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
HIV, Viral Hepatitis & STI Education:
Michelle Wills
Immunisation:
Kim Riley
IM & ICT:
Chris Hayward &
Paul Macdonald
Lifescripts:
David Overton
Lymphoedema:
Hari Kakouris
Mental Health:
Anne Diamond
Nurses in GP:
Lesley Czulowski &
Jenny Wilkins
PEPA (GP Palliative Education):
Lee Stamford
Practice Accreditation:
Helen Threlfall
Practice Capacity for Chronic Disease Mgmt:
Vacant
Primary Care Liaison:
Sonya Tremellen
Policy:
Louise Willis &
Christine Macdonald
Quality Use of Medicines:
Lee Stamford
Refugee Health:
Annette Dupont
Star Divisions:
Helen Threllfall

Coming Events

Event	Date
*RACGP Endorsed Provider Workshop***	*Wed 2 May*
CPD Network	Thur 3 May
Population Health & MBS – PIP Nuts & bolts	Thur 17 May
Collaboratives – for Vic Collaborative Program Managers	Fri 18 May
GPDV Quarterly Forum: Workforce	Sun 20 May
Community Engagement Training (Metro divs) – *auspiced by AGPN***	Thur 24 May
Community Engagement Training (Rural divs) – *auspiced by AGPN***	Fri 25 May
RACGP Accredited Provider Workshop**	Wed 30 May
Mental Health Network	Fri 1 Jun
Information Management for CEOs, and Divisions Accreditation & CQI Network	Wed 6 Jun
Clinical Risk Management Network	Wed 6 Jun
Joint meeting of div CEOs and Chairs of PCPs	Thur 7 Jun
CEO Network	Thur 7 Jun
*DHS Statewide Forum on IM&ICT***	*Mon 18 June*
GPLO Network	Tues 19 Jun
Metro Divisions Teleconference	Tues 19 Jun
Rural Divisions Teleconference	Wed 20 Jun
*RACGP Accredited Provider Workshop***	*Wed 20 Jun*

** 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 January to March quarterly figures for MBS items that we include in the Stats Package will be available by the end of the first week of May and we will update the following tables asap, so please have a look at the Stats Package before the June PC Update comes out. The tables that will be updated include:

- GPMPs, TCAs and contributions to Care Plans ie Item 729 and 731
- 45-49 year old health check
- HMR

Also, we have developed a new table showing the number of GPs claiming GPMPs and TCAs as a proportion of the number of GPs in the division catchment.

Hopefully you will find all this information useful for thinking about your programs.

Allied Health group services under Medicare for patients with type 2 diabetes	David: d.overton@gpdv.com.au

From 1 May 2007, new allied health items will allow people with type 2 diabetes to receive Medicare rebates for group services provided by eligible diabetes educators, exercise physiologists and dieticians on referral from a GP.

Other changes to the MBS are highlighted in the May update – MBS Online. Visit http://www.health.gov.au/internet/wcms/publishing.nsf/content/medicare-benefits-schedule-mbs-publications.

GP Health System Integration

Aged Care Homes	Lee: l.stamford@gpdv.com.au

ePrescribing

See the article in the IM & ICT section of this PC Update.

Back to Aged Care Homes

RMMR

The requirements for pharmacists to have formal agreements with aged care facilities need to be finalised by 30 June 2007. Details of the residential Medication Management Review, including formal agreement templates are on the Medicare website.
http://www.medicareaustralia.gov.au/providers/incentives_allowances/pharmacy_agreement/residential_management_medication_review.shtml

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

IMIT PIP

Recently released Medicare statistics indicate a high proportion of PIP accredited practices have applied for the IMIT PIP. Remaining practices may need support to meet requirements. The following is a suggested article for your weekly newsletter, e-bulletin or Friday Fax:

> Applications for the May quarter of the PIP have just closed. If you've been putting off applying for the IMIT PIP, this week is a good time to start planning in time for the next quarter.
>
> To be eligible for the IMIT PIP:
>
> - your clinical system must be able to identify "active" patients with certain characteristics
> - your practice IT systems must
> - employ security measures
> - employ backup procedures
> - have certain documented IT procedures.
>
> Support for meeting these requirements is available from your local division. As well, useful guidelines are available from the General Practice Computing Group (GPCG) at http://www.gpcg.org.au/index.php?option=com_content&task=view&id=128&Itemid=38. There are 4 documents in the guidelines, ranging from a single-sheet checklist, to a template in MS Word that you can customise to fit your practice requirements.
>
> Medicare has just released the IMIT PIP statistics for the November quarter. They reveal that 77% of PIP accredited practices in Victoria have applied for Tier 1 of the IMIT PIP, and 74% for Tier 2. A total of $16,391,640.00 was paid to Victorian practices.

Back to IM & ICT

CRM Rebate and DIS Training

DoHA has made available a rebate of up to $5500.00 (GST Inclusive) for the purchase of a Customer Relationship Management System. This offer is made to all Divisions, regardless of whether they have already purchased the software or have developed their own in-house solution, as long as it used to capture and manage contact and activity data and support the analysis and reporting of data that is critical to Division program delivery. If you have not received a letter of offer from DoHA please contact Chris Hayward.

GPDV is currently organising training for the Division Information System (DIS) to be run in Victoria. Paul Macdonald (RHIMO) is coordinating the delivery of training and implementation support for CRM. For more details please contact Paul.

