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

Coming Events

Event	Date
Admin Orientation	04 Oct 2006
DIS Training	05 Oct 2006
Aboriginal Health/PDSA in ACCHs	06 Oct 2006
Introducing Divisions	11 Oct 2006
Aged Care Network	12 Oct 2006
*RCNA General Practice Nurse Conference	13 - 14 Oct 2006
Immunisation	19 Oct 2006
*CPM - Collaboratives	25 – 28 Oct 2006
GPDV – AGM Conference	27 Oct 2006
Lifescripts Network Meeting	01 Nov 2006
CPD Network	02 Nov 2006
Excellent Chairs	11 Nov 2006
IMIT Network	15 Nov 2006
Program Orientation	16 Nov 2006
Better Outcomes Allied Health	17 Nov 2006
Metro Teleconference	21 Nov 2006
Rural Teleconference	22 Nov 2006
*ADGP Forum	25 -28 Nov 2006

** denotes event not auspiced by GPDV*

Please send your contributions for the next Update to Rachel O'Neill r.oneill@gpdv.com.au

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

The data package to assist divisions in reporting against the relevant National Performance Indicators in the 12 Month Report 2005-06 was sent out to all divisions in August 2005.

GPDV has incorporated this data into the statistics package click here to assist divisions with benchmarking.

Specifically the following tables are included:

% Diabetics with SIP – this table relates to National Performance Indicator:

N_DIA 3.1 Number of service incentive payments (SIPs) made to GPs practising in the Division's area compared to the estimated population in the Division's area with diabetes.

Mental Health – this table combines data that relate to two National Performance Indicators:

N_MNH 2.1 Number and proportion of GPs in the division registered to claim for completing 3-Step Mental Health Plans

N_MNH 3.1 Number of 3-Step Mental Health Plans completed by GPs practising in the division's area, compared to the estimated population in the division's area who could benefit from participating in a 3-Step Mental Health Plan.

Resi Aged Care – this table combines data that relate to two National Performance Indicators:

N_RES 1.1 Division collaborates with RACFs, service providers and consumer/carer groups to facilitate access to general practice services for residents of RACFs within the Division's boundaries

N_RES 3.1 Number of i) GP consultations in RACFs; ii) comprehensive medical assessments (CMAs); iii) residential medication management reviews (RMMRs) provided by GPs practising in the Division's area, compared to the number of RACF beds in the Division's area

Issues & comments:

Andrew Kallaur from State Office of DoHA advised divisions at the recent CEO Network that any comments about the population estimates for the diabetes and mental health PIs be included in the Explanatory Text Box in the reporting template. DoHA, in conjunction with the CGPIS, will be able to take on board these comments in any future review of data. In the meantime Divisions should continue to use the estimates provided in the data package for the purposes of the 12 month report - this is to ensure national consistency in reporting.

RE: Mental Health – while not disputing the validity of the mental health population estimates, GPDV has raised questions with DoHA about the usefulness of comparing these against number of 3-Step Mental Health Plans claimed. In particular, we suggest that the relationship between number of GPs registered to conduct 3-step Mental Health plans and the number of 3-step Mental Health plans completed offers a more meaningful comparison. Divisions may wish to comment on the proportion of GPs in the division who are registered for Better Outcomes in Mental Health care and the number of GPs who are completing 3-step Mental Health plans regularly. For more detail click here.

RE: Resi Aged Care – in our initial thinking about interpretation of this data we have identified a question that divisions might explore/ask at the local level and that GPDV will explore at the statewide level:
What are the ratio's for CMAs, RMMRs & RACF consultations with which Boards & GP Panels would be satisfied? For instance, is it the aim that all residents have a CMA each year? If all **new**

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residents in the divisions facilities were to receive a CMA, what is the ratio that would result? Similarly, what view does the GP Panel have about optimum number and frequency of consultations per resident in given localities?
This analysis at the local level can add significant meaning to the data and enable the division to set and work to local targets.

RE: Diabetes – the population estimates include both diagnosed and undiagnosed diabetics (type 1 & 2, aged over 25 years) at a rate of approximately 50:50. If undiagnosed diabetics were excluded, the comparison figures would double ie the number of SIPs compared to those with diagnosed diabetes would be double those compared with both diagnosed and undiagnosed diabetes.
We suggest that it might be worthwhile to look at the comparison for diagnosed diabetics separately from the combined figure in your Explanatory text. It may help to describe the range of tasks involved in improving the figures and consider where your division activity is currently targeted. Concurrent, distinct strategies are needed to both increase the SIPs claimed for already diagnosed diabetics, **and** increase the detection of diabetes.
This kind of analysis will enable divisions to set appropriate targets eg for diabetes detection/screening as well as management.

GP Health System Integration

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

New IM&ICT Team at GPDV

As you may already know the Commonwealth has funded 11 Regional Health Information Management Officers (RHIMO) to be employed at each of the State Based Offices.

GPDV has been funded for two of these RHIMO positions and have employed Chris Hayward ,who is also IMIT team leader, and Paul Macdonald. We have also been funded for a replacement Broadband For Health Officer and have employed Brendon Wickham. The three positions have been funded to improve information management, data aggregation and the transfer of patient information to and from general practice through divisions.

The context for this work is the Commonwealth's Health*Connect* and Broadband Connect agenda, the Victorian Government's Health*SMART* program, and the introduction of the national quality performance indicators for divisions of general practice.

The four key deliverables for the RHIMO positions are:

1. To undertake a consultation process with divisions to assess their areas of strength in IM&ICT, particularly in relation to data collection for the performance indicators and to identify areas where assistance is required.

2. To provide training and support and coordination for divisions in improving clinical data quality, data collection and analysis for the performance indicators based on the findings of the consultation process.

3. To identify opportunities for divisions to work cooperatively with the implementation of DHS IM&ICT initiatives and facilitate cooperative arrangements where possible.

4. To facilitate the linkage to Commonwealth and State IM&ICT initiatives where that linkage might assist cooperative information exchange between general practice and other health service providers.

