
The Highland Doctor

March 2009

Newsletter of the Southern Highlands Division of General Practice

From the Chair

Over the last few years, our Division has formed close alliances with Coast City Country Training and the University of Wollongong Postgraduate Medicate School. A number of our members have queried why this has become part of our "core business", and what this has to do with the day to day life of our local GPs.

On reflection, there are a number of possible answers. The first answer that comes to mind is that this is a short term part solution for workforce. The second is that exposure to good quality general practice – and my observations suggest that for the most part, the quality of care given in general practice in our district is high – is most likely to entice registrars and students into general practice. The third is that exposure to rural practice – and even the joy of the experience of living in the country – is most likely to attract these students and registrars to the bush in the future. The fourth is that teaching registrars and students is a great quality improvement exercise – for ourselves. To read, hear and talk of the best ways of doing things helps us refine our own practice and philosophies, and improves the care that we give. And lastly, the energy that these registrars and students bring is infectious – their palpable excitement and enthusiasm can't help but charge our batteries.

What can we do to make their experience as positive as possible? A few suggestions – stop talking general practice down. We frequently whinge of over-regulation, red-tape, paper-work, over-work, under-appreciation by specialists and health service; fear of litigation, complexity of the Medicare Schedule – to name but a few. I am sure

however, that many similar concerns would be expressed by other professionals (eg lawyers, accountants, engineers and so on). Whinging will not take these concerns away – but may well scare the next generation away from general practice.

Secondly, we are mostly highly appreciated by our patients and we can sometimes make a real difference in their lives; we are privileged to be regularly trusted and gain insight into their most intimate relationships and lives; we are financially well rewarded (even if not to the extent of our specialist colleagues) in a profession that is relatively recession-proof; we are relatively autonomous; every day is different and we are rarely bored; and we can mostly find areas of special interest that may complement our day to day work. So show them that we have fun in our lives! Treat them as peers and colleagues, even if students. And seek out their knowledge and opinion – a great way to learn for many of us who are 20-30 years (or more!) out of medical school.

While much of this activity will take place in the larger practices, we will all at some time have contact with these students and registrars. In July this year, six medical students from UoW (Simon Cole - Hill Top Surgery, Sarah Commens - Bowral Street Surgery, Sarah Lazar – Walker Street Surgery, Ryan Livingstone – Mittagong Medical Centre, Clare Perkins - Moss Vale Medical Centre, Peter Tan – Bowral Medical Centre) will start their Phase III Training – about 38 weeks in our community, and based in our general practices. A far cry from my own exposure to rural general practice – two weeks in 4th Year.

And in January, we welcomed five new registrars (Ji Hwang - Hill Top Surgery; Thilini Ranasinghe - Bowral Street Medical Practice; Asma Arain - Bowral Medical Centre; Chris Tsang and Elysia Thornton-Benko - Moss Vale Medical Centre) to the district. The new registrars will work in our district for between six and 24 months as part of their vocational training. Congratulations also to Rebecca Pelly, Anna Windsor and Sarah Baker for passing their FRACGP last year (incidentally, congratulations to the latter two for passing their Family Planning practical last year as well!).

Welcome to our new doctors and future doctors!!

Vince Roche

From the CEO

I thought readers might be interested in relevant parts of the Division's six month report to the Commonwealth to the end of December last.

Firstly, some data from the latest census (2006) which has recently been released. The population of the Division's area is approximately 48,000 when Bargo and Kangaroo Valley are added to the Wingecarribee Shire. There are 20.8% under 14 years (19.8 for NSW as a whole); 31.9% over 55 years (24.8 for NSW). We now have 67 GPs in the area across 20 practices.

Immunisation

Our immunisation rate for the 60-<63 month cohort is disappointing at 80.7%. However this new reporting cohort represents the older age group of the old larger age cohort and perhaps it can be expected that the rate will drop at the older end of the scale.

Aged Care Panels

The Aged Care Panel funding ceased at the end of June 200. However, the Division has used its surplus Panel funds to continue the work of the successful Aged Care Panels prior to June 2008.

This comprised eight Panel meetings, including medication matters; GP resource folders; advanced care directives; and the use of practice clinical software. There was a session on the role of the coroners. The Panels will continue to meet at reduced frequency with support from the RACFs and the Division.

Australian Better Health Initiative

The ABHI consortium project run by South West Sydney Divisions in close association with our Area Health Service (SSWAHS) is called Sydney South West Integration Program (SSWIP). The consortium comprises the Southern Highlands, Macarthur, Liverpool and Fairfield Divisions and the Central Sydney GP Network.

The program is governed by the Board of our Division, however this governance is delegated to the Program's Steering Committee which has representation from the participating Divisions; the SSWAHS streams of Community Health, Chronic Disease, Executive Service and IT; as well as the Professorial GP Unit at Fairfield and UNSW. The principal achievement is an agreement with SSWAHS for an area-wide integrated diabetes education plan which can lead on to other chronic disease modalities. Other major current activity concerns GP/Health Service co-locations as well as IT/IM matters. This plan will relate to all of the SSWAHS area, in which large parts have very poor diabetes education services. However, in our area we have had an excellent service for some 15 years. Nevertheless, the plan is expected to lead to assistance for Jill Snow in coping with the increasing numbers of cases of Type II Diabetes.

More Allied Health Services

Based on a needs analysis and GP survey, the Division continues to use its MAHS funding for diabetes education and care monitoring; exercise physiology; and secondary prevention in cardiovascular disease. By coincidence, these services form an interlocking triad in chronic disease care.

Workforce Support for Rural GPs

Our area is sometimes a declared Area of Workforce Shortage, but not so at December 31, 2008. However, it is the northern end of the Shire which enjoys adequate numbers of GPs

with the southern based around Moss Vale being undersupplied. The Division is working with the Moss Vale GPs in the development of a new multi-practice facility to attract GPs and others to that location.

The Division welcomes newly arriving GPs, however since they generally go to the large practices, they tend to be 'looked after' for social and family support by the practices.

The Division also has strong relations with the registrar and student bodies as a means of later attracting future GPs.

Commonwealth Rural and Remote Infrastructure Grants

A notice appeared in the press recently advising of the third round of these grants which are for a maximum of \$500,000 for building works or capital equipment. Any practice interested should go to the Department of Health and Ageing's website for information or to download a registration form.

Applications close at 5.00pm on April 17, 2009. If I can be of assistance, please contact me at the office.

Other matters on the boil

At long last SSWAHS is launching its ultimate hospital discharge summary program. This is about to be trialled in Central Sydney. It will be doctor not practice specific and will be able to be downloaded directly into practice software. Tis new program will include Docfax and will subsume and improve our existing reports.

The Division is to revisit the issue of specialist/GP electronic communications in the hope of at long last being able to do away with having to scan specialist letters into practice clinical software.

Finally, there are two more funding initiatives coming through from the Commonwealth. They are: an extension of the BOMH Program to specifically target perinatal depression; and a program for chronic disease self management.

For more information of any of the above, don't hesitate to contact me.

Warwick Ruscoe

Glycaemic Highlights

The autumn leaves are falling by my window and all I can think of is "Fluvax". Sad isn't it - but real!

I am continually impressed with our system of Diabetes care in general practice. It all "just happens" now and I'm sure the reason we have commendable levels of glycaemic control is due to the diligent recall and review processes alive and well in your surgeries.

I would like to welcome Colleen Johnston to the team - Colleen is assisting Anne Rogers with the admin side of things, so she may be the one you talk to at the Division about appointments etc.

I have acquired a program that can analyse Accutrend blood glucose meter readings over 2-12 weeks. I have found this useful in trying to breakdown pre or post prandial reasons behind high HbA1c's thus assisting people with diabetes to reflect on lifestyle habits and medication inadequacies. With the strong link between high postprandial glycaemic swings and microvascular complications, the program can detect if and where these swings are happening. It is proving to be a good teaching tool for patients. For this reason, I am updating Accucheck meters to a compatibility level at no charge to the patient. Please don't hesitate to refer patients with high A1c's for review.