Back to IM & ICT

DHS IM/ICT Forum Monday 18 June 2006

Primary Health Branch of DHS is holding a State-wide IM/ICT forum on Monday June 18. Please note this Forum was originally scheduled for May 9th as per GPDV Events Calendar. The forum will be about state and national IM/ICT context and specific practical work, both technical and business practices. Critical topics will include the Human Services Directory (HSD) and e-referral capacity. Division staff are strongly encouraged to attend. We will make sure that the registration details are sent to all divisions once they are available.

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ePrescribing Update

GPDV is currently confirming with DoHA and DHS on the state of play for ePrescribing in Victoria. Both Chris Hayward and Lee Stamford are working on this and will provide information as soon as possible.

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Background

On 27 July 2006 the Commonwealth Minister for Health and Ageing, the Hon Tony Abbott MP, informed the Health Ministers' meeting that the Federal Executive Counsel had approved the passage of the National Health (Pharmaceutical Benefits) Amendment Regulations 2006 to remove Commonwealth barriers to electronic prescribing and dispensing.

States and Territories are currently taking steps to remove legislative barriers to electronic prescribing and dispensing in their jurisdiction. Given the scale and nature of the practical challenges in any large-scale move to electronic prescribing and dispensing of medicines, it may be some time before it is widely adopted. Nevertheless, this is an important move which will yield substantial long-term benefits to patients and healthcare professionals throughout Australia.

If you want to discuss this contact either Chris Hayward c.hayward@gpdv.com.au or Lee Stamford l.stamford@gpdv.com.au

Back to IM & ICT

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

$1000 for each division for VSRF promotion

An emailed letter of offer went to each CEO on Friday 27 April. Faxback and invoice are due by Friday 11 May. The VSRF was revised last year with substantial GP and divisions' input and is now a more GP-friendly and useful product.

The deliverables are meant to be very straightforward. The most important is to provide feedback to inform further improvements to the VSRF.

I will email resources – draft articles and info about the inclusion of the VSRF in GP software - to assist divisions. If you have any questions please don't hesitate to contact me on 9341 5205 or s.tremellen@gpdv.com.au

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Improved Population Health through systematic general practice

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

The life expectancy of Aboriginal people in the Northern Territory has risen

With cautious optimism the figures recently released in NT indicating some improvement in life expectancy data comparing 1967 with 2004. Life expectancy for Indigenous males in NT has improved from was 52 to 60 years (compared with non Indigenous Australian males of 68 years increasing to 78 years) and for Indigenous females the improvement is from 54 to 68 years (compared with non Indigenous Australian females for whom life expectancy has increased from 74 to 83 years).

The study notes the role of improved primary health care especially though community controlled health services as likely to have assisted in these changes however points out that there remains a gap in life expectancy for Indigenous people in NT compared to non Indigenous Australians of 16 years and the gap has widened since 1967 for men.

For more details http://www.crcah.org.au/

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ATSI Communities Workshop to follow Hepatitis C Health Promotion Conference

Workshop – 7 June 2007

Venue: Jasper Hotel, 489 Elizabeth Street, Melbourne

Hepatitis Australia is hosting the first National Hepatitis C and Aboriginal & Torres Strait Islander Communities Workshop. This one day workshop will focus on hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities.

For further information and registration details visit www.hepatitisaustralia.com/workshop.html

For information on the National Hepatitis C Health Promotion Conference, 5 & 6 June, see HIV, Viral Hepatitis and STI Education section.

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Oxfam's Australia's petition "close the gap: together we can end the Indigenous crisis"

Oxfam Australia is running a campaign on Indigenous health at the moment, inviting people to sign a pledge. If you are interested in signing visit www.oxfam.org.au/campaigns/indigenous/action.php

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National Evidence-based Review for the diagnosis and management of Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD)

loaded 29 March 2007

The National Heart Foundation of Australia (NHFA) and the Cardiac Society of Australia and New Zealand (CSANZ) have released Australia's first national evidence-based review for the diagnosis and management of Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD).

RHD remains a significant cause of cardiac disability and death amongst Australian Aboriginal and Torres Strait Islander peoples with incidence rates among the highest in the world. Aboriginal and Torres Strait Islander peoples are up to eight times more likely than non-Indigenous Australians to be hospitalised for ARF and RHD and are nearly 20 times more likely to die from these conditions.

The NHFA and CSANZ have jointly developed this evidence-based review to assist policy makers and health professionals, including medical, nursing, allied health and Aboriginal Health Workers address the diagnosis and management needs of ARF and RHD in Australia.

A series of quick reference guides for health professionals and the full evidence-based review is available for downloading from the National Heart Foundation website www.heartfoundation.com.au. Printed copies can also be ordered through Heartline on 1300 36 27 87 (local call cost) or email heartline@heartfoundation.com.au

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EVENT:
The What Why & How of Koori Well-being: Understanding and working successfully with indigenous mental distress

Melbourne Health & VACCHO

Wednesday 13 June 2007, 2-4 pm, Charles Latrobe Theatre, Function and Convention Centre, Ground Floor, The Royal Melbourne Hospital, Grattan St, Parkville

RSVP: Linda.Mack@mh.org.au by Tuesday 5 June

This presentation, by Dennis McDermott, Koori psychologist, academic and poet, will cover how Indigenous Mental Health Distress can be better managed and understood using a comprehensive model of effective cross-cultural work.

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Chronic Disease Management	Helen: h.threlfall@gpdv.com.au

Diabetes

Allied Health group services under Medicare for patients with type 2 diabetes

From 1 May 2007, new allied health items (81100 to 81125) will allow people with type 2 diabetes to receive Medicare rebates for group services provided by eligible (registered with Medicare Australia) diabetes educators, exercise physiologists and dietitians, on referral from a GP.

Which patients are eligible?

