prepared a submission for DoHA on the role for the Divisions Network and resources required to assist general practice in pandemic preparedness. Further information on pandemic preparedness including resources available, frequently asked questions, and a range of fact sheets on personal protective equipment and other infection control issues can be found on the Department of Health and Ageing website at: Pandemic Influenza Preparedness Resources

The November 2006 edition of the MJA included an article titled 'General practice: professional preparation for a pandemic' which can be found at: eMJA: General practice: professional preparation for a pandemic. The World Health Organisation also provides the latest information and interesting articles on pandemic influenza on their website at: WHO | World Health Organization.

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Nursing in General Practice Recruitment and Orientation Resource

The Nursing in General Practice Recruitment and Orientation Guide is now available: http://www.agpn.com.au/nigprecruit. The development of the resource has been undertaken by a partnership between Australian General Practice Network, Australian Nursing Federation and the Australian Practice Nurses Association.

The Resource is applicable to a national audience and will provide information and resources for an employer, all members of the general practice team, Divisions of General Practice and nurses new to general practice. The resource is available as a web based document at http://www.agpn.com.au in the Nursing in General Practice Program. The resource can be downloaded and printed as a complete document or in sections. Each Division will be sent a hard copy of the resource and there are a limited amount of resources available to those practices without internet access.

For further information contact Toni Rice on trice@adgpagpn.com.au or (02) 6228 0850.

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BEACH report- good news for practice nursing

The BEACH Report (Bettering the Evaluation and Care of Health, General Practice Activity in Australia 2005-2006) released last month analyses data for the first time on the roles played by nurses in general practice. The report provides information from data collected from 'general practice on GP - patient encounters and of the services and treatments provided by GPs to the Australian community'.

The BEACH report is a joint initiative of the University of Sydney and the Australian Institute of Health and Welfare, and highlights the critical role practice nurses play in providing effective care in the general practice setting.

The study investigated the distribution of practice nurse Medicare items claimed, treatments provided by a practice nurse and 'problems for which a practice nurse provided the treatment in direct association with the GP -recorded encounter'.

Some of the practice nurse findings suggested that:-

- GPs utilised practice nurses in the provision of immunisations
- GPs utilised practice nurses to a lesser degree for dressings
- And that there was very little utilisation of the practice nurse pap smear item number (Britt et al, Jan.07, pg 69).

To access the full report visit the Australian Institute of Health and Welfare website www.aihw.gov.au.

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National Nursing and Nursing Education taskforce (N³ET)

The commissioned work for the National Nursing and Nursing Education taskforce (N³ET) is now complete. The final report of the work is due for release. The N³ET website is still available and is a valuable resource for nurses to access information about achievements from around Australia. The N³ET website is www.nnnet.gov.au.

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Nursing and Midwifery Labour force report 2004

This report has just been released (December 2006) by the Australian Institute of Health and Welfare in Canberra. The report provides an overview of the demographics and labour force characteristics of nurses (both ENs and RNs) and midwives in Australia in 2004. Information is collected in each state by the registration authorities, via a survey sent with re- registration documentation. The Institute then collates and reviews all collected survey data.

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Some of the main findings include:

- The total number of nurses identified in 2004 was 288,911 (232,638 RNs, 56,273 ENs)
- The total number of employed nurses increased by 11% from 1999.
- The private sector experienced a stronger growth in nurse numbers over the 5 year period from 1999
- The average weekly hours worked was 32.8hrs/week.
- The nursing labour work force is aging with the average age of 43.3 years.
- 8.7% of the nursing workforce is male.
- 1555 RNs were looking for nursing work in NSW in 2004.
- Over 405 of the RNs across Australia in 2004 had completed a post graduate course
- On average RNs had 16.4 years of nursing experience in Australia.
- 9.1% of nurses reported working in two nursing jobs.
- 3.4% or 8479 nurses reported that they worked in doctor's rooms or a medical practice.
- The average age of nurses working in doctor's rooms or a medical practice was 45.9 years.
- 1.6% of nurses working in doctor's rooms or a medical practice are male.
- Nurses working in doctor's rooms or a medical practice worked the lowest average hours (25.6 hrs.
- In 2004 there were an estimated 39,453 (13.7%) RNs and ENs (i.e. they maintained their registration) who were not employed as a nurse in Australia.

For a full copy of this report visit the Australian Institute of Health and Welfare's website http://www.aihw.gov.au/publications/index.cfm/title/10380

Where would we be without nurses? – HESTA Nursing Awards

We're looking for Australia's most remarkable nurses – and we need you to tell us who they are!

Nurses are the heart of our health care system. Australia is fortunate to have such a highly skilled workforce, with both registered and enrolled staff working in many areas of specialisation. In support of the health and community services industry, HESTA is proud to present the HESTA Australian Nursing Awards.

There are three categories and a finalist from each category in every State / Territory will be flown to Melbourne as the awards culminate in a gala evening at Palladium at Crown Casino, to be hosted by Melissa Doyle and David Koch from Channel 7's Sunrise program.

If you know a remarkable nurse, this is your opportunity to recognise their efforts by nominating them in one of the three categories:

Nurse of the Year Prize:	$5,000 education scholarship + $5,000 travel voucher
Innovation in Nursing Prize :	$10,000 development grant
Graduate Nurse of the Year Prize:	$2,500 education scholarship + $2,500 travel voucher

You could win one of five $500 shopping sprees, just by nominating a nurse, visit http://www.hestanursingawards.com to find out how.

Nominations close 31 March 2007.

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