dandenong casey
general practice association

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Confusion over Mental Health Treatment Plans

Recent changes to Medicare Item 2710 (Mental Health Treatment Plans) have caused some confusion amongst GPs and administrators.

From the 1st of January 2010, GPs who have not completed an approved Level 1 Mental Health Skills training course of six hours or more will only be able to claim a lesser amount for preparing a Mental Health Treatment Plan.

"The new Medicare Schedule fee to develop a GP Mental Health Treatment Plan, for those GPs who have not completed level 1 mental health skills training, will be $125.95. The current Medicare Schedule fee is $156.85." - Department of Health and Ageing.

The General Practice Mental Health Standards Collaboration (GPMHSC), auspiced under the RACGP is the body that approves mental health training courses. The GPMHSC are, at the date of publication of this article, unable to clarify the status of previous Level 1 Mental Health Skills training courses.

DCGPA are organising training courses for approved Mental Health Skills training with dates in October and November. In a collaborative effort with Greater Monash General Practice Network (GMGPN) training will be available across selected Tuesday or Wednesday nights. A full day of training is a possibility if enough interest is shown by members. See the expressions of interest below.

Training availability –

- Session 1 - Wednesday 30th September or Tuesday 10th November
- Session 2 - Wednesday 7th October or Tuesday 17th November
- Session 3 - Wednesday 14th October or Tuesday 24th November
- All day session (six hours) - 14th November

Venues will be determined by the number of GPs participating.

To express interest in attending a particular session, please contact Sharyn Gissara from the Association on 8792 1900.

Priority Counselling Service

DCGPA members can now call for assistance with patients that have indicated in one way or another that they have contemplated suicide or self harming behaviours.

A new DCGPA program that can assist GPs with low threat, non-critical patients will arrange for priority psychological assistance through our extensive network of allied health providers.

GPs can phone DCGPA on 8792 1900 and ask for a referral to the ATAPS Priority Counselling Service. Selected staff will arrange for counselling that day or the next and phone back the GP or clinic with the appointment details.

For patients in crisis and presenting with severe suicidal or self harming thoughts and requiring immediate attention please contact the CAT Team at Dandenong Hospital (9554 1000) or ring 000.

For more information on any of the mental health programs offered by DCGPA, please contact Ron Marshall, Mental Health Program Coordinator on 8792 1900.

Dandenong Casey
General Practice Association

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

DISCLAIMER
The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Dandenong Casey General Practice Association.

Enclosures for Members:

Women Rely on Pap Test Reminder

General Practitioners in the Dandenong Casey General Practice Association are being urged to remind their female patients to have regular two-yearly Pap tests as only 60.7 per cent of women in the Association's boundaries have had a Pap test in the last two years.

This places DCGPA just below the state's two-yearly cervical screening average of 63.1 per cent. This means around 40 per cent of women residing in the Dandenong Casey area are not adequately protecting themselves against cervical cancer.

Reminders from GPs are vitally important as approximately 80 per cent of Pap tests taken in Victoria are by GPs*, and data shows almost 70 per cent of women rely on prompts from their doctor or reminder letters from their health service.**

"Women can be reminded about Pap tests when they come in for an appointment about another health issue; doctors play such an important role in educating women about health issues and preventative screening measures.

"We're also hoping our television advertising campaign, which is running state-wide across all television stations for three months, will encourage women across all GP Divisions to screen," said PapScreen Manager, Kate Broun.

* Australian Institute of Health and Wellbeing 2004
** Cancer Issues Population Survey 2007: PapScreen Victoria component.

For more information about cervical cancer prevention or to order any of PapScreen's resources (these include brochures and information sheets for women, GP cards and posters for waiting rooms) visit the Cancer Council website at www.papscreen.org.au or call their Helpline on 13 11 20.

Australian Practice Nurse Study Launched

The Australian Practice Nurse Study was launched recently by the Australian General Practice Network (AGPN) and the Australian Primary Health Care Research Institute (APHCRI). The final report found that innovative and broad-based funding, improved career progression and indemnity insurance for nurses would help attract more of them into general practice.

AGPN data shows that the number of Practice Nurses has increased by nearly 60 percent since 2005. There are now about 8000 Practice Nurses in Australia. Commonwealth Department of Health and Ageing incentives and funded programs such as AGPN's *Nursing in General Practice* support GPs to take on nurses.