To be eligible for allied health group services, a patient must:

- have type 2 diabetes
- have a relevant care plan in place (GPMP)
- be referred by their GP to an eligible allied health professional

Assessment:

To access allied health group services, patients must be referred by their GP to an eligible allied health professional. The allied health professional will initially conduct an individual assessment (under items 81100 or 81110 or 81120) to prepare the patient for an appropriate group service program.

> **NOTE: A medicare rebate is only payable for one allied health assessment each calendar year.** This may lead to referrals in the last quarter not being acted upon until the start of the new calendar year.

Group education:

If the patient is assessed as suitable for group services, the patient may then receive up to eight (8) group services each calendar year.

Further information:

The Department of Health and Ageing has developed item descriptors, explanatory notes, fact sheet for GPs, fact sheet for allied health professionals and a referral forms that are available from AGPN or from the DoHA website.

This is a new initiative that is consistent with the Australian Better Health initiative – **Supporting lifestyle and risk modification**

> *This initiative will provide support for people at high risk of developing a chronic condition to make lifestyle changes and reduce their risk. Individual and group lifestyle counselling and education services, including progress monitoring and follow up, will be made available to patients identified as having significant modifiable risk factors. The services will be given by approved providers such as registered nurses, Aboriginal health workers, and allied health professionals. State and territory governments will also expand services to help people to reduce their risks of chronic disease by quitting smoking or losing weight.*

Heart Disease

The Heart Foundation's recommendations around sodium and potassium

The Heart Foundation has recently released its Position statement on the relationships between dietary electrolytes and cardiovascular disease following a review of the latest scientific research. The main findings indicate that eating patterns high in sodium and low in potassium are associated with an increased risk of stroke and heart disease. There is good evidence that a reduction in dietary sodium or an increase in dietary potassium will result in a fall in blood

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pressure in individuals who are either hypertensive or normotensive. There is also evidence to indicate that a general reduction in sodium intake could be better achieved by a reduction in the sodium content of manufactured food products than by dietary advice alone. If you want to read more or have your queries answered, you can find documents relating to this new position statement at www.heartfoundation.com.au/nutrition.professionals or call **Heartline on 1300 36 27 87.**

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Evidence for supporting practices in secondary prevention of CHD

Peter Larter, in his new role as a senior Policy Adviser at DHS has forwarded to us an article that provides the evidence for managed care organisations in supporting practices in secondary prevention of CHD. In particular:

(a) Recall

(b) Practitioner training (must be quick/focused, should include nurses and is best "on-site"), and

(c) Provision of patient health information.

It is very applicable to divisions and the review of divisional indicators in the National Quality and Performance System as it is about the evidence for managed care organisations in supporting practices in the secondary prevention of CHD.

Development of a complex intervention for secondary prevention of coronary heart disease in primary care using the UK Medical Research Council framework

Byrne M, Cupples ME, Smith SM, Leathern C, Corrigan M, Byrne MC, Murphy AW. American Journal of Managed Care. 2006; 12: 261-266.

Source: www.ajmc.com/Article.cfm?Menu=1&ID=3129

Abstract

Objective: To apply the UK Medical Research Council (MRC) framework for development and evaluation of trials of complex interventions to a primary healthcare intervention to promote secondary prevention of coronary heart disease.
Study Design: Case report of intervention development.
Methods: First, literature relating to secondary prevention and lifestyle change was reviewed. Second, a preliminary intervention was modeled, based on literature findings and focus group interviews with patients (n = 23) and staff (n = 29) from 4 general practices. Participants' experiences of and attitudes toward key intervention components were explored. Third, the preliminary intervention was pilot-tested in 4 general practices. After delivery of the pilot intervention, practitioners evaluated the training sessions, and qualitative data relating to experiences of the intervention were collected using semistructured interviews with staff (n = 10) and patient focus groups (n = 17).
Results: Literature review identified 3 intervention components: a structured recall system, practitioner training, and patient information. Initial qualitative data identified variations in recall system design, training requirements (medication prescribing, facilitating behavior change), and information appropriate to the prospective study participants. Identifying detailed structures within intervention components clarified how the intervention could be tailored to individual practice, practitioner, and patient needs while preserving the theoretical functions of the components. Findings from the pilot phase informed further modeling of the intervention, reducing administrative time, increasing practical content of training, and omitting unhelpful patient information.
Conclusion: Application of the MRC framework helped to determine the feasibility and development of a complex intervention for primary care research.

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Reducing Risk in Heart Disease 2007

The Heart Foundation and the Cardiac Society of Australia & New Zealand have recently released updated guidelines for preventing cardiovascular events in people with coronary heart disease. The updated full guidelines and summary version of "Reducing Risk in Heart Disease 2007" were launched on 4 April 2007, and are available at www.heartfoundation.com.au/index.cfm?page=39 or contact Heartline, the Heart Foundation's national telephone information service, on 1300 36 27 87.

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

Workshops

A national workshop is being held in Adelaide on the 8th and 9th of May to assist Collaborative Program Managers (CPMs) plan for, and undertake, the program extension work to December 2007. In particular, the purpose of the workshop is to:

- Clarify and discuss the program extension activities
- Share ideas and learnings to inform local planning
- Provide an opportunity for ongoing CPM development

The workshop will be facilitated by Hugh Kearns, Head of the Staff Development and Training Unit at Flinders University. Hugh has extensive experience in strategic organisational change and leadership, and will also be running a professional development session on time management.

GPDV has also scheduled a meeting for the Victorian CPMs on 18 May 2007 to collectively plan and determine the Victorian approach for maintaining and integrating the work of the Collaboratives across the divisional framework.