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The aim of the Broadband for Health is to build capacity in the health sector for secure functional and equitable participation in eHealth. Broadly, this position is required to work with divisions to support the uptake of Broadband services and eHealth implementation to ensure key messages reach the general practice sector. Brendon is responsible for providing support to individual general practices with any issues regarding the Broadband subsidy that cannot be addressed locally.

Next Steps

- The team are currently drafting a consultation strategy. We have completed a few introductory visits to orientate us to the divisions network and to help us work out an appropriate strategy and begin identifying the types of issues to be addressed.

- The next step is to invite each division to participate in the consultation process and to set up visit dates and times. We would like to visit all Victorian divisions to discuss their IM&ICT needs and to identify ways that GPDV and the RHIMO network nationally can assist divisions and general practice.

I will be sending out further information in the next few weeks. If you have any questions or comments on the RHIMO role or the consultation please do not hesitate to contact me on c.hayward@gpdv.com.au or 9341 5237.

Broadband for Health update

The Broadband For Health program is now entering its third year and there have been some modifications to the process. For those applying, renewing or assisting others to do so it is important to consider the following:

1) There is no longer any need or obligation to complete a Security Awareness and Conformance Report (**SACR**). This is despite the fact that the current application form says that one must be attached. Applications or renewals will **not** be rejected because no SACR is attached.
   - *Note: The soon-to-be-released revised Broadband for Health application form will include a Security Self Assessment Checklist similar to the SACR and the PIP IM/IT Checklist. This is simply provided to assist practices to prepare for the PIP IM/IT requirements.*

2) The one-off Security payment of $1,000 is no longer available (except for the Pharmacy stream of the program). There is no equivalent replacement.

3) The program is set to continue until 30 June 2007. This means that a practice can still apply for the 12 month incentive up until that date (i.e. if they apply in June 2007, their payment will cover them until June 2008).

4) The rates of the incentive will be reviewed quarterly. The current rate schedule is here: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-ehealth-broadband-faq.htm#2.

5) Practices who have previously applied for the incentive are able to do so again (by simply going through the same process as when applying for the first time).
   - *Note: Practices need to sign up to a further twelve months with a qualified service provider, obtain **another** Statement of Supply from the QSP and submit the claim form to Medicare Australia..*

Please get in touch if you have any queries or problems – Brendon Wickham – b.wickham@gpdv.com.au or 9341 5238.

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

DHS News

Mental Health Branch convened the first meeting of the COAG Mental Health Co-ordination Working Group on 14 September. Twelve agencies were represented, including GPDV, DoHA and FACSIA. The Working Group has been established to provide advice to the Victorian COAG Mental Health Group (Department of Premier and Cabinet) on options to implement the care co-ordination initiative under the National Action Plan in Mental Health, which includes the funding for 900 personal helpers/mentors delivered through FACSIA. Victoria stands to benefit from approximately 225 of these staff by 2008/2009. The Working Group will develop criteria to identify which groups of Victorians with severe mental illness are most likely to benefit from care co-ordinators, and to examine existing care co-ordination activities in Victoria to consider the potential to build on existing systems. Two additional meetings will be held this year.

GPDV has forwarded a brief survey to GPs and divisions to gather their views on care co-ordinators/personal helpers to inform a position for general practice on the Working Group . The return date for the survey to GPDV is 10th October.

DoHA News

The Department of Familes, Community Services, and Indigenous Affairs (FACSIA) will hold a consultation in Melbourne on Wednesday 27 September with community agencies and relevant stakeholders on the implementation of the COAG measures concerning respite care places, personal support workers, and community-based programs to support families, children and young people coping with mental illness. GPDV will attend and divisions interested to participate are welcome. Further inquiries to Anne Diamond on a.diamond@gpdv.com.au or 9341 5213.

GPDV News

Mental Health National Performance Indicator 3.1

The statistical data for the 12 month reports now includes population estimates of the proportion of people in each division who would benefit from a 3-Step Mental Health Plan. These estimates form the denominator of the MH Indicator 3.1, and the number of SIPs (3-Step Mental Health plan) for each division for the preceding 12 months forms the numerator. The percentage of people who have undertaken a 3-Step Mental Health plan is thus a very small proportion of those who potentially could benefit. Overall, the proportion of the Victorian population who would benefit from a 3-Step Mental Health plan is estimated to be 18.25%, and the proportion of people who have benefited from a 3-Step Mental Health plan is 1.06%. The percentages for the divisions of people who have benefited from the 3-Step Mental Health Plan using this indicator are correspondingly very small. East Gippsland division has the highest proportion of 2.7%.

There are several comments to consider when using these statistics:

1. We know anecdotally from division discussions with GPs that the number of 3-step mental health assessments conducted in general practice is greater than the number of 3-step mental health Service Incentive Payments (SIPs) that are claimed, and recorded by Medicare Australia. Therefore, the number of 3 step Mental Health plans listed for each division will be an underestimate, as many SIPS are not claimed. Finally, we also know that the number of 3-step Mental Health plans do not reflect the actual amount of mental health assessment that occurs in general practice. (The proportion of GPs who are not registered for Better Outcomes in Mental Health (approximately four GPs in five) are still conducting mental health assessments that are not recorded.)

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2. The formula used to estimate the patient population who would benefit from a 3-step Mental Health plan relies on criteria based on Case Type and data drawn from the National Survey of Mental Health and Wellbeing in 1997. Gawaine Powell Davies, Centre for GP Integration Studies, UNSW, acknowledges that the three case types used for the mental health estimates "provide a broad picture of the need for mental health care and the scope for structured care of the kind provided through the 3 step Mental Health Plan". (*Diabetes and Mental Health population estimates to support the national performance indicators for Divisions of General Practice*, p. 17). This indicator thereby in its comparison of specific program intervention (3-step Mental Health plan) to a broad estimate of eligible population results in a measure of tiny impact.