The report also found that Practice Nurses ease the strain on GPs, but that their pivotal role may not always be recognized. Copies of the report are available from the APHCRI website at http://homepage.mac.com/chris_pearce/AGPNS/index.htm.

Pandemic Preparedness

Would your practice be prepared for another wave of Influenza Type A or an outbreak of a new disease?

The Association has completed training sessions for practice staff including GPs and nurses to assist in formulating an individualised pandemic plan for their practice. These sessions also included a demonstration of the correct use of Personal Protective Equipment (PPE) and when to use it.

Key points for using PPE appropriately:

- Knowing how to put them on and remove them correctly
- P2 masks and full PPE are usually only required when taking swabs and assessing a suspected flu patient
- Surgical masks and alcohol hand rub should be utilised by reception staff and other staff involved in patient care
- Alcohol hand rub should be available for all patients to use on arrival at your practice, as well as surgical masks for all suspected flu patients.

For practices who haven't attended any of the training sessions, there is a Pandemic Flu Kit (produced by the RACGP) available, as well as a sample bag of PPE. The kit has all the resources you need to develop a plan that will protect you and your staff during a disease outbreak such as a pandemic, a case of measles or chickenpox as well as seasonal flu.

The resource kit looks at key issues required for a workable plan that is specific to your practice. These issues include:

- communication
- infection control
- clinical work
- triage
- business continuity

Please contact Kate at the Association on 8792 1900 to access these resources. We are also able to offer assistance and education on practice planning and using PPE.

Immunisation Update

National Funded HPV vaccine program ended on 30th June, 2009

FREE Gardasil vaccine eligibility:

- Females in Year 7 of secondary school to 26 years of age
- If first dose was given by 30th June 2009, subsequent Gardasil doses must be completed by 31st December, 2009
- From 2010, HPV vaccine will be provided to Year 7 school girls only.

Report administered doses of HPV vaccine to the HPV Register

- Telephone 1800 478 734
- Internet www.hpvregister.org.au

Mumps Alert

A total of 31 cases of mumps have been notified to the Department of Human Services between 1st January and 15th May in 2009. This is more than three times greater than the total for the same period in 2008.

Three cases were reported to have been acquired overseas and the remainder are presumed to have been locally acquired. At least ten cases were epidemiologically linked in chains of between one and three cases each with a common link to regional Victoria, however a common source for each of the chains was unable to be established.

The MMR (measles, mumps, rubella) containing vaccine *Priorix*, is scheduled free for:

- Children 12 months and four years of age

Free vaccine is also recommended for:

- Children 12 months to 17 years of age (inclusive) if unimmunised/incompletely immunised
- Women planning pregnancy and post partum with low or negative rubella antibody
- Adult refugee program: if born from 1966 (two doses are recommended)

How often should I order vaccine?

- Submit a vaccine order monthly
- The vaccine refrigerator must have the capacity to hold about one month worth of vaccine stock plus sufficient buffer stock before the delivery arrives
- Allow a minimum of three working days for a vaccine delivery
- Rural areas will not receive a delivery on Monday or following public holidays.

Refugee Health

Clinical update – 10 points about Syphillis*

- Syphillis may be transmitted through sexual contact or congenitally.
- Early infection (<2 years duration) includes: primary chancre, secondary rash or condylomata lata, or asymptomatic early latent disease.
- Late infection (>2 years duration) includes: asymptomatic states, cardiovascular manifestations or neurosyphilis.
- Pre-immigration screening overseas is limited.
- Post-arrival screening can include "Syphillis Serology" (TPHA, RPR) for at risk groups.
- Spirochaetes can be seen on the microscopy of samples from mucocutaneous lesions.
- Treatment is generally Penicillin-based and is determined by the stage of infection (see therapeutic guidelines or seek specialist consultation).
- TPHA remains positive for life.
- RPR should fall six months after treatment.
- Consider screening for other sexually transmissible infections.

* Adapted with permission from Foundation House's "Promoting Refugee Health - A guide for doctors and other health care providers caring for people from refugee backgrounds, 2007". Copies are available on the Association website or from Foundation House, 9388 0022.

Writing letters of support for immigration purposes

Recently a migration agent spoke with members of the Refugee Health Steering Group about what to put in a letter of support when requested by a refugee or asylum seeker for immigration purposes. The content should vary according to the purpose of the letter and should focus on what you know about the health of the person requesting the letter.