Improving Access – A practice perspective

Improving access to primary care is a key topic area in the Collaboratives program. The following article outlines the positive experience of a practice involved in the program on implementing the Collaboratives better access model.

I don't like Mondays

Whether you love or hate the song, Bob Geldof and now the Brighton Medical Clinic are onto something.

Brighton Medical Clinic is participating in the National Primary Care Collaboratives as a Wave 3 practice. One of the most successful changes they have implemented as a result of their participation in the Collaboratives, is the introduction of "Better Access Mondays."

Better Access Mondays is about improving availability of appointments to patients ringing on a Monday. Patients are reassured and confident they can get an appointment on the day, they can (usually) see their doctor of choice, staff morale has improved considerably and doctors are more likely to get away on time.

Before the introduction of Better Access Mondays at Brighton Medical Clinic, Mondays were a nightmare, according to Practice Manager, Melinda Brown. "We were totally booked out before the day with high numbers of incoming calls wanting appointments for Monday. The doctors were running hours behind."

Analysis of a typical Monday indicated the highest number of pre-bookings and also the highest number of people wanting an appointment on the day. Staff stress levels were high and patients were unhappy with the long waiting periods.

Brighton Medical Clinic went about implementing Better Access Mondays by analysing pre-booked appointments and categorising them, so that types of appointments could be easily identified. Reception staff received training in triage to enable appointments to be appropriately booked. "We wanted to spread the load onto the days where we could cope with it" Melinda said.

Doctor education also occurred, with doctors encouraged to say to patients 'come back and see me next Wednesday or Thursday' rather than saying 'come back and see me next week'. The other strategy implemented was to keep an hour free of appointments for each doctor, per session. With 7 doctors working Mondays, 14 hours of appointments can now be catered for.

Better Access Mondays has been in place for 7 months, with Melinda commenting "I don't know where we would be if we hadn't done it. Mondays are lovely now; the biggest challenge is to stop the temptation of putting people in because there are free appointments."

Article written by Rachel Overell, Collaborative Program Manager, Central Bayside Division

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

Bowel Cancer

Queensland study highlights the need for NBCSP

A Queensland study reported in the April 16 issue of the *Medical Journal of Australia* highlights the need for a more proactive approach to bowel cancer screening in Australia. The study involving 2336 men aged 50–75 years found they were least likely to report ever being screened for bowel cancer with a Faecal Occult Blood Test (FOBT) – the screening test being used in the National Bowel Cancer Screening Program (NBCSP) – compared with screening for prostate cancer or skin cancer.

The authors noted that the FOBT had stronger scientific evidence for its use in population-based screening than the serum prostate specific antigen (PSA) test used for prostate cancer screening, and whole-body skin examination used for skin cancer screening. The study found that men aged 50–64 years, those who lived alone or who lacked private health insurance, and men who smoked were less likely to have participated in cancer screening activities.

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Opportunity to promote bowel cancer screening

Participation in bowel cancer screening was low with only 15.5% of men reporting having ever completed an FOBT.

While NBCSP eligibility is initially limited to only men and women turning 55 or 65 years of age between May 2006 and June 2008, The Cancer Council of Victoria is encouraging general practice to promote bowel cancer screening with FOBTs to all Victorians over 50 without a strong family history of bowel cancer, or symptoms associated with the disease, in line with NHMRC guidelines.

The MJA article can be viewed at
http://www.mja.com.au/public/issues/186_08_160407/car11178_fm.html

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NBCSP online case study for GPs

To assist GPs in the roll-out of the NBCSP, an online case study *"Understanding and working with the National Bowel Cancer Screening Program"* is available on the *gplearning* website.

The case has been developed in conjunction with The Cancer Council Australia and explores the case of a husband and wife, one of whom has been invited to participate in the national screening program. This case offers a valuable forum to discuss bowel cancer screening and the national program, and to explore the implications of the program for both GPs and their patients.

The case is available under Category 2 activities at www.gplearning.com.au.

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HIV, Viral Hepatitis & STI Education — Michelle: m.wills@gpdv.com.au

Chlamydia testing and treatment

Sex and Sport is a community based program of Chlamydia testing and treatment in rural and regional Victoria (Loddon Mallee) being conducted by the Burnet Institute.

The objective of the program is to pilot a sustainable community based Chlamydia testing and treatment program for 16-25 year old males and females. The program will access young people through local sporting clubs. Local community health services will be used to develop and support the program.

Attached to this PC Update is their one page flow chart.

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National Hepatitis C Health Promotion Conference & Workshop

Conference – 5 to 6 June 2007

Venue: Jasper Hotel, 489 Elizabeth Street, Melbourne

Hepatitis Australia is hosting a two day conference for health and community workers with an interest in hepatitis C prevention and support.

The conference will feature plenary addresses from health promotion experts, health promotion skill workshops and presentations on hepatitis C prevention, education, health maintenance and support projects.

For further information and registration details visit www.hepatitisaustralia.com/07_conference.html. Registration closes 4 May, 2007.

Workshop – 7 June 2007

Venue: Jasper Hotel, 489 Elizabeth Street, Melbourne

Hepatitis Australia is hosting the first National Hepatitis C and Aboriginal & Torres Strait Islander Communities Workshop. This one day workshop will focus on hepatitis C education and prevention activities targeting Aboriginal & Torres Strait Islander communities. The workshop is suited to Aboriginal health workers and health and community workers who work with or have an interest in hepatitis C and Aboriginal & Torres Strait Islander health.

The workshop will feature plenary addresses and a thought-provoking 'think-tank' session on hepatitis C prevention and education in Aboriginal & Torres Strait Islander communities.