Diabetes Australia is providing an educator for four hours a month to educate our "pre-diabetes" patients who are not suitable for the Live Life Well Program. This has been a successful initiative. It is complemented by a two hour group education session delivered by a diabetes educator and dietician every month.

The REO program is still taking referrals. We are soon to launch a web entry database that allows GPs to safely access their patients' progress in the program. Please contact Ian Wall (ph 48622268) if you are keen to trial it.

We will also be starting diabetes group exercise sessions which can be accessed using the Medicare referral forms. This will enable patient rebates, making it very affordable. This should start in April 2009.

The Live Life Well Program is rolling along nicely. Feedback from the Program's evaluation team is positive. Your patients are enjoying the group sessions and reportedly making significant lifestyle changes. Cheryl, Gail and Lucy are doing a wonderful job.

We have a target to reach 100 people every month. February reveals we have reached 30% of this target and 23% of our ultimate target. We are getting there. For those involved, remember it is just "identify and document" one person a day and we're there.

The two facts that keep us motivated are:

- Once diagnosed with T2 DM, a person has lost 60% of their Beta cell function and
- A person diagnosed with an Alc <7% does much better 5 + years down the track with complication reduction than those diagnosed >7%.

We have the process to address these facts. The Live Life Well Program has the strength to assist you to pull back Beta cell dysfunction and identify diabetes early. To date, the program has helped you identify six new cases of T2DM.

Keep up the good work.

Jill Snow

MENTAL HEALTH MATTERS

Mental Health Nurse Incentive Program (MHNIP)

The MHNIP continues to support GPs with the management and treatment of their patients with a mental illness. Referrals are made using the 2710 care plan and then faxed to the Division on 4861 6085. If you need to speak to me for further information please feel free to contact me on my office 4861 7884 or 4861 6084.

MAP Centre

The Division is pleased to announce that we are working in conjunction with the Blackdog Institute to open a MAP centre for patients in the Southern Highlands.

The Mood Assessment Program (MAP) is a world first computerised assessment and diagnostic program for patients with mood disorders such as depression and bipolar disorder.

Developed by the Black Dog Institute and incorporating nearly a quarter of a century of sophisticated clinical expertise in assessment, diagnosis and management planning for people with mood disorders (both depressive and bipolar disorders), the MAP has the potential to provide referring health professionals with the know-how of highly skilled mood disorders specialists.

To undertake MAP assessment patients must first obtain a referral from their treating health professional. GPs, Psychiatrists and Psychologists can refer patients for assessment. The patient then attends a MAP centre and spends approximately one hour entering information into a computer program.

The patient's data is run through a series of complex algorithms and a report is produced for the referring clinician. The report includes important diagnostic probability decisions. For example, the person may have unipolar depression or bipolar disorder, or a melancholic depression. Lifetime and current anxiety disorders (conditions that commonly drive secondary depression) are screened and recorded. Depression severity and clinical features are identified. Previous treatments (and their helpfulness and/or need to cease because of side-effects) are recorded in the report, as are general health risk factors, at-risk family history and developmental factors. The report finishes with a set of treatment guidelines to assist further management.

The MAP centre will operate from the same premises as the MHNIP at Highlands Medical Practice, 83 Bowral Street, Bowral. An information evening will be held on March 19, 2009. For further information please contact me on office 4861 7884 or Cathy Amos at the Division on 4861 6084.

Theresa Korman

Cardio-Vascular Program

The major goal of the cardiovascular program this year will be for me to be more actively involved clinically. Any patient who has cardiovascular disease can be referred to me for education but I'm particularly keen to be involved with those patients who have several risk factors not being well managed or who have a limited insight into their disease. I am also happy to support and work with the practice nurses in their role caring for cardiac patients.

As a strategy to encourage the long term adherence to the best practice management of cardiac risk factors, patients who are finishing the Cardiac Assessment Unit cardiac rehabilitation program are being encouraged to discuss with their GP benefits of EPC. We are hoping that this strategy will encourage the long term commitment to risk factor management that has been shown to benefit cardiac patients.

Registration, consent and draft care plans are now available on the division web site

I've been making my way around many of the practices and plan to get to the others in the next few weeks to explain the program to you all. I thank the practices I have already been to for their support and look forward to meeting the others.

Further information is available by contacting me at the Division.

Nerida Campbell

Bowral & District Hospital

We are aware that concerns have been expressed about the situation at Bowral Hospital, particularly in relation to Obstetrics and the ED.

We have requested a statement clarifying the position from the Health Service and will forward this to all GPs as soon as it is received.

AGED CARE News and Views

GP representatives and senior staff from local Residential Care Facilities continue to meet on a quarterly basis to update on current aged care issues and resolve areas of concern.

One recent issue was that independent living unit / self care residents were being advised by GPs that they could obtain assistance and care from the Burradoo Hostel staff. This is not the case and these patients should be referred to general community services such as Home Care, Meals on Wheels, Adult Day care groups etc. We are currently addressing the issue of frequent phone calls to GPs - unless the resident concern is serious, the residential care staff will fax information/request to the GPs - you can then consider the information in a session break.

Vince Roche and his Practice Manager, Helen Portus, have created templates for **ACAT** and **Community Acute / Post Acute Care (CAPAC)** referrals. Please contact me at the Division if you would like to access these templates.

Rural Palliative Care Project

This project is progressing well with the Program Launch on 19th February being well attended. Jane Mahony, Palliative Care CNC, has been employed to formalise care pathways and policies with the aim to provide a consistent approach to Palliative Care wherever the patient is receiving care - be it in hospital, at home in the community or in residential aged care.

There will be opportunities for education and information on important aspects of palliative and end of life care throughout the year. Contact me for any information, assistance or good ideas around best practice in Palliative Care.

Nursing in General Practice

Regular education sessions continue to be provided for Practice Nurses on areas relevant to Practice Nursing. A half day workshop is being developed for the 4 year old healthy kids check and will be held on Friday, 27th March. Subsidies for the College of Nursing Distance Education Immunisation Course and the Well Women's Course through Family Planning NSW are now available. The Division is also offering a **\$200 subsidy** for local nurses to attend an accredited program or conference.

Contact Margaret Mogg on Ph: 48 61 60 84

Education in Aged Care

I have been having discussions with John Barnett regarding appropriate CPD education in Aged Care – he is interested in the area of the effect of anaesthesia particularly after Orthopaedic Surgery. Please contact me if there is an area of aged care education you would like covered this year.

Check the Division website www.shdivgp.com.au – information and updates of directories occurring regularly. Queries will be answered when you email us. I am also happy to provide input at your practice meetings on MBS item numbers, care planning, case conferencing, community resources, etc.

Salute

margaret@shdivgp.com.au

Margaret Mogg



Immunisation Update

Four year old Health Checks

Just making you aware, if you weren't already, that from late January this year a letter was sent to approximately 800,000 parents/carers of children between two and five years of age, identified from the Medicare Database. The purpose of the letter is to raise awareness of the availability of the *Healthy Kids Check*. The letter also includes information about **immunisation** including a reminder that "it is recommended that children receive further immunisation at four years of age to ensure long-lasting protection of their health". There is a further paragraph in the letter outlining the benefits of immunisation and an Immunise Australia info line phone number and website details.

Who is eligible for this item? The *Healthy Kids Check* has been introduced for all four year old children who are permanently resident in Australia or who are covered by a Reciprocal Health Care Agreement. It is delivered in conjunction with the four year old immunisation. In some States and Territories (not in NSW), the four year old immunisation may be provided at a slightly earlier or later age. Children receiving this earlier or later immunisation will be eligible for the *Healthy Kids Check* if they are over the age of three years and under the age of five years.

Can a child who won't be immunised still receive a Healthy Kids Check? NO. In circumstances where a parent/guardian chooses not to immunise their child, the *Healthy Kids Check* cannot be provided as service for which an MBS rebate may be claimed. A medical practitioner or nurse may choose to provide a service that mirrors the *Healthy Kids Check*, but that service **would not** be regarded as a *Healthy Kids Check* for the purpose of Medicare billing.

Does the medical practitioner or nurse providing the *Healthy Kids Check* also provide the four year old immunisation?

No. There are a range of methods for delivering the four year old immunisation, and the patient's parent/guardian may choose to have the four year old immunisation delivered in a different setting (e.g. a community health centre). The medical practitioner or nurse is required to record the patient's immunisation status - i.e. whether the four year old immunisation has already been provided or will be provided in the future.

I will also be informing all local preschools and the council immunisation clinic regarding the changes to the four year old vaccination schedule and the *Healthy Kids Check* to assist them with answering parent/guardian questions should they occur.

Immunisation rates for the four year old cohort have dropped to 80% for the Southern Highlands, so parents are not getting the message. It is hoped that the four year old *Healthy Kids Check* and the changes to the Centrelink Maternity Immunisation Payment and the ACIR Due and Overdue Rules will encourage parents to vaccinate their children at four years of age.

Gardasil Update (Funding etc.)

The information below is provided by the Immunisation Programs Section, Department of Health and Ageing, Canberra, January 15, 2009.

Please Note: a change to the details for the end date for the National HPV Vaccination Program catch up program delivered through general practice & community immunisation. It was due to finish on 30 June 2009. Eligible women will be able to have their second and third dose of Gardasil as part of the National HPV Vaccination Program until December 31, 2009.

- 12-13* to 18 year old girls who have not completed their course at school, and
- 18-26 year old women.

The Program finishes on June 30, 2009, so to be eligible for free vaccine, all females in the above age groups must have started the course with their first dose of the vaccine on or before June 30, 2009 and completes all three doses by December 31, 2009.

Note:* Eligibility is from the age of the first year of secondary school in NSW.

HPV Register - no online access as yet for NSW immunisation providers. The Division will inform all practices when this is available, so continue to send any encounters by fax or post. Please ensure that your practice has registered with HPV register for future data access.

2009 School-based Vaccination Program

Year 7

- Gardasil (Female Students Only)
- Hepatitis B (All students in Yr 7 who have not completed a course of Hep B previously)
- Varicella (All students in Yr 7 who have not received the vaccine previously or who have not had chickenpox previously)

Year 10

- Boostrix (All students in Yr 10)

Cheryl Jones



QUALITY USE OF MEDICINES

National Prescribing Service

RADAR (*Rational Assessment of Drugs and Research*)

NPS RADAR articles provide timely, independent, evidence-based assessment of new drugs, new PBS listings and research for health professionals. In the December 2008 issue of RADAR the following topics were covered:

Title	Why read this
Zoledronic acid (Aclasta) for osteoporosis after fracture	Zoledronic acid (Aclasta) is a once-yearly intravenous bisphosphonate infusion given as the sole anti-resorptive agent for established osteoporosis in women with any fracture due to minimal trauma, and men with a hip fracture due to minimal trauma.
Once-daily tramadol extended-release (Durotram XR) for pain	Three different formulations of tramadol are now available in Australia: immediate-release, taken every 4–8 hours; sustained-release, taken twice daily; and extended-release, taken once daily. Tramadol extended-release (Durotram XR) is a biphasic formulation of tramadol: 25% of the dose is released within 2 hours, while the remaining 75% is gradually released over 24 hours. Tramadol extended-release taken once daily has similar efficacy to that of twice-daily tramadol.
Alendronate with cholecalciferol (vitamin D ₃) (Fosamax Plus) for osteoporosis	This new formulation of alendronate with cholecalciferol (vitamin D ₃) (Fosamax Plus) contains twice the cholecalciferol dose of the previous formulation — 5600 units in a once-weekly dose, equivalent to 800 units/day. The cholecalciferol 2800 unit formulation is gradually being phased out by the manufacturer.
Rosiglitazone (Avandia) and rosiglitazone with metformin (Avandamet) for type 2 diabetes mellitus	Rosiglitazone improves glycaemic control but there is a lack of evidence that it improves diabetes-related clinical complications and mortality. Rosiglitazone is no longer indicated in combination with insulin or for triple oral therapy in combination with metformin and a sulfonylurea. Rosiglitazone is a third-line choice. It may still be considered as part of

Title	Why read this
	dual therapy when either metformin or a sulfonylurea is contraindicated or not tolerated. Insulin should also be considered instead of rosiglitazone in these scenarios. Do not use rosiglitazone in people with heart failure or a history of heart failure.
Prescribing for up to 12 months allowed for some medicines for some people with chronic conditions	Repeat prescriptions may be written for up to 12 months for some medicines prescribed for some people with chronic conditions.
Erratum: Memantine (Ebixa) for dementia in moderately severe Alzheimer's disease	Information on the dose titration of memantine contained in Table 1 of the NPS RADAR review of memantine in the August issue was incorrect. The dose for the tablet formulation was correct but the dose for the oral solution was mistakenly halved.
Second human papillomavirus vaccine (Cervarix) included on the National Immunisation Program	A second human papillomavirus (HPV) vaccine (Cervarix) has been accepted for use through the National HPV Vaccination Program.
Nicotine patches for Aboriginal and Torres Strait Islander people	Nicotine patches (Nicorette, 15 mg per 16 hours) were authority listed on 1 December 2008 for nicotine dependence in Aboriginal and Torres Strait Islander people. This is the only nicotine replacement therapy subsidised for people who identify as Aboriginal and Torres Strait Islanders. The listing is part of the 2004–05 Budget measure to improve access to medicines for Aboriginal and Torres Strait Islander people.
Quetiapine extended-release tablets (Seroquel XR) PBS listed for schizophrenia	Quetiapine extended-release tablets (Seroquel XR) were added to the Schedule of Pharmaceutical Benefits on 1 November 2008 as a streamlined authority-required listing for schizophrenia. The extended-release tablets come in different strengths to the existing immediate-release tablets, and dosing and administration has changed slightly. Prescribers will need to instruct patients carefully to prevent confusion between the two formulations.
Rosiglitazone (Avandia) and rosiglitazone with	Lists adverse effects of and contraindications to metformin, including gastrointestinal

Title	Why read this
metformin (Avandamet) for type 2 diabetes mellitus — Intolerance and contraindications to metformin	symptoms, lactic acidosis, and renal impairment.
Alendronate with cholecalciferol (vitamin D3) (Fosamax Plus) — Vitamin D deficiency and supplementation	Describes risk factors for vitamin D deficiency in osteoporosis, sources of vitamin D and daily requirements.
Rosiglitazone (Avandia) and rosiglitazone with metformin (Avandamet) for type 2 diabetes mellitus — New York Heart Association grading of heart failure (NYHA)	Provides New York Heart Association grading of heart failure (NYHA) as additional content to rosiglitazone use for type 2 diabetes mellitus.

For more information go to www.npsradar.org.au. If you would like to receive RADAR updates regularly by email or hard copy please call Gail at the Division or subscribe via the NPS website (www.nps.org.au).

NEXT NPS TOPIC – TREATING THE SYMPTOMS OF DEMENTIA

The key messages covered in the one-to-one visits to GPs on the current NPS topic of Treating the Symptoms of Dementia are:

- Use non-pharmacological strategies at all stages
- Benefits of cholinesterase inhibitors and memantine are small, some people will not respond and adverse effects are common
- Monitor and objectively assess the effectiveness of cholinesterase inhibitors and memantine if they are to be used
- Trial a withdrawal of antipsychotics if there are no clear beneficial effects
- Plan to review medications regularly as well as opportunistically
- Counsel patients and their carers on the limited benefits of drug therapy

If you do not currently receive these educational, 20-30 minute visits which provide unbiased, evidence based therapeutic information, please call Gail at the Division to arrange an appointment at your practice.

NPS PROGRAM FOR PRACTICE NURSES

NPS now encourages the delivery of a program of education for Practice Nurses as well as GPs and pharmacists. Our own Division has been undertaking this for a number of years and it is now formally part of the NPS program. Locally, Practice Nurses are invited to various educational events, eg case studies, and on other occasions a presentation is made at the usual Practice Nurse meeting. If you would like your PNs to also have brief education sessions in the practice covering therapeutic topics offered by NPS please call Gail at the Division to organise this.

NPS CLINICAL AUDITS

Go to:

www.nps.org.au/health_professionals/activities/clinical_audits-for-gps to find the current clinical audit being offered by NPS.

NPS E-AUDITS

NPS Clinical e-Audits are free electronic versions of their quality improvement activities for GPs, using the audit-feedback-review cycle.

The Clinical e-Audit process involves participating GPs:

- completing electronic data collection for up to 20 patients
- securely submitting de-identified data online
- receiving immediate patient-specific feedback to assist implementation of changes to practice
- reviewing individual and peer feedback results based on best practice clinical indicators
- recording progress of individual patients automatically identified for review
- reflecting on improvements in practice.

More information about e-Audits is available on the NPS website – nps.org.au – under Health Professionals.

NPS MEDICINES TALK

A NPS publication called MedicinesTalk which is written by consumers for consumers, is a free quarterly newsletter that gives patients reliable, accurate information and useful hints on managing their medicines. MedicinesTalk is written and edited by Ros Wood and Sarah Fogg, and overseen by an Editorial Committee comprising medical experts, representatives of consumer organisations and the National Prescribing Service. If this would be useful in your practice, it is available from the NPS website under "Consumers".

PEN Clinical Audit Tool

For those practices which have not yet taken advantage of the free PEN Clinical Audit Tool from the Division, please call or email me to arrange to have a copy sent to you along with instructions for use. The tool is a system that assists the achievement of best practice and optimises the financial opportunities for GPs. It translates data from your practice into simple graphical information that is easy to understand and act upon. For more information please call me at the Division or check out www.pencs.com.au.

Gail Forlonge

CANCER SUPPORT SOUTHERN HIGHLANDS CANCER LEADERSHIP NETWORK

NEW DIRECTORY AND NEW INFORMATION CENTRE

The local Cancer Leadership Committee and the Cancer Council are soon publishing a Highlands Directory of Cancer Support Services which will be a useful addition to resources for both health professionals and members of the public. A copy of this will be posted to all GPs over the next few months and will soon be available on our Division website.

A new Cancer Information Centre is also opening shortly to assist patients, carers and health professionals to obtain information and support after a diagnosis of cancer. It will be staffed by trained volunteers and located in Bowral. More information about this centre will be included with the Directory being posted to GPs and on our website.

It is good to see the money we have raised at the local Relays for Life going to worthwhile projects through the work of the local Cancer Leadership Committee. If you would like more information about the work of this committee please call Gail at the Division.

After Hours Service

Last week you would all have received a request to provide details of your current Medical Registration and your current Medical Indemnity Insurance Certificates.

Thank you to those of you who have already returned the information, all must be received before the 20th March 2009. A few GPs hadn't ever signed an After Hours Service contract or applied for a location specific provider number for the Clinic. These forms were distributed as well to those who required them. Please complete them and return by the 20th March also.

The Service continues to operate efficiently. However, we have had a couple of difficulties regarding pathology requests. Please make sure all pathology requests, regardless of the pathology provider they are sent to, are completed thoroughly. Problems have arisen when results need to be chased. As the clinic is not aligned to a particular pathologist, you may send your requests to any pathologist you choose. Should the notes then need to be accessed to check on the pathology requested, we need to know whom to contact. It is imperative that a note be made in Medical Director as to where the pathology request is being sent.

In the blink of an eye it will be time for me to write the rosters for July –January 2010. If anyone knows that they'll be around on Christmas Day and wouldn't mind putting their hand up to be on that day – I'd love to hear from you! And you wouldn't have to do another Christmas Day for 30 years!!

Julie Huntington

Wingecarribee Health Service

Chronic Respiratory Care Program

Components of this program have been available since 2002. Community Health is now pleased to announce that the assessments, home visits and Community Acute /Post Acute Care (CAPAC) components of the program are available through the Chronic and Complex Care Program - Respiratory Clinical Nurse Consultant.

This includes:

- Physical and psychosocial assessment at home, Community Health Centre or GP rooms;
- Monitoring of exacerbation - intravenous medication, arterial blood gases (ABGs), spirometry, peak flow, oxygen saturation, assessment and observation, home oxygen;
- GP support – spirometry, establishing home oxygen, practice nurse education, ABGs;
- Education;
- Care Plan development;
- Referral to community supports and access to equipment; or
- Referral to palliative care for end stage.

The Respiratory Special Liaison Nurse is Sue Donohoe. Sue has considerable nursing experience and a very good knowledge of general practice and chronic disease management. Sue is available on alternate Mondays, Tuesdays and Thursdays and can be contacted on 4861 8000. Referrals to Sue are through the normal Community Health Intake Procedure.

Other components of the program are Pulmonary Rehabilitation and Smoking Cessation Assistance Programs. The Pulmonary Rehabilitation Program, managed through the Bowral Hospital Physiotherapy Department, is an eight week program with two sessions per week which requires GP referral. Smoking Cessation Programs are run once a month on the first Thursday from 10am to 12 noon, with individual follow-up sessions. Please contact Sue Donohoe on 4861 8000 to access these components of the program.

WHAT'S ON THE DIVISION WEBSITE?

www.shdivgp.com.au

- Various details about the Division eg mission statement, area, external relations, strategic plan, annual report etc
- Latest and recent issues of Highland Doctor
- Rosters
- Details of all staff (including photos) plus how to contact
- Details of all programs offered by the Division including links and resources
- Workforce – why live in the Highlands, services available, schools, GP positions available
- Membership – list of member practices, online registration
- Information for practices such as staff development and training, incentives and payments
- After hours information
- List of psychologists and social workers in Highlands and their individual details including if they bulk bill
- Calendar of events for GPs and PNs
- Latest News and photos plus previous items
- Medical Director templates
- Famous bowel buster recipe
- Document library with all documents on the website including advanced care directives, exercise options, Useful websites, Cancer support and many other useful resources
- Useful calculators eg calcium intake, fracture risk, NZ CV risk
- Important updates eg Medicare changes, relevant press releases
- Information for PNs
- Resources eg Aged Care Community contact list, Directory of Medical Practitioners and Allied Health, Early Childhood Directory, Wingecarribee Community Directory, Family Support Service Calendar

Comments or enquiries regarding the website to Gail at the Division please.

NOTICES

Get Healthy Information and Coaching Service

The **Get Healthy Information and Coaching Service** is a **free** telephone and web based service staffed by qualified health coaches aimed at supporting NSW adults at risk of developing chronic disease to make lifestyle changes in the following areas:

- Physical activity
- Healthy eating
- How to reach and maintain a healthy weight.

The Service will take calls **Monday to Friday from 8am to 8pm** starting on 23 February 2009. People will be able to access the Service by calling **1300 806 258**. People can refer themselves to the service or be referred by their General Practitioner or Practice Nurse. For patients who are referred by the Practice team to the service, there will be ongoing communication and regular reports to the General Practice team about the patients progress.

All people who call the service will be asked a number of questions about their health and well being. If these questions highlight any relevant health issue, the participant is referred to their General Practice to obtain medical clearance.

How will the service be promoted to the general public?

NSW Health have a planned marketing campaign that will include, radio, local television, bill board advertising on public transport.

Visit the website for more information or to download a brochure about the service.
www.gethealthynsw.com.au

Emergency Medicine and CPR Ambulance Education Centre, Rozelle, Sydney

March 28, 2009

Approved by the RACGP QA & CPD program for 40 category 1 points in the 2008 – 2010

Triennium. Fee: \$495 Course info and registration at www.gpkit.com.au or phone 02 9918 5256.

Approved for Rural Skills Grant
www.racgp.org.au/rural/traininggrants

Bridges for Learning Children's Therapy Centre (formerly the Toybox Centre)

An early intervention service for children from birth to 12 years with delayed development and special needs.

Email: manager@bridgesforlearning.org.au

Phone: 02 4861 4054

Southern Highlands Division of General Practice Inc

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