3. At Division level, the relationship between number of GPs registered to conduct 3-step Mental Health plans and the number of 3-step Mental Health plans completed offers a more meaningful comparison. Divisions may wish to comment on the proportion of GPs in the division who are registered for Better Outcomes in Mental Health care and the number of GPs who are completing 3-step Mental Health plans regularly. This may give more meaningful data about the number of GPs who are actively claiming the 3-Step Mental Health SIP.

Anne Diamond has written to DoHA seeking clarification about this indicator and its usefulness in its present form.

Addressing Family Violence Programs

Please be aware that the Royal Children's Hospital Mental Health Service run groups for children and parents affected by family violence, run prevention/early intervention small group programs in schools http://www.rch.org.au/mhs/services/index.cfm?doc_id=1071, and have a professional training calendar which is relevant to GPs:
http://www.rch.org.au/mhs/services/index.cfm?doc_id=9924

The Benefit of Balint Groups

The Balint Society of Australia will conduct a workshop entitled "The Benefits of Balint Groups" with overseas visitors Drs Heide Otten and Ernst Petzold, Germany, on Thursday evening, 28 September, who will lead the group. Participants will be invited to join a demonstration Balint group, comprising two case presentations and followed by discussion. Further inquiries to Marion Lustig on mlustig@optusnet.com.au or 9571 5111.

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Primary Care Liaison

Sonya: s.tremellen@gpdv.com.au

Vic Statewide Referral Form – update

The VSRF is a supplied template in MD 3.5 and 2.87 (June patch). A MedTech 32 template has been developed by Dr Vaughan Speck from Central West Gippsland. It is available from GPDV's website click here and was sent to the IMIT email list recently. Instructions for importing this into MedTech 32 are included on the website. The last section for progress notes and path/radiology etc results is separate and will require 2 clicks instead of one. I'd appreciate any feedback on the template.

Functional specifications for the VSRF have been finalised and we will be asking software providers to include it in their updates.

A guide to generating the VSRF in Medical Director is available on GPDV's website - click here. This guide, prepared by Dr Geoff Campbell, Mornington Peninsula DGP, is succinct and written for GP readers. Please consider adding this resource to your own websites, and disseminating it through your communication channels.

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

The following notice calling for Expressions of Interest was sent out to all Division CEOs, Community Health Services and PCPs on the 14th September 2006:

In order to facilitate collaborative practice between General Practitioners and Community Health services, DHS has funded GPDV to support the development of models focussing on improved integration and coordination for effective careplanning between CHSs and General Practices. Grants of $17,000 will be available to three projects for model development and implementation. Joint proposals may be led by either DGPs or CHSs/PCPs.

The key objectives of these projects will be to:

1. Improve systems within and between CHSs and General Practices for systematic care planning for eligible patients, and

2. Improve referral and feedback processes between CHSs and General Practices for disadvantaged patients.

GPDV are seeking expressions of interest from partnerships committed to fully engaging in the project activities. If you have any queries regarding the project, please contact Pete Marshall by email at p.marshall@gpdv.com.au or on 03 9341 5212.

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Improved Population Health through systematic general practice

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

GPDV Workshop: Quality improvement in Aboriginal Health – for AHPACC partnership agencies

This workshop, on Friday 6th October, will assist divisions, ACCHOs and CHSs involved in AHPACC partnerships:

- To identify what are the effective strategies to be used in ACCHs to increase planned care for people with chronic conditions, and

- To identify and plan agreed quality improvement activities that will be undertaken to be done in the AHPACC partnership sites within the general practice and primary health care setting

To register, please call Eliza Sanneman on: 9341 5207 for a faxback registration form.

Diabetes Australia to fund Aboriginal and Torres Strait Islander people to attend Diabetes in Indigenous People Forum

The International Diabetes Federation is inviting registrations to this Forum. Over two days, experts will present commentary and ideas for the future in four important areas:

- Children
- Screening and Prevention
- Pregnancy
- Nutrition

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Significant opportunity for discussion will be incorporated into the program. Following presentations and discussion, the International Diabetes Federation will release Position Statements in each of these areas.

When: November 13-15, 2006
Venue: Melbourne Exhibition Centre
Cost: $275
Registration: Online registration will close on Thursday November 9.

For current, updated information and registration please visit website:
http://www.meetingsfirst.com.au/meetings/Diabetes%202006/Site/index.htm

Diabetes Australia Ltd has secured funding from the Australian Government to identify and support Aboriginal and Torres Strait Islander persons to attend the IDF Diabetes in Indigenous People Forum on 13-15 November 2006. The funds will pay for travel, registration and accommodation for individuals to attend the Forum. For information about the funding criteria and how to apply, go to:
http://www.crcah.org.au/index.cfm?attributes.fuseaction=whatsHappening#712

Call for posters for IDF Diabetes in Indigenous People Forum – due 29 September

The organizers of the IDF Diabetes in Indigenous People Forum (to be held on 13-15 November 2006) are inviting abstracts for posters that will highlight programs which address diabetes in Indigenous populations. The deadline for poster abstracts is Friday 29 September. For information on layout specifications and how to submit, please go to:
http://www.meetingsfirst.com.au/meetings/Diabetes%202006/Site/abstracts.htm

New Aboriginal Health - Publications:

Smith JD, O'Dea K, McDermott R, Schmidt B, Connors C. (2006) Educating to improve population health outcomes in chronic disease: an innovative workforce initiative across remote, rural and Indigenous communities in northern Australia, *Rural and Remote Health* 6 (online),: 606. http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=606 .

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Chronic Disease Management

Rachel: r.overell@gpdv.com.au

Asthma Score

The Asthma Score was developed in 2002 as an innovative, quick, and easy resource to be used in the assessment of patients' level of asthma control. It was designed to be used by both healthcare professionals and patients in conjunction with (but not replacing) current tools for monitoring asthma control.

The Asthma Score consists of five questions, reflecting all aspects of asthma control described in current asthma guidelines, and which have been validated against official measurement methods and specialists' ratings. Completing the Asthma Score encourages best practice asthma management.