The workshop is provided at no cost to delegates of the conference.

Scholarships supporting workshop attendance are available.

For further information and registration details visit www.hepatitisaustralia.com/workshop.html

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Immunisation

Kim: k.riley@gpdv.com.au

Gardasil/Rotavirus Update

Media release: http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr07-cp-pyn025.htm?OpenDocument&yr=2007&mth=4

The Acting Minister for Health and Ageing, Christopher Pyne, announced on 28 March that the Australian Government will provide $124.4 million over the next five years to include free Rotavirus vaccines on the National Immunisation Program. Rotavirus gastroenteritis caused severe diarrhoea and accounted for the hospitalisation of around 10,000 Australian children per year.

Two Rotavirus vaccines will be included on the National Immunisation Program, Rotarix® from GlaxoSmithKline and RotaTeq® from CSL Limited.

The new vaccine will be given orally to babies from two to six months of age, commencing in July 2007. All babies born from 1 May 2007 will be eligible for the free vaccine. Two or three doses, depending on the brand administered, will generally be given at the same time as other immunisations at around two, four and six months of age.

At this stage there has been no announcement from the Department of Human Services (DHS) Victoria as to which vaccine will be used in Victoria. This also means that we are still awaiting a new Immunisation Schedule to be produce to include Gardasil® and Rotavirus vaccine, and this will be produced as soon as the information is available.

Education sessions are commencing for all divisions on Gardasil/Rotavirus and Pap Screen Victoria on 26th April 2007, with the first event being held at Border Division.

Just a reminder to book your dates for the Pap Screen Victoria/Gardasil®/Rotavirus presentation if you have not already done so.

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At each session there will be a presenter from VCS presenting the PapScreen update and also an expert GP presenting the Gardasil®/Rotavirus information.

There are still dates available for Divisions to book in to run and event:

- MAY – 8th, 15th, 17th, 22nd, 23rd, 29th
- JUNE – 5th, 7th, 13th, 19th

It is possible to book dates also in June, however as GP commencement for program roll out is 1st July, where possible we are encouraging Divisions to run education prior to this date.

Each Division is able to apply for funding for these events from 2 sources:

- The **Pap Screen Victoria** funding can be applied for by completing the attached form

  
  Grant Application form.doc

- **GPDV for funding provided by CSL**. [GPDV is able to reimburse $25 per attendee to assist with payment for venue hire and catering, with all associated speaker cost already being paid for.]

  The attached document will be expected to be completed in order to be reimbursed for the event. You will see that both funding amounts will be tallied together in calculation of payment.

  
  Gardasil Rotavisus PapScreen Vic Expenc

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Flu vaccination for Health Care Workers

March 26 2007, saw the launch of the National Flu Vaccination Day for Health Care Workers, a new initiative which is supported by The Influenza Specialist Group (ISG) and Sanofi Pasteur.

Historically there has been a very low uptake of flu vaccination by healthcare workers in Australia, which leaves vulnerable patients at risk of potential complications. The evidence to support influenza vaccination of healthcare workers is robust, and it is well documented that influenza is a far more serious disease than people believe, with an estimated 1,500 Australians dying from influenza-related complications. Despite overwhelming data and recommendations from the National Health and Medical Research Council (NHMRC), in support of influenza vaccination of health care workers, 2006 research estimates that between 50-80 percent of healthcare workers are not getting vaccinated.

Healthcare workers have a duty of care to their patients, and through vaccination, healthcare workers can help to protect patients against transmission of this highly contagious disease. All staff working in GP surgeries, are strongly recommended to have the vaccine, to protect themselves, their colleagues, their family and also those patients attending the surgery.

The ISG Discussion Paper on influenza vaccination among healthcare workers:

Can be accessed online at http://www.influenzacentre.org/ (please see the 'Reports" tab).

Further general information on 'fighting the flu' from the National Institute of Clinical Studies NICS can be found at www.fightflu.com.au

Sanofi Pasteur also has a site with general information and a secure site for health professionals at http://www.flushots.com.au

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

Lifescripts Demonstrations Divisions

The Department of Health and Ageing is currently calling for Expressions of Interest (EOIs) from Divisions of General Practice to participate in the Lifescripts Demonstration Divisions project. Successful Divisions will be funded to implement strategies with selected practices which assist them to incorporate Lifescripts and related lifestyle risk factor management into their activities. Demonstration Divisions will be required to collate, disseminate and share learning's/experiences through participation in an ongoing national review of project activities.

EOIs will need to be complete and submitted by 21 May 2007.

Divisions wishing to participate in the Lifescripts Demonstration Division project may choose to submit a proposal from a single Division, or a consortium with other Divisions of General Practice, State Based Organisations, local community organisations and/or non-government organisations. The Division must be the lead agency of the consortium.

The Department is seeking to fund between 8 and 12 Demonstration Divisions. To ensure that information is gathered from a range of settings and practices the Department will seek to fund:

- Demonstration Divisions in a number of States/Territories, in order to include practices in a range of locations (rural, remote and urban)
- a mix of strategies to support practices, including those that involve practice nurses and those that utilise local referral pathways; and
- a range of approaches that enable information to be collected on implementation in:
    - both large and small practices
    - some practices with Aboriginal and Torres Strait Islander patients.

Additional information is available from AGPN.

The recent Lifescripts Implementation Data Collection Survey has highlighted a number of division identified areas of need for GPDV to consider when developing new workshops and tutorials. Many of the comments regarding the need for additional training and support of division staff are applicable to all division programs. We will therefore be identifying how best we can address these needs over the next month or so and further advice will follow.