Refugees applying for family members to migrate to Australia may benefit from letters which provide information on their own personal experiences of torture or trauma (which may be similar to that of the other family members), or the state of their own mental health which may be at risk of deterioration if their family members do not join them in Australia (eg. self harm or suicide).

Refugees applying for family members to migrate to Australia to look after them as carers may benefit from a letter confirming the impairment of "activities of daily living" on account of medical illness, requiring daily care "for more than 2 years".

Asylum Seekers appealing directly to the Minister of Immigration to remain in Australia may require certification regarding: physical conditions, mental health conditions, evidence of torture or trauma, their health needs, the capacity of the Australian health system to care for theses needs compared to their country of origin, or their current status in caring for a dependent Permanent Resident or Australian Citizen.

Migrants who entered Australia on a Spouse Visa who then apply for Permanent Visa on the grounds of family violence may require a statutory declaration regarding the events surrounding or impact of threatened or actual violence.

Patients may find the assistance of a qualified migration agent helpful. GPs are encouraged to liaise directly with the patient's migration agent regarding the technicalities of these letters.

Immigration support services

The South Eastern Region Migrant Resource Centre provides a free "Immigration Advice Service" for eligible Refugee or Humanitarian entrants, run by qualified migration consultants. They are located at Level 1, 314 Thomas Street, Dandenong. Their phone number is 9706 8933.

Victorian GP Refugee Health Forum – Saturday 10th October, 2009

DCGPA is planning to co-host the annual Victorian GP Refugee Health Forum at Foundation House, Brunswick on Saturday 10th October. Topics are likely to include: Infectious Disease management, Immunisation catch-up, Interpreter use, Mental Health conditions, Cultural aspects and other issues. GPs, Practice Nurses, Practice Managers and others with an interest in Refugee Health are encouraged to attend. Registration forms will be made available in August.

Dr I-Hao Cheng,
Refugee Health Program Coordinator

ANXIETY SUPPORT GROUPS: Give your patients another option!

Do your patients suffer from Anxiety and Depression? Do you know that medication is not their only option? Patients requiring extra support may find the answer here…

A support group allows people to express their feelings, providing a forum for discussion in a safe and confidential environment. Groups are guided by qualified facilitators who assist in directing discussions and can provide insight and understanding in regards to issues raised.

The Anxiety Disorders Association of Victoria (ADAVIC) currently runs support groups in Berwick every Tuesday evening from 7.30pm to 9.30pm from the Berwick Neighbourhood Centre, 112 High Street, Berwick.

For more information call ADAVIC on 03 9853 8089 or visit www.adavic.org.au.

Quality Use of Medicine News

Just plain dumb ……. Brand Labelling, Umbrella Marketing and Paracetamol. The DCGPA QUM program has a Program Advisory Group (PAG), the GPs on this being our chair, Dr Nicholas Demediuk and Dr John Meaney and Dr Andrew Beveridge. At our last meeting Dr Meaney produced a sample bottle of Dimetapp® mixture containing ibuprofen and explained how the packaging had nearly caught him out. The problem being that when Dimetapp® was first launched onto the market it was a decongestant formulation, it stayed that way for many years and was vigorously promoted as such. In later years the decongestant product was converted into a range of cough mixtures and today the range has been expanded to coughs and colds plus pain and fever. Dr Meaney's point was how could one name be actively promoted for many years as a decongestant and now be put onto a bottle containing ibuprofen?

This reflected a common practice by many manufacturers - develop a product or small product range and if this is successful expand the product range to include anything else that can be vaguely related to tap into the success of the initial product (s). The practice is called umbrella branding and it means that many different medicines are being sold with essentially the same name on the label. As a practice it's every bit as smart as labelling the same active ingredient with a whole lot of different names. This of course is called Brand naming and applies across the range of generic medicines. Both practices have the same aim and it is to create commercial advantage for the manufacturer of the product. Unfortunately calling the different things by the same name and the same thing by different names confuses the hell out of patients.

The PAG thought that the problem was serious enough to warrant a letter to our health minister Nicola Roxon and also to our local members asking that medicines are labelled with active ingredient(s) predominant. A copy of this was also sent to Professor Andrew McLachlan and the National Medicines Policy (NMP) Committee. The NMP have replied that they will consider our letter at the next meeting. Then the following appeared in the Sydney Morning Herald (02/07/09).