Further information on the Asthma Score is available online at www.asthmascore.com.au

Diabetes Management in General Practice

The Diabetes Management in General Practice booklet is produced each year by Diabetes Australia in conjunction with the RACGP. It provides a summary of current guidelines and recommendations in the management of type 2 diabetes in the general practice setting.

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The 2006/7 edition is now available at the special price of $1.64 per copy (+ GST). Contact Carole Webster at Diabetes Australia National Publications on 02 9527 1951 or 1300 136 588 to request copies.

Diabetes Workshop

The **Heart disease and diabetes: Addressing risk factors and motivating behaviour change** workshop will be held on Monday 9 October 2006 at The Royal Melbourne Hospital. The workshop is suitable for health professionals from both the acute and community sector who wish to help patients change their lifestyle. For details on the workshop program please contact Emma Llewelyn on 03 9326 8544 or email: emma.llewelyn@heartresearchcentre.org. Earlybird registration costs $150 (until 25 September) or $170 thereafter.

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CDM Item Support — Rosemary: r.fenech@gpdv.com.au

Medicare Australia – Audit of CDM items

Medicare Australia plans to conduct Australia wide audits of CDM care planning in early 2007 as part of its ongoing audit program.

This audit will improve the post implementation review of the CDM items by assessing compliance of GPs with the MBS requirements for the items. It will also assist in education of GPs (when required) about the appropriate use of the items.

A CDM items checklist is available on the DoHA website that GPs can use to help assess how well their CDM plans measure up to MBS requirements. The Checklist is available at www.health.gov.au then follow the links to the A-Z index and go to C for Chronic Disease Management Medicare items.

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

Congratulations to the winners of the 2006 Public Health Awards

The 2006 Public Health Awards for Excellence and Innovation were presented on Tuesday 5 September by the Minister for Health, the Hon. Bronwyn Pike MP.

The Awards recognise and celebrate the significant contributions made each year by Victoria's public health community. This year marked the tenth anniversary of the Awards, which have recognised close to 60 outstanding Victorian public health projects over the past decade.

Awards were given in three categories, reflecting integral components of public health:

- Public Health Research
- Public Health Programs
- Public Health Spotlight (the theme for 2006 was supporting childhood health and wellbeing).

In each of the categories awards are presented for:

- Excellence: recognising quality
- Innovation: recognising promising new work.

The 2006 winners are:

- Public Health Research—Excellence: AusDiab Study
- Public Health Research—Innovation: Victorian Lifestyle and Neighbourhood Environments Study

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- Public Health Programs—Excellence: Sustainable Farm Families Project
- Public Health Programs—Innovation: Mental Health First Aid
- Public Health Spotlight—Excellence: Positive Parenting Telephone Service
- Public Health Spotlight—Innovation: Port Melbourne Childhood Nutrition Project

For more information about this year's winners, please visit to the Public Health Awards website.

Disease Prevention	**Rachel:** r.overell@gpdv.com.au

GPs play vital role in increasing breast awareness

Breast awareness activities promoted across Australia for Pink Ribbon Day (October 23) may increase the number of patients presenting with questions about breast cancer over the coming months, The Cancer Council Victoria's BreastHealth program advises.

In addition to the media activities of the Cancer Council and other organisations involved in fighting breast cancer, many community health and practice nurses from across the state are planning breast awareness activities; ensuring women have access to the latest breast cancer information. General Practitioners (GPs) are encouraged to use the lead up to Pink Ribbon Day as an opportunity to initiate conversations with their patients about the importance of being breast aware. GPs can help their patients by discussing the range of unusual breast changes to look out for, and by encouraging women aged 50-69 to have regular mammograms at BreastScreen. Research has shown that GP recommendations greatly increase cancer screening participation.

For more information on The Cancer Council Victoria's BreastHealth Program, visit: www.cancervic.org.au/breasthealth or call (03) 9635 5148.

BreastHealth information is also available in 17 languages, and can be accessed via: http://www.cancervic.org.au/multilingual

In addition to the multilingual BreastHealth resources, The Cancer Council Victoria's BreastHealth program offers a one-day breast education program that may be of interest to practice nurses. The training program is designed for health and community workers, who are new to the area of breast health and breast cancer, or those who wish to update their skills and knowledge. For more information on the BreastHealth training program phone (03) 9635 5421 or access via the web http://www.cancervic.org.au/breasthealth#training_program

This article has been provided by The Cancer Council Victoria's General Practice Program.

Cervical Screening

Women's Health Victoria has recently compiled the following list of articles relating to cervical screening and the HPV vaccine:

What is HPV? What is the cervical cancer vaccine? How was it developed? Who is eligible for it and what about pap tests? For answers to these questions and more read this article. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=24119&TN=catalog&ReportName=OpacBrief> written by Papscreen Victoria.

Detailed product information on the vaccine known as Gardasil was approved by the Therapeutic Goods Administration on the 16th June 2006. It available here. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=24064&TN=catalog&ReportName=OpacBrief>

Following the excitement around the development of the HPV vaccine, a discussion of the issues

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central to effective implementation of the HPV vaccination program can be accessed here. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=24123&TN=catalog&ReportName=OpacBrief>.

The Australian Institute of Health and Welfare has just released a report on the performance of the National Cervical Screening Program. It includes data on screening rates, detection of low and high-grade abnormalities, the incidence of cervical cancer, and mortality. You can access the report here. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=24144&TN=catalog&ReportName=OpacBrief>.

How often should women undertake cervical screening? Every 1, 2 or 3 years? Is it time to change the current policy? For an opinion on this hotly debated topic read on. http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=14149&TN=catalog&ReportName=OpacBrief>

A review of the cervical screening guidelines was undertaken and approved by the NHMRC in June 2005. These updated guidelines involved widespread consultation with leading experts in the fields, clinicians and consumers and provide an account of the latest research and data. You can access the guidelines here. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=21554&TN=catalog&ReportName=OpacBrief>.

For a discussion of what the new guidelines mean for women and some of the changes and controversies read on. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=23486&TN=catalog&ReportName=OpacBrief>

A longitudinal study has shown that condoms may be relatively effective in preventing transmission of genital HPV virus to women, contrary to the results of previous, less well designed studies. The article is available here. <http://resources.whv.org.au/InmagicGenie/opac_report.aspx?AC=QBE_QUERY&QY=Find+CatID=24122&TN=catalog&ReportName=OpacBrief>

Women's Health Victoria's Clearinghouse has a wealth of information on gender in health available in various formats. To contact the clearinghouse email your request to clearinghouse@whv.org.au or phone 03 9662 3755.

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Macular Degeneration

It is important to encourage patients to have regular eye tests, as with most eye conditions early detection allows for the best possible outcome/

Macular Degeneration (MD) is the degeneration of the central part of the retina – the macular. There are two types of MD. The Dry type results in a gradual loss of central vision. The Wet type is caused by abnormal blood vessels growing into the retina, sudden loss of vision is characteristic and vision loss may be severe.

The Macular is the central part of the retina and is responsible for seeing detail. When it is damaged as it is in people with MD they will often report having difficulty with fine vision and may complain of distorted and dark or empty patches in vision. People may also experience the need for increased illumination, sensitivity to glare, poor colour sensitivity and decreased night vision.

Although there is no cure for MD there is several treatment options designed to slow the progression of certain types of MD. Wet MD treatment includes laser therapies which aim to preserve vision and

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avoid severe vision loss. New treatments are currently being made available and further research is being conducted in many areas including anti-VEGF drugs.

Many people with MD will eventually benefit from low vision services and support groups. To find out more about MD contact:

- Macular Degeneration Foundation on 1800 111 709 or visit www.mdfoundation.com.au
- Macular Vision Loss Support Society of Australia on (03) 9803 3170
- Vision 2020 Australia on (03) 9656 2020 or visit www.vision2020australia.org.au

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

Hepatitis C Awareness Week 1 – 7 October 2006

This year the Hepatitis C Awareness week theme is 'Hepatitis C take control'. The 2006 Awareness Week aims to promote general public awareness of hepatitis C, with a particular emphasis on effective self-management practices for people living with hepatitis, their friends and family, and those involved in their care. Chronic health conditions affect people both physically and emotionally. They have a long-term impact on health, well-being and quality of life. Learning ways to self manage the challenges associated with chronic hepatitis C can make people feel more in control of their lives.

Further information on Awareness week may be found at www.hepcawareness.net.au or by phoning 1300 HEP ABC (1300 437 2220.) The Hepatitis C Council of Victoria is a statewide organisation representing and catering to the needs of people with hepatitis C, their carers, partners, family and friends. The contact details for the Hepatitis C Council of Victoria are: Suite 5, 200 Sydney Road Brunswick Victoria 3056, Telephone: 03 9380 4644, Country Callers: 1800 703 003, Web: www.hepcvic.org.au

HIV and Hepatitis Courses October 9 and 10

Short course in viral hepatitis

This two day course will provide an overview of hepatitis C and hepatitis B, including epidemiology and transmission, natural history and disease progression, risk assessment, screening and diagnosis, management and treatment options.

The course will also will explore advanced hepatitis C medicine, considerations before specialist referral (including psychological assessment), alcohol and other drug use; the role of the specialist and the decision to treat; practicalities of treatment; long-term management of patients; co-infection with hepatitis B and HIV; extrahepatic manifestations of HCV.

Short course in HIV medicine

This two-day course provides medical practitioners and allied health professionals with training in the basic science of HIV, pharmacology, monitoring, treatment and management issues. The direct link to both courses on the ASHM website is at: http://www.ashm.org.au/courses
For more information contact Sonja Hill on: sonja.hill@ashm.org.au or call: 02 8204 0724

Hepatitis B Vaccination

A review of acute hepatitis B notifications to the Department of Human Services indicates that approximately 40% of newly acquired hepatitis B infections occur in the setting of pre-existing hepatitis C infection. Co-infection increases the risk of liver disease progression and makes clinical management of both viruses more difficult. The Australian Immunisation Handbook recommends

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that all injecting drug users who have not been infected with hepatitis B should be vaccinated.

The Department of Human Services provides free hepatitis B vaccine for injecting drug users. Please call the Immunisation Program on 1300 882 008 for a Victorian Hepatitis B Program order form. Resources available include:

- Paediatric Hepatitis B vaccine
- Adult Hepatitis B vaccine
- Hepatitis B fact sheets
- Immunisation record cards

If you have any enquires regarding this matter or hepatitis in general, please contact Kate Gibson, Viral Hepatitis Public Health Nurse, on 90965325.

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

Targeting Low Coverage Immunisation Progarm

GPDV was unsuccessful in their tender for the DHS funded targeting low coverage immunisation program. At the next immunisation network meeting on 19 October there will be an opportunity for discussion on what divisions will do now given the demise of the Regional Data Quality Officer Program. To assist in this discussion we have been able to secure Brynley Hull from the National Centre for Immunisation Research and Surveillance to present on both the timeliness of immunisation and targeting low immunisation coverage areas.

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

Feedback from SBO Lifescripts meeting

SBOs and ADGP met on 28 and 29 August regarding Lifescripts. Two items discussed at the meeting will be of particular interest to divisions.

Firstly, the current Indigenous resources are being reviewed. Redevelopment of these resources will go to tender. The request for tender is likely to be announced in October.

Secondly, a brief update was provided on the 45+ health check MBS item. A fact sheet an item descriptor will be available in mid October. DoHA advised that a strategy for broader education and training is still being developed, with further information available in November.

Diary date

A Lifescripts workshop will be held on **Wednesday 1 November**. The primary focus for the workshop will be on the 45+ health check item. Further information will be available shortly.

Lifescripts – supporting research

The article “Small changes ‘add years to life’” provides further support for the Lifescripts initiative. The article details a Cambridge University study that looked at over 25,000 people. The study found that stopping smoking, exercising more and eating better could give you the life expectancy of a person 11 to 12 years younger.
Further information can be found at: http://news.bbc.co.uk/1/hi/health/4941910.stm

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Consulting a dietitian? Your rights and responsibilities

The brochure, "*Consulting a dietitian? Your rights and responsibilities,"* has recently been developed by the Dietitians Association of Australia. The brochure outlines client responsibilities and also explains the responsibilities of dietitians. Copies can be ordered by calling the DAA National Office on 1800 812 942 or emailing Tania Ferraretto: tferraretto@daa.asn.au

Lymphoedema

Hari: h.kakouris@gpdv.com.au

General Practice Education Project

The Lymphoedema Education Project is a DHS-funded initiative to raise awareness of lymphoedema in general practice in Victoria. A review of lymphoedema services in Victoria conducted by DHS in 2005 found significant delays in diagnosis – **9.4 years** for patients with the primary form of the condition and **4.4 years** for patients with the secondary form. Left untreated, lymphoedema can have a considerable impact on quality of life.

GPDV, in partnership with the Lymphoedema Association of Victoria and the National Breast Cancer Centre, will be developing a range of resources for GPs and Nurses in General Practice to aid timely diagnosis and referral for effective treatment.

Proposed activities

At the recent CPD Network meeting, I had the opportunity to present an overview of the Lymphoedema Education Project to CPD co-ordinators and program staff from 25 Divisions. Feedback from the group suggested inclusion of a short module on this topic in upcoming or existing programs within Divisions (e.g. wound care, cancer care, women's health) would be the most effective strategy to reach as many GPs and Practice Nurses as possible, whilst being time and cost effective for Divisions.

I am looking forward to coming out to Divisions to work out the best way any materials can fit in to your current planned education approaches. If you have any suggestions or comments please contact me on (03) 9341 5236.

For more information on lymphoedema, visit the websites www.lav.org.au and www.flinders.sa.gov.au/lymphoedema

Medication Management

Rachel: r.overell@gpdv.com.au

Guiding Principles for medication management in the community

On the 4 August 2006, Minister for Health Tony Abbott announced the release of the publication Guiding principles for medication management in the community. The publication was developed by the Australian Pharmaceutical Advisory Council with support from the Commonwealth Government and is described by the Minister as an important reference for the management of medicines for people on complex medication regimes in their own homes. These Guiding Principles are targeted at paid health and community care service providers supporting older people to manage their medicines in their home and in the community. A copy of the media release is available at http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb112.htm?OpenDocument&yr=2006&mth=8

To promote awareness and encourage implementation of the APAS Guidelines for medication management in the community a powerpoint presentation has been developed. Organisations are invited to adapt the presentation to suit their particular needs. Go to: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/apac-publications-guiding for the presentation.

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Latest changes to prescribing information

MIMS 100% pure knowledge

New products

The vaccine, Gardasil, is now available on private script for the prevention of cervical, vulvar and vaginal cancer, precancerous or dysplastic lesions, genital warts and infection caused by human papilloma virus (HPV) types 6, 11, 16 and 18 in females aged nine to 26 years. It is also approved for the prevention of HPV infection in males aged nine to 15 years. This intramuscular vaccine (0.5 mL) is to be administered at zero, two and six months. It costs about $150 per dose.

Bonviva Once Monthly (ibandronic acid) is available for the treatment of postmenopausal osteoporosis. It belongs to the nitrogen-containing group of bisphosphonates. It is available on private script as a 150 mg tablet once a month, in packets of one or three tablets.

Safety-related changes

New confirmed or potential interactions between warfarin and complementary medicines include: garlic (Allium sativum), Korean ginseng (Panax ginseng), ginkgo biloba (Gingko biloba), feverfew (Tanacetum parthenium) and ginger (Zingiber officinale). There is some evidence that glucosamine, chondroitin and cranberry juice (Vaccinium species) might increase the activity of warfarin as well. INR should be assessed within two weeks of a patient commencing or changing the dose of a complementary medicine.

New adverse reactions for Zomig (zolmitriptan), a serotonin agonist used in the treatment of migraine, include: common (≥1%–<10%) abnormalities or disturbances of sensation; palpitations; abdominal pain; vomiting; muscle weakness; and heaviness, tightness, pain or pressure in limbs. Uncommon (≥0.1%–<1%): tachycardia; transient increases in systemic blood pressure (more pronounced in elderly); polyuria; and increased urinary frequency.

The precautions and interactions section of the prescribing information for the SSRI, Zoloft (sertraline), has been updated. It warns of increased risk of bleeding abnormalities of the skin and mucous membranes with concurrent use of NSAIDs, aspirin, warfarin or other medicines that affect coagulation. Pharmacological gastroprotection should be considered for high-risk patients.

This information is a summary of only some of the changes over the past month. Before prescribing, always refer to the full Product Information.

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Practice Capacity

Rachel: r.overell@gpdv.com.au

Practice Capacity for Chronic Disease Management Research

The links to the documents below summarise findings from the CGPIS practice capacity research project, which underpins GPDV's approach to practice capacity.

Managing chronic disease: what makes a general practice effective?
http://www.cgpis.unsw.edu.au/files/Practice%20capacity%20research%20summary%20OVERVIEW%20FINAL%2020060424.pdf

Managing chronic disease in general practice: from the patient's point of view
http://www.cgpis.unsw.edu.au/files/Practice%20capacity%20research%20summary%20PATIENTS%20FINAL%2020060424.pdf

Managing chronic disease: teamwork in general practice
http://www.cgpis.unsw.edu.au/files/Practice%20capacity%20research%20summary%20TEAM%202020060614.pdf

For further information please contact Rachel on 9341 5208 or email r.overell@gpdv.com.au

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RACGP 3rd edition standards myth busting

As quite a few practices in different Divisions are either considering accreditation or actually preparing for accreditation or re-accreditation, it would seem timely to clear up a few misconceptions and bust a few myths.

There are a few myths doing the rounds about the requirements of the RACGP 3rd Edition Standards. Under the 3rd Edition Standards, practices DO NOT have to have:

- A purpose built vaccine fridge
- A defibrillator
- An ECG (but you do need to have timely access to one)
- A spirometer (but you do need to have timely access to one)
- Height adjustable beds
- A computerised system (paper-based systems are still okay)
- A register of significant events
- A complaints register.

The RACGP 3rd Edition Standards reflect a move towards recognising that each member of the practice team, and the team as a whole, contributes to quality improvement within the practice. The GP is no longer solely responsible for the structures, systems and processes that deliver quality and safety; each member of the practice team plays an important role. The 3rd Edition Standards do not prescribe exactly how a practice should provide care; they focus on the principles of quality and safety.

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

Division Staff Profile (thanks to the Alliance for the questions☺)

1. *What is your FULL name?*

Hayley Louise Haggerty.

2. *Which Division employs you? And where is it? What is your work title?*

I work for The Westgate Division of General Practice. It is west of the Westgate Bridge in Melbourne (This is how I find the office as I am from Qld originally). The division is outer urban to rural areas. My work title varies from week to week. Presently I am a consultant to the Division working as a Project Officer on their Nursing in General Practice Project and their Victoria Uni Undergraduate Nursing Placement Project.

3. *How long have you worked on the Nursing in General Practice program at the Division?*

Just over 6 months.

4. *What do you like best about NiGP?*

The opportunity to develop skills in any area of Nursing without leaving the one workplace. The fact that it is one area of nursing you get a chance to keep people well and avoid ill health.

5. *What NiGP projects are you currently working on?*

Recruitment and Retention, Data Collection, Education Facilitation and the Nursing Undergraduate Student Clinical Placement Project. This hopefully is being expanded to include a pilot Post Graduate Year Program.

6. *What attracted you to nursing?*

I really don't know but I think the show "Young Doctors" had something to do with it.

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7. *If you were not working in Division-land, what would you be doing now?*

Helping my other half to complete yet another renovation. (Good thing I am here!!)

8. *Where did you grow up?*

Gladstone in Central Queensland.

9. *What is your fondest childhood memory?*

All the sport we played and my parents being there to cheer us on.

10. *Could you tell us a little about your family?*

Mark my partner of 4 years. We met in the Qld Police and I followed him down to Melbourne for work reasons. Our son Oscar (3 years) who loves to entertain people with his antics.

11. *If you were stuck on a desert island, what would be the three things you would take?*

My partner to cook, my son for entertainment and an endless supply of chocolate.

12. *If you were stuck on a desert island, what would be the three 3 things you are glad you no longer have to concern yourself with?*

Renovating, Melbourne Winters and getting up early.

13. *Who would you MOST like to sit next to on a flight?*

Russell Crowe - The man can act!!

14. *What book are you reading at the moment?*

The CSIRO total wellbeing diet because some of my patients have asked me questions about the diet.

15. *What music are you listening to at the moment?*

Anything by the Wiggles or Jo Jo's Circus – my three year old controls all remotes.

16. *What is your favourite holiday destination?*

I have always loved Tuscany but would endure Southern France if I had to!!!!

17. *What is your ALL time favourite movie?*

Toss up between "Romper Stomper" and "Gladiator"

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Nursing in General Practice – National Divisions Forum

ADGP recently hosted a very successful national forum in August for Nursing in General Practice, funded by the Department of Health and Ageing. 107 divisions were represented at the Forum with over 140 delegates attending. Twenty nine Victoria divisions attended the forum.
Eight Divisions from across the country showcased their work.

Kerry Parry (Area Manager West) and Brenda Fehring (Area Manager East) present a short paper about the Division's development of their practice nursing education & networking program that has evolved over the past 8 years and continues to develop and grow!

Murray-Plains Division of General Practice has a long history of engagement with practice staff that commenced with bimonthly meetings for Practice Managers in 1997. The first Practice Staff Weekend for Practice Managers, Nurses and

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other practice staff was held in February, 1999 at Ravenswood, Victoria. These weekends have continued with the 7th annual weekend taking place in May 2006 at Moama.

In 2004 the vital role of the practice nurse was recognised by implementing a separate practice nurses' stream at the Practice Staff Weekend.

The Division acknowledges that practice nurses are often a rare, precious commodity which can be overlooked in General Practice (or overwhelmed by non-clinical duties) and endeavours to provide the forum for Practice Nurses in rural areas particularly to network with each other whilst obtaining valuable skills and education.

A couple of the comments from the most recent weekend were:

"Thank you for your inspirational speakers, we all get so busy in day to day running of clinic – we need to sometimes stop & take stock of alterations we can make and how to do so, thank you."

"Just a quick note, we have been frantic since Monday!!. Thanks again for a great weekend. Probably one of the most beneficial for us, having the extra two staff members was a huge plus, thanks for encouraging me to organize that! I know Bronwyn and Sue are working on the diabetes and Sandra (front desk) seemed to get an insight into how it all works, which will be a great help to me. Talk soon, Helen"

Well done - you did a marvellous job!

The forum provided a crucial opportunity for divisions to showcase their work in supporting practice nurses, share their experience and to strengthen networks with other Divisions.

Key messages from the forum confirm the role of nurses as pivotal members of general practice teams and the important role that divisions play supporting local practices to employ nurses and in providing support and education and training opportunities for practice nurses.

Karni Liddell was the guest speaker for the dinner on Tuesday night. Karni was born with a muscle wasting disease known as Spinal Muscular Atrophy. Karni gave an inspirational presentation about her trials and remarkable achievements living with this condition. She is a former Paralympian in swimming and an ambassador for the Australian Paralympics team. We can vouch for the entire audience when we say this, but we were completely humbled after her presentation- it really put things into perspective for us.

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A summary of the key points from the sessions, copies of the PowerPoint presentations and a report of the feedback will be posted in the near future to the ADGP website.

Australian General Practice Nurse Study

ADGP is part of a collaborative research team that is currently undertaking the Australian General Practice Nursing Study, which aims to examine the role of nurses in general practice and to identify ways of expanding or changing these roles to improve primary health care delivery. The research is conducted by a team with members from the Australian Divisions of General Practice, the Australian National University, the University of Melbourne and Manchester University in the United Kingdom.

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Phase Two of the Study involves seven case studies exploring ways of developing further the roles and activities of practice nurses. This builds on the first phase, which mapped the activities and roles of nurses in 25 general practices.

The aims of this project are:

- To institute specific, small scale, change management projects in seven general practices in different settings addressing the activities and roles of the practice nurse.
- To assess the effectiveness of each change project in meeting the specific aims articulated by that practice team.
- To evaluate the role of the practice nurse in the change management process.

The change process differs somewhat from other division projects, in that the practices will be involved in designing the change management process.
ADGP are seeking Divisions who are interested in assisting with recruitment of practices for this phase of the project, and also in the possibility of providing facilitation and ongoing support to a participating practice, should one from their Division be chosen.

The exact nature of the support will depend on the change requirements of the practice. We will support Divisions to undertake training in the methods of the project through attendance at an introductory workshop in late October 2006.

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National Resource for Nursing in General Practice

A draft form of the National Resource for Nursing in General Practice is now completed. Validation of the resource will be undertaken in a number of ways including:

- through focus groups with practice nurses
- through on-line feedback from Divisions, General Practices and other key stakeholders.
- with a variety of 6-8 general practices including those who are considering employing a Practice Nurse and that have recently employed a Practice Nurse. Practices will be from both a rural and urban settings.

We are seeking your assistance through Divisions to identify practices that would be interested in validating the National Resource. The National Resource is divided into 5 sections;

- For all stakeholders,
- For the employer
- For the nurse
- For the general practice team
- And for Divisions of General Practice.

What will validation involve?

- Participating practices and their Division will be sent a copy of the draft Resource.
- Participants will be required to review the section/s of the resource relevant to them.
- A member of the project team will arrange a site visit to the division and practice to conduct a feedback interview.
- Ideally at the practice we would like to interview the employing GP, the practice manager and possibly a practice nurse who has just been recently employed.
- The interview will take approximately 2 hours. The interview can occur simultaneously with all team members or on an individual basis.
- An honorarium of $200 will be paid for each participating practice and Division.
- Feedback will be provided to each practice and Division involved with the validation process.

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To register practices interested in participating in the validation of the National Resource contact Toni Rice on trice@adgp.com.au by the 22nd September 2006.
Practices selected to participate in the validation process will be notified by the 29th September 2006.

General Practice Nurse Leadership Program

ADGP has been working with the University of New England Partnerships (UNE) to develop a leadership program for practice nurses. The key aim of the program is to provide potential practice nurse leaders with the skills and confidence to become involved in planning and decision making functions in the development and delivery of primary care services.

ADGP recognises practices nurses as core members of general practice teams and as integral to improving access to high quality primary care services. As such, it is important for practice nurses to have input into health planning activities.

The Nurse Leadership Development program for nurses who are engaged in primary health care services being:

- A nurse employed in private and public general practice
- Nurses employed by Divisions of General Practice.

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ADGP is currently in discussion with the Department of Health and Ageing to be able to offer some scholarship support for entrants into the program due to commence in early 2007. Further information regarding this please contact Lesley Czulowski l.czulowski@gpdv.com.au

CLINICAL UPDATE

Nurse-led care reduces cardiovascular risk factors

Monitoring of medication by diabetes nurses can significantly reduce blood pressure as well as improve HDL cholesterol levels and renal function, a study in Britain has concluded.

The study recruited 110 patients with type 2 diabetes who had blood pressures above 140/85 mmHg despite taking at least one antihypertensive medication. The nurse-led intervention provided education about cardiovascular risk factors and advice about lifestyle, and also implemented a protocol for four-weekly review of medications and blood pressure. Nurses did not have prescribing rights, but wrote to the patients' GPs to recommend adjustments to the doses of medication as well as the addition of new therapies when indicated by the protocol.

Simply referring patients to a nurse-led clinic rather than one run by consultants had an immediate benefit: blood pressures had dropped to within the target range in 31% of patients when measured on their first visit to the clinic, indicating that it was artificially high when measured by consultant physicians.

The mean blood pressure for the group was reduced from 150/76 mmHg at baseline to 130/68 mmHg, with the benefit sustained nine months later. There were 87% of patients who achieved the target of 140/85 mmHg or less.

Lipid levels and statin therapy was also monitored in the protocol, but GPs were generally reluctant to prescribe high doses of lipid-lowering medication despite recommendations from the nurses. However, there was an improvement in HDL cholesterol. The number of patients with microalbuminuria also improved, from 47% at baseline to 28% at nine months, and the proportion of smokers fell from 20% to 13%. Although glycaemic control was not a specific target of the protocol, HbA1c fell from 8.7% to 8.1%.

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"A protocol-driven, nurse-led clinic using an open clinical algorithm can be used effectively to manage cardiovascular risk reduction in type 2 diabetes," the study concluded.

Reference

Woodward. A. Wallymahmed, M. et al. 2006, 'Successful cardiovascular risk reduction in type 2 diabetes by nurse-led care using an open clinical algorithm', Diabetic Medicine, vol. 23, pp. 780-787.

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

Refugee Health Project

The aim of this new 12 month project is to encourage broader GP ownership and use of a comprehensive approach to the health assessment of refugees in Victoria. The consultant for this project, Annette Dupont, together with the GP project consultant, Dr. Kate Walker, have begun modifications of an existing assessment proforma to ensure that it is compatible with the new MBS refugee health assessment items.

They will be working to identify and develop means for disseminating the proforma as well as developing relevant support resources to GPs working with refugees. To this end, a project reference group has been established to obtain feedback on revisions being made to the existing assessment proforma and comments will be invited from mid-November. Strategies will then be identified to ensure a wide range of GPs and practice nurses are aware of and are using the new proforma. After its dissemination, data will be collated about the take-up of the refugee health assessment items by area and qualitative input will be gathered from key informants about the value and use of the revised assessment tool. If anyone wishes to speak with Annette about details of the Project please email her on a.dupont@gpdv.com.au or phone on Mondays – 9341 5200.

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