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

Western Melbourne Lymphoedema Service Model

A report commissioned in 2006 by the Western and Central Melbourne Integrated Cancer Service to develop a business case for a comprehensive service model for lymphoedema in North-West Melbourne has been made public and can be accessed at

http://www.petermac.org/wcmics/documents/PDFs/Final%20revised%20report%2029%20Dec%2006%20(2).pdf

The proposed service model includes strengthening the capacity of existing lymphoedema services in North-West Melbourne by developing a strong network of services across the region, as well as establishing a new, specialist lymphoedema service in the Western suburbs.

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

Judicious antibiotic use in general practice

Current issue, March 2007, of Prescribing Practice Review.

Article: http://www.nps.org.au/site.php?content=/html/ppr.php&ppr=/resources/Prescribing_Practice_Reviews/ppr36

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NPS Selective Use of Antibiotics Program

The National Prescribing Service (NPS) has begun an educational program for general practitioners on the appropriate and safe use of antibiotics. The Selective Use of Antibiotics program is being implemented both nationally and locally, in partnership with divisions of general practice. Two publications to support GPs in prescribing antibiotics have been widely circulated and are available at www.nps.org.au/healthpro. As part of the program, NPS is also offering GPs a clinical audit and education meetings will be held.

This article was sourced from the AMA news: http://www.ama.com.au/web.nsf/doc/WEEN-6ZRVTS

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

Nursing News from AGPN

Divisions Nursing in General Practice Forum 2007

The National Divisions Nursing in General Practice Forum will be held at the Pacific Bay Resort, Coffs Harbour on the 28 and 29 August 2007. For information on the venue visit www.pacificbayresort.com.au

The forum will showcase nationally relevant NiGP initiatives and models as well as offering opportunities to build expertise and support networks amongst division NiGP program officers.

Funding will be provided to cover the travel and accommodation for one delegate from each division and SBO. Divisions are welcome to send more than one delegate at their own cost.

To be eligible for supported travel and accommodation, delegates are required to book prior to 30 April 2007.

The registration form and travel rules are available on the AGPN website at http://www.agpn.com.au/site/index.cfm?display=24347 .

A draft program is also available on the AGPN Website. For further information contact Toni Rice on trice@agpn.com.au or Mandy Bruce on mbruce@agpn.com.au.

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Nursing in General Practice Recruitment and Orientation Resource

AGPN are working with members of the NiGP SBO network to develop an orientation program and information sessions, including Power Point presentations, based on the Nursing in General Practice Recruitment and Orientation Resource.

Programs currently being developed include:

- A workshop for Nurses interested in general practice
- A workshop for Nurses new to general practice
- An information session for General Practitioners interested in employing a practice nurse

The programs can be adapted to suit local needs.

For further information contact Toni Rice at AGPN on trice@agpn.com.au

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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 DoHA. 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 that access Medicare payments.

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

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APNA Best Practice Awards

The APNA are proud to announce following on from its huge success last year the APNA Best Practice Awards are on again. In 2007, six APNA Best Practice Awards will be offered thanks to the generosity of their sponsors. These awards aim to recognise best practice in the following areas of practice nursing:

- Sanofi Pasteur Best Practice Award for Immunisation
- Lilly Diabetes Best Practice Award for Chronic Disease Management
- CSL Biotherapies Best Practice Award for Women's Health
- Hartmann Best Practice Award for Wound Management
- Servier Award for Innovation and Commitment to the Nursing in General Practice Profession
- AGPAL Best Practice Award for Quality Management in General Practice

Nominations are open to all APNA members and there are prizes of up to $5000 for each award winner - to nominate yourself or a colleague simply visit the APNA website www.apna.asn.au.

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National Registration Update – NSW Nurse Board

At its meeting on 13 April 2007, the Council of Australian Governments (COAG) made a further announcement, advising that it has agreed on the arrangements for the new national system for the registration of health professionals and the accreditation of their training and education programs for implementation by July 2008. This had been foreshadowed in an earlier announcement in July 2006.

National registration will permit health professionals to practise across State and Territory borders without having to re-register. This will improve workforce mobility, allowing health practitioners to move easily to a new State or to serve in times of emergency or provide locum services.

The new system will initially cover nine health professions: medical practitioners, nurses and midwives, pharmacists, physiotherapists, psychologists, osteopaths, chiropractors, optometrists and dentists (including dental hygienists, dental prosthetists and dental therapists).

Features of the new arrangements include

- a continuing role for Health Ministers
- a single consolidated scheme
- a new national professional board for each of the nine professions
- each profession will develop standards for its profession for approval by Health Ministers
- individual registration and accreditation decisions will remain the responsibility of the professions
- community representatives will play a key role in the new scheme.

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Health Ministers will be assisted by an independent Advisory Council which will provide transparent policy advice to Ministers. COAG agreed to consider further the membership of the Advisory Council.

In the initial 2006 announcement, it was stated that the scheme would be enacted through either incorporation by reference or complementary legislation, with the exact mechanism to be resolved as part of implementation. Clarification of this aspect has not yet been announced.

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News from the Royal College on Nursing

3LP is a Life Long Learning program designed to encourage nurses to undertake continuing professional development throughout their careers using a planned approach.

Online 3LP via RCNA eCampus is one of many RCNA member benefits. Previously members were required to individually subscribe to 3LP. Now all RCNA members are automatically enrolled in the program and receive 'Platinum' access to eCampus.

For further information on 3LP or to enrol in the program, contact Larissa on toll free 1800 233 705 or email: 3LP@rcna.org.au

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New health program for nurses opens its doors in Victoria

Nurses who have a drug, alcohol or mental illness can now seek confidential help and support through the Victorian Nurses Health Program. The VNHP assesses clients and co-ordinates the required health services, provides ongoing support, reviews treatment, provides relapse prevention and monitoring strategies and develops a re-entry to work plan if appropriate. The VNHP will also conduct information seminars at health facilities outlining the service and how to identify if either you or a colleague has a substance abuse problem. The VNHP was an ANF (Victorian Branch) initiative supported and funded by nurses' registration through the Nurses Board of Victoria. The health program runs independently of both the ANF and the NBV.

If you think you have a problem, or a nurse or a student nurse you care about is at risk - call the Victorian Nurses Health Program, 8.30am to 5pm on (03) 9415 7551.

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New Resources

Complimentary Falls Prevention DVD & Video

The Rural Health Education Foundation (RHEF) has been funded by the Australian Government Department of Health and Ageing to offer their **Falls Prevention** DVD or VHS video for free.

Falls among older people are recognised as a major public health problem in Australia. With a projected doubling of the population over 65 in Australia in the next two decades, the potential problems and cost to individuals, communities and the health case system is enormous.

The Falls Prevention program discusses best practice falls management and how best to prevent and manage falls; highlighting the benefits achieved from an effective falls program.

For further information about this program go to www.rhef.com.au/news/070110/070110.html

How to order your free copy

To order your free DVD or VHS video copy of Falls Prevention (one per person or organisation only within Australia), please email us at falls@rhef.com.au; ring us on (02) 6232 5480 or fax us on (02) 6232-5484 specifying your preferred format and providing your name, organisation, postal address, contact telephone number and email address.

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Refugee Health	Annette: a.dupont@gpdv.com.au

Refugee Health Assessments

The final version of the GPDV refugee health assessment tool will soon be available on the GPDV website. Disseminating information about the refugee health assessment tool will continue on an ongoing basis at divisional events. To complement the tool, the desktop guide to refugee health assessment and refugee health handbook being developed by Foundation House should be completed by the end of May.

Information about the GPDV refugee health assessment tool will be disseminated at workshops and small group learning sessions involving GPs, Practice Nurses and Refugee Health Nurses.

Forthcoming training events and workshops include:

Ballarat

9 May – GP Training in Ballarat Division

The Ballarat training is a joint initiative of Foundation House and the Ballarat Division of General Practice for GP's, hospital and community health centre practitioners to provide comprehensive and coordinated healthcare to refugee families, including the Togolese families who are beginning to arrive in Ballarat in May. The training is based on the contents of the newly updated 'Promoting Refugee Health: a Guide for Doctors and Other Healthcare Practitioners Caring for People from Refugee Backgrounds', (Foundation House, available online from May 2007 at http://www.foundationhouse.org.au/home.php), and will cover the refugee experience and its impact on physical and psychological health, cross-cultural competence, local service coordination, and conducting refugee health assessments using the GPDV Refugee Health Assessment Tool. The training is accredited by the RACGP as an Active Learning Module attracting 30 points, and will be run over 2 sessions, for a total of six hours of training.

Warrnambool

14 May – GP Training in Warrnambool in conjunction with the Otway Division

The same Active Learning Modules being delivered in Ballarat will also be delivered in Warrnambool, and planning is currently underway with several other rural and metropolitan Divisions to deliver the module in their areas.

Melbourne Division and North West Melbourne Division

2 May or 8 May (alternate dates offered for introductory sessions) and follow-up session on 17 May

Introductory Session

- *Wednesday 2 May, 6-9 pm,*
  Meeting Rooms 1 & 2, Broadmeadows Health Service, 35 Johnstone Street, Broadmeadows
- *Tuesday 8 May, 6-9 pm*
  Melbourne Division of General Practice, Suite 9, 233 Cardigan Street, Carlton

The introductory session will cover the following:

- The refugee experience and refugee health needs
  - Introduction to the demographics, IHSS, visa entitlements, pre-arrival screening, pre-arrival experiences, and challenges in settlement.
  - Introduction to commonly seen physical and mental health issues among refugees, including torture, trauma, and psychosocial issues.
- Service providers in refugee settlement (interactive session)
  - Hear from service providers about the vital role they play in refugee settlement and the support/resources available: AMES, Translator and Interpreter Service, Community Health Service, Foundation House and Local Migrant Resource Centres.

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- Refugee Health Assessment
    - Details on how to conduct a Refugee Health Assessment: determining refugee status, gathering information on patient history, physical examinations, medical investigations, immunisation, requirements of the MBS Item Numbers, use of the (GPDV) Refugee Health Assessment Tool.

Follow-up session

Thursday 17 May, 6-9 pm
Victorian Foundation of Survivors of Torture, Foundation House, 6 Gardiner Street, Brunswick

The follow-up session will include a panel discussion and opportunities to network on refugee health.

- Conducting effective refugee health assessments
- Focus Group discussion: the way forward
    - What are the key steps to achieving optimum refugee health care?

For further enquiries or a registration form phone:

Emily D'Amico at North West Melbourne Division of General Practice on 8345 5600, or

Kay Cruse at Melbourne Division of General Practice on 9347 1188.

If your division has any opportunities for disseminating information about the GPDV refugee health assessment tool, please email me on a.dupont@gpdv.com.au

Claims for Health Assessment for Refugees MBS Item 714
Victorian Divisions – January to December 2006

Division	No of services	No. of Practitioners July-Sept	No. of Practitioners Oct-Dec
Dandenong	358	7	6
Western Melbourne	310	8	12
Northern	12	3	4
Geelong	*		
Goulburn Valley	*		
Knox	*		
Melbourne	*		
North West Melbourne	*		
Otway	*		
Westgate	*		
Whitehorse	*		

Source: ***Medicare Australia website @ 16 March 2007***

* = 5 claims or less. Detailed data not provided by Medicare as it may be identifiable

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Information contained within this publication is for the use and benefit of all members of SBOs and Divisions, please feel free to extract whole or parts of this newsletter to benefit other interested parties with information sharing. If SBOs, Divisions and other readers have information for, or comments regarding the Primary Care Updates Program please contact Vanessa Collinson (details above).

To unsubscribe from receiving this publication please contact GPDV (details above).

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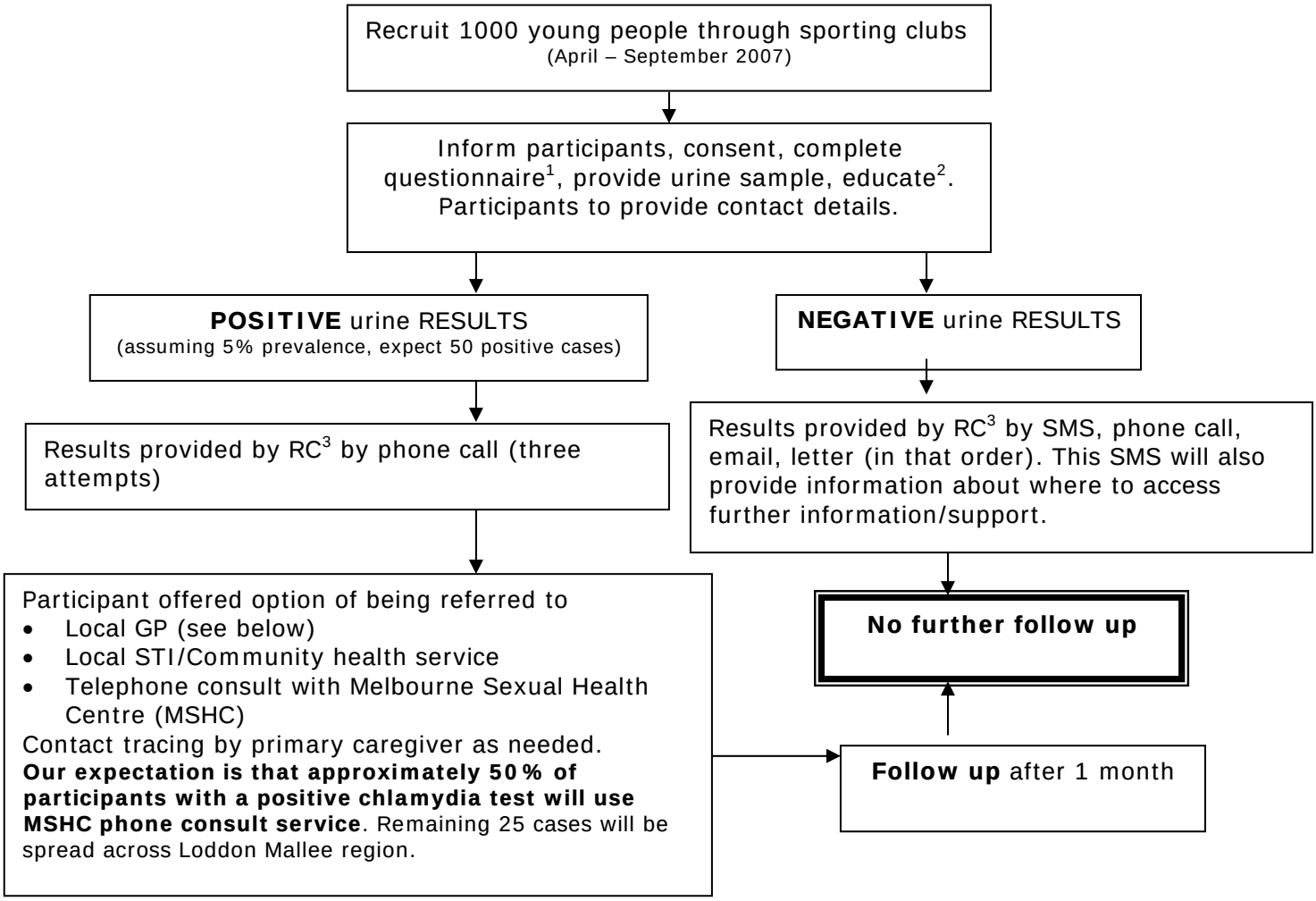
Sex and Sport:
A community based program of Chlamydia testing and treatment in rural and regional Victoria (Loddon Mallee).

Objective: To pilot a sustainable community based Chlamydia testing and treatment program for 16-25 year old males and females. The program will access young people through local sporting clubs. Local community health services will be used to develop and support the program.



If **local GP is used**, Regional Coordinators will

1. Contact clinic indicating a referral has been made,
2. Provide GPs with a copy of the results.
3. Phone number of the Regional Coordinator will be provided to the GP.

For more information:
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1. Demographic, sexual risk behaviour and STI knowledge questionnaire are available from GP division offices.
2. List of rural and other STI clinics/services, 2 condoms, Safe sex and STI reading material, answers to STI questions in questionnaire, FAQ about STI and Chlamydia, HPV and vaccine
3. Results provided by Regional Coordinators (nurses) based in Mildura/Robinvale and Bendigo.
4. Will use 2 labs: SJOG and Dorevitch; tests paid by project. Since no medicare rebate is applicable, nurses will sign the pathology forms