*"**Regulator ponders curbs on use of paracetamol.** The Federal Government will look at restricting the availability of the common painkiller paracetamol and banning powerful prescription drugs that contain paracetamol after US regulators were warned of the risk of liver failure and fatal overdose. …….. An independent panel of advisers to the US Food and Drug Administration this week voted to ban medications that combine paracetamol and an opioid. It also recommended lowering the maximum single adult dose of paracetamol to 650 milligrams. ……..While it is considered a safe medicine for pain relief and fever reduction when used as directed, it has been a leading cause of liver injury for more than a decade through accidental or deliberate overdose. The panel said consumers could take too much of the drug either by ingesting the wrong dose or using more than one medicine containing paracetamol at a time."*

Nothing could demonstrate how fundamentally dangerous that the practices of brand naming and umbrella naming of medications are than this article and how poorly that the authorities have handled this situation. While restrictions on pack sizes and where larger packs can be sold have made our situation better than that in the US, this does not mean that there is no room for further improvement. In Australia paracetamol is marketed in hundreds of medicines with a plethora of brand and umbrella brand names. The reality is that paracetamol has demonstrated a remarkable safety over the years but that it has been very poorly packaged. So our chair has sent another letter to the NMP committee, part of which reads.

"The Sydney Morning Herald article demonstrates the confusion with packaging seen by GPs.

Could your committee please put the case to the TGA that it is not in the public's best interest to change current allowable paracetamol doses to an underdose, rather, that it should be packed in safer packs."

None of us are holding our breaths waiting for the outcome. In the mean time if you have any interesting stories about confusion caused by Brand, Generic or Umbrella Brand names QUM news would love to hear about them.

Quick Quiz.

This quick quiz prompted by a Home Medicines Review (HMR) for an 69 year old gentleman who was taking amiodarone, warfarin, digoxin, atorvastatin, thyroxine and paracetamol. The GP initiated the HMR because this gentleman, despite taking supplemental thyroxine still had an elevated TSH and also elevated LFTs. Non compliance was suspected.

1. Amiodarone may cause a hypothyroid condition, a hyperthyroid or either condition?
2. Amiodarone may interact with which of the other drugs that this gentlemen was taking, and if so, to increase or decrease the drug's effect.
3. Thyroxine tablets should be taken before or after food?
4. This gentleman supposed to be taking one 62.5 mcg digoxin tablet alternating with two digoxin 62.5 mcg tablets every other evening. Amiodarone and digoxin interact and it has been suggested that when given together the dose of digoxin should be halved. So our potential dose of digoxin for this gentleman would be the equivalent of three 62.5 mcg tablets per day. For an elderly person (our patient here is 69 years old) the normal recommended daily dose should not exceed two of these tablets. What

common adverse effects could indicate digoxin toxicity? These were absent for this gentleman, what might this indicate?
5. Before starting amiodarone what baseline clinical checks should be conducted?

If you would like to find out what your patients are actually doing with their medicines, a HMR is a great tool. If you would like to find out more about HMRs call Graham Sweet at the Association on 8792 1900.

A new NPS visiting round is commencing - "Antiplatelet and anticoagulant therapy in stroke prevention". Visits or group meetings will focus on:

- Systematically assessing and re-assessing the risk–benefit of warfarin and antiplatelet agents
- That aspirin is the antithrombotic of choice in primary stroke prevention when cardiovascular risk is high, however in atrial fibrillation most patients require warfarin
- That aspirin, aspirin plus dipyridamole, or clopidogrel are the main antiplatelet options in secondary stroke prevention
- Discussing strategies to ensure concordance and maintain INR in therapeutic range

Call Graham Sweet at the Association on 8792 1900 and book your personal or group visit.

Proton Pump Inhibitors (PPIs) and clopidogrel. Taken from a recent media release by the Medicines and Healthcare Products Regulatory Agency of the UK detailing the interaction between the use of clopidogrel and PPIs.

"The EU Committee for Medicinal Products for Human Use (CHMP) has recently considered the available evidence for an interaction between clopidogrel and PPIs. They concluded that PPIs reduce the effectiveness of clopidogrel in preventing the recurrence of adverse cardiac events such as heart attack and coronary artery restenosis (renarrowing of the artery wall despite past heart surgery).

Advice for healthcare professionals:

- