



Anne Peek seconded to Primary Care Branch, DHS

Anne has accepted a six month secondment to the Primary Care Branch of Department of Human Services to draft a DHS-wide position statement on general practice. This project is supported at the highest level in DHS and is a sign that the department recognises the importance of the general practice sector in the Victorian health system. Anne, who commenced at DHS in early April, will still be in at the Division Office at least once a week. Graeme Fletcher has taken on the role as Acting CEO until the end of October 2007.

GP Liaison Unit, Southern Health and the Divisions working on your behalf

The Committee of Management would like to highlight the work and responsiveness of the GP Liaison Unit at Southern Health. Dr Sharon Monagle and Tanya Heaney-Voogt have been working closely with the relevant Divisions of General Practice on issues such as fracture follow up, discharge communication, secure electronic referral and availability of investigations results from the Emergency Department. (See items from GPL on page 3)

What you have told us about Safety in General Practice?

The Division in partnership with Victoria Police last year circulated a questionnaire to all GPs and practice staff with the aim of developing a best practice strategy in the safety and security of GPs, staff members and patients in our area.

190 responses to the survey were received with the preliminary results being presented by Dr Cely Goeltom and Inspector Therese Walsh at a forum "Your Safety is in Your Hands" hosted by the Victorian Medical Women's Society at Monash University on 20th March 2007.

Further analysis of the results will be conducted along with a number of focus groups so as we can more accurately interpret the findings.

Some of the initial results tell us:

- Of the 190 respondents 49.2% were GPs and 50.5% practice staff.
- 34.2% males; 65.8% females
- 98.4% feel safe during the day; 78.4% feel safe working at night
- 53% feel safe working alone (9 male GPs and 9 female GPs do not feel safe working alone)
- 48.9% do not feel safe dealing with drug seeking patients
- 50.3% do not feel safe dealing with inappropriate sexual behaviour (28 male GPs and 16 female GPs)
- 67.4% do not feel safe dealing with aggressive behaviour (49 male GPs and 18 female GPs)
- 29.9% do not feel safe dealing with cultural differences (23 male GPs and 10 female GPs)
- 50.3% have experienced aggressive patients, drug seeking patients, verbally abusive patients and sexually inappropriate behaviour.
- 32.5 of the practices do not have a plan to deal with unwanted behaviour.
- 29.6% would have to feel extremely threatened before contacting police and only 24.5% would be likely to report to police.
- 32% have reported an incident to the police.

The narratives added to the survey by respondents tell us that overall there is concern about aggression, in particular drug seeking behaviour and inappropriate sexual behaviour. Most feel safer working during the day and not alone. Examples of working alone include house calls, opening and closing the practice, working late to finish paperwork or working on weekends.

Dandenong Division will continue to work closely with Victoria Police and Workcover to look at ways of addressing the needs identified. It is anticipated that further education together with a toolkit and other resources will be produced to assist practices in identifying safety and security issues and developing a planned response for GPs and practice staff. We will also liaise closely with the RACGP, the AMA and other Divisions of General Practice.

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GPs will be hit by more questions as new set of graphic health warnings on cigarettes hit the shelves

Calls to the Quitline have jumped by 30 per cent since new graphic health warnings were introduced on cigarette packs in Australia one year ago. Fax referrals from GPs over this time have increased by 178, a total of 556 referrals.

The new warnings introduced on March 1 this year, include confronting images of smoking-caused stroke, lung cancer, blindness, heart disease, the effect of smoking on unborn babies and the toxicity of tobacco smoke. "In Australia we have the capacity to rotate our new graphic health warnings, but it is also important to update and revise them on a regular basis to ensure smokers are informed about the devastating consequences of tobacco use" said Todd Harper Executive Director of Quit Victoria.

"Graphic health warnings on cigarettes are a strong motivating factor in encouraging smokers to quit, and GPs should expect an increase in the number of patients who want to discuss quitting". There is strong evidence that a brief intervention by a GP can significantly assist people to quit".

The Cancer Council Victoria has several resources available to support general practice:

- Fax-referral is an efficient way for GPs to refer patients to Quitline. The referral forms are available in hard copy from Quit or downloadable from Medical Director. When a fax referral is received the patients are contacted and a confirmation is sent to the GP. GPs are sent information regarding the outcome of the callback service, which serves as a reminder to follow-up with the patient at future appointments.
- Quit Victoria offer a range of education opportunities for GPs and practice nurses from a one-hour session to a one-day course and also provides educator training (two days), which are accredited with the RACGP. A DVD and support booklet package is also available for in-practice training. Visit the Quit website for more information at www.quit.org.au.

The Lifescripts resources can also assist you in discussing smoking cessation with your patients. Please contact Michelle Guille at the Division on 9706 7311 for more information.

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Deadline for newsletter articles is 10th of each month. Dandenong District Division of General Practice reserves the right to accept or reject all material submitted for publication. For further information please call the Division.

DISCLAIMER

The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong District Division of General Practice

Inserts:

Family Breast Cancer Invitation
Level 2 Mental Health Ongoing Skills Training
NPS Case Study Invitation

GP Liaison Unit Update

New on GP Access

www.southernhealth.org.au/gp

❖ Inflammatory Bowel Disease Clinic

The Gastroenterology Unit at Monash Medical Centre has established a new Inflammatory Bowel Diseases Clinic. This clinic will be a privatised bulk billing clinic with a long term goal of providing multidisciplinary sub specialised care, with access to newer therapies through international trials along with specialised nursing, dietician and surgical involvement. For more information including eligibility criteria and how to refer please go to GP Access and click on > Outpatient Service > SH Outpatient Clinics > Inflammatory Bowel Diseases Clinic - or enter in the following URL:

http://www.southernhealth.org.au/gp/opts/inflammatory_bowel_diseases_clinic_0307_frame.htm

Received a great discharge summary lately?

Each year the GPLU undertakes a range of activities to help ensure the quality, content and timeliness of discharge summaries to GPs. It is an ongoing and sometimes challenging task.

This year, we have introduced Communication Awards for Junior Doctors who provide outstanding discharge communications to GPs. We need your help to identify these people!

For your efforts you could win a painted wine box hamper or a beautiful basket of gourmet delights. One winner is selected per month.

To nominate, please call the GP Liaison Unit on

9594 3014 or email:

tanya.heaneyvoogt@southernhealth.org.au

Fracture Management – Item #'s and ED Follow Ups

In accordance with MBS Schedule explanatory notes (T8.7.9) where a GP is involved in the after care of a fracture that has been reduced by hospital staff in an outpatient or casualty department of a recognised hospital, Medicare benefits are payable on an attendance basis.

The full fracture management item can only be applied where GPs are involved in the full management of that fracture.

Outpatient Clinic – New Did Not Attend (DNA) Procedure

Southern Health Outpatient Clinics see over 200,000 patients per year, with over 27,000 people failing to attend for their appointment. In order to reduce the rate of DNA's and enable these appointments to be more appropriately allocated, a new DNA policy is being developed which will see patients who fail to attend an appointment on two consecutive occasions discharged back to their GP for ongoing management, and if applicable re-referral. These new processes are in line with recommendations from the Auditor General's Report and a result of the recent Southern Health Outpatients Review. A GP focus group is assisting in the development of templates and letters regarding GP communications from Outpatients. We will continue to keep you up to date.

Contact Us

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REFERRAL OPPORTUNITY FOR ALL YOUR TYPE 2 DIABETES PATIENTS



"Opportunity paged me, beeped me, linked me, e-mailed me, faxed me, and spammed me. But I was expecting it to knock!"

... as the Division can now access quality diabetes self-management education programs for all persons with type 2 diabetes.

Simply fax your referrals to DCAS on 9793 4050 using the Statewide Referral Tools.

To find out more contact Jo Ong at the Division on 9706 7311.



Fire Warden Training

Under the OH&S guidelines good risk management strategies, Fire Warden training is recommended for a staff member(s) of any organization.

Recently two Division staff attended Fire Warden Training at the CFA South East Training facility.

What did we learn from this experience? A great deal, including the following –

1. What is an emergency? Any event that arises, internally or from external sources, which may adversely affect the safety of persons in a building or the community generally and requires immediate response by the occupants.
2. Careful planning reduces the impact of risks when they become emergencies.
3. Appoint fire wardens and have them fully trained. There is lots to cover and guidance and advice is very valuable.
4. Practice your emergency procedures.
5. Appoint a First Aider / Communications Officer.
6. People will often be cooperative and reasonable during a fire / emergency situation.
7. They respond much better if they are given accurate and meaningful information about what is going on.
8. The priority is safety – protect yourself / other people / property and restore normality to the affected area.
9. Usually an emergency plan is designed to handle the most challenging emergency that is reasonably expected. The organization & procedures set up for that “worse case” can then be adapted to the other types of emergencies.
10. Communication between wardens is vital.
11. Purchase torches. These can be placed around your facility and will be a vital piece of equipment should an emergency occur.
12. Check your fire equipment and learn how to use them.

The Fire Warden training was hard work, a valuable learning experience and lots of fun. I encourage all practices to consider sending your Fire Warden to this type of training.

The cost was around \$129 per person and further information can be obtained by phoning CFA SE Training Facility - Telephone 9775 0138

Julie Shanahan, Business Coordinator



Stephanie Edmonds and Julie Shanahan at Fire Warden's Training

Generic AWA's / Employment Agreements

The Division together with McPherson and Kelly Lawyers have drafted some generic AWA's and Employment Agreements which can be tailored for your individual needs.

You will be required to attend a workshop to see the ins and outs of the agreements and to be provided with guidance on what is now allowable and what is prohibited within these types of agreements.

It is strongly recommended that all practices have thorough documentation around the employment of your staff.

This is an opportunity to do just this.

Further information can be obtained by contacting me at the Division on 9706 7311 or emailing me on j.shanahan@dddgp.com.au

Further information will be provided in the next newsletter.

Julie Shanahan, Business Coordinator



Paediatric Tip Number 5

Infantile Dyschezia

Frequency: Common

Age at presentation: 1st month of life.

Symptoms: crying and straining for more than 10 mins prior to defecation.

Stools: invariably soft – crying ceases once passed.

Parents: very stressed out

Raison d'être: the infant hasn't yet learned how to coordinate the complex sequence of relaxation & contraction of the various muscles involved in defecation. The symptoms result from failed attempts to evacuate the bowel.

Management: explanation to the parents & reassurance of spontaneous improvement within weeks to months. Perianal stimulation may perpetuate the symptomatology.

'This won't take a minute doctor, I just need a referral'



The introduction of Medicare items for psychologists, social workers and occupational therapists on referral from a GP provides additional support to GPs in managing patients with mental disorders. However, it has become evident that a number of allied mental health professionals sending their clients to a GP (not in all cases, their regular GP) specifically to obtain a referral and subsequently, Medicare rebated psychological services.

Problems may arise where this occurs, but in particular, this may represent a missed opportunity to enhance continuity and quality of care, and in the longer term, mental health outcomes. People with a mental disorder reap significant benefit from having a regular GP who is familiar with their medical and psychological history and who can manage that person's care from a 'whole person' perspective.

Where an allied mental health professional believes that a person they are seeing privately may benefit from a GP Mental Health Care Plan, a more effective approach in terms of clinical management and developing relationships between the professions involved in that person's care, is for the allied mental health professional to:

- discuss with the person the importance and value of having a regular GP, and of involving that GP in their mental health care
- obtain the person's consent to write to their GP about them, and
- write to the GP to outline the person's psychological history, diagnosis and current treatments and explain the rationale for proposing the development a GP Mental Health Care Plan.

Where an allied health professional does not already have a relationship with a person's GP, providing a brief introductory letter to the GP outlining qualifications, areas of particular interest and the services provided can be a good way to establish a professional relationship. Some people may not have a regular GP, but do attend a particular practice – in this case they should be encouraged to make a long appointment with a GP in that practice, and to take the allied health professional's letter with them.

In cases where a person does not have a regular GP or practice, it may be appropriate for an allied health professional to provide several GP or practice contact details for the consumer to choose from. Promoting this approach will assist GPs and allied mental health professionals to

develop productive working relationships and to benefit their patients.

(Note: the Division will maintain current Access to Allied Psychology Services funding until 2009, meaning that the 'voucher system' is still in operation, whereby low income patients can be referred for 6 sessions with costs covered by the program. While this has been previously only available to GPs registered as Level 1 under the Better Outcomes in Mental Healthcare initiative, this restriction has recently been lifted. GPs who are interested in participating in this program should contact the Division for further detail).

Finding a Psychologist

The Australian Psychological Society (APS) has established a detailed listing of psychologist Medicare providers. This list is now available at:

http://www.psychology.org.au/members/Medicare/6.18_17.asp

A separate list is available for each Australian State and Territory and is organised alphabetically by Division of General Practice. Within each Division, the psychologist Medicare providers are sorted according to the suburb/town in which they are practising and are then listed alphabetically by name within each suburb. The list will be updated on a weekly basis.

Please note that the next phase of development of the list will be a 'live' online format that will be automatically updated as the details of new psychologist providers become available to the APS. The new list format will also allow individual Divisions to be selected as a search function.

The lists contains the names of all consenting eligible clinical psychologist providers (APS and non-APS psychologists), those accredited to provide pregnancy support counselling items, and all other psychologist providers who are eligible to provide the mental health Focussed Psychological Strategy (FPS) items and the chronic disease management (Allied Health and Dental Initiative) items. (The last group of names only includes those psychologists who are members of the APS, as general psychologist providers register to provide Medicare items directly through Medicare Australia without any APS involvement and are therefore not known to the APS.)

The Division has established a relationship with a wide range of psychological service providers through service agreements established under the existing Access to Allied Psychology Services program. While we do not specifically endorse or recommend providers on this list, we are willing to make it available to members on request.

Medicare Benefits Schedule Update

Mental health care plans developed for patients with mental disorders after 1 November 2006 should be completed using the new GP Mental Health Care items. Eligible GPs ('Level One' registered) with current 3 Step Mental Health Processes begun before 1 November 2006 are advised to review progress and complete the 3 Step Mental Health Process before 1 May 2007 in order to receive the associated SIP. From 1 May 2007, the item numbers for completion of a 3 Step Mental Health Process will no longer be available within the MBS.

(Some of the above information is adapted from GPMHSC mental health review April 2007)

Level 2 Mental Health Ongoing Skills Training

(For GPs currently with Level 2 registration)

"BASIC CBT & BEYOND...."

- Rational Emotive Behaviour Therapy
- Challenging irrational beliefs
- Anger Management
- Panic attacks and more ...

Dates: Thursday 10th May &
Monday 28th May 2007

Time: 6.30 pm - 9.30 pm

Venue: 41 Como Parade East, Mentone
(*'CBT Australia'* office)

Key Presenters: **Dr Dom Di Mattia**, Human Relations Consultant, former Executive Director and Senior Staff Supervisor at the Albert Ellis Institute) and **Dr Monica O'Kelly**, Director CBT Australia

Please Note: GPs registered as Level 2 with Medicare Australia must have completed a Category 1 MH activity with a clear focus on FPS by end of 2007. This could be your last chance. (flier enclosed)

HPV VACCINE PROGRAM COMMENCES IN APRIL



General Practitioners (GPs) may have an increase in questions about the cervical cancer vaccine this month, as the vaccination program commences in Victoria in a phased roll out for females between the ages of 12 to 26 years.

As part of the government-funded National Immunisation Program, the human papillomavirus (HPV) vaccine is being offered free of charge to all females aged 12 to 26 in Australia from 2007 to mid 2009, and then as an ongoing program for year 7 girls at school (approx 12 years old).

Local Councils will implement the secondary school based HPV vaccination program from April 2007. GPs and other community based immunisation providers will implement the catch-up vaccine program for 18 to 26 year olds from July 2007 until June 2009.

The program will roll out as follows in Victoria:

April 2007: Females in Year 7 and in Years 10, 11 and 12

July 2007: Females aged 18 to 26 years
2008: Females in Year 7 and in Years 9 and 10 and females aged 18 to 26 years

2009: Females in Year 7 (which will be ongoing) and females aged 18 to 26 years

June 2009: Catch-up program ceases for women aged between 18 to 26 years

Because this year there is a limited supply of the HPV vaccine in Australia, the school based program in Victoria needs to be staged over two years, however, all students will be covered over the two-year period of the program. This is the same for all the large States in order to avoid vaccine shortages.

The HPV vaccine

A vaccine for HPV (GARDASIL®) supplied by CSL Biotherapies is approved for use in Australia. The vaccine is effective in protecting against persistent infection with HPV types 6, 11, 16 and 18 and the vaccination course consists of three intramuscular injections recommended to be given according to a 0, 2 month and 6 month schedule.

Vaccination is recommended for females before they become sexually active, as its effectiveness is optimal before exposure to infection with HPV types 6, 11, 16, and 18.

Pre-immunisation screening is not helpful in determining whether a woman will benefit from HPV vaccination. Currently available laboratory tests are not able to detect vaccine type-specific HPV infection and will not identify whether the woman has had previous HPV infection.

PapScreen Victoria is continuing to remind all women, whether vaccinated or not, that they still need to have regular Pap tests from the age of 18, or two years after the onset of sexual activity (whichever is later), as not all strains which cause cancer are covered by the vaccine.

For more information about Pap tests and cervical cancer visit: www.papscreen.org.au

For more information on the roll-out of the immunisation program contact: Communicable Disease Control Unit, Public Health Branch, Department of Human Services on 1300 882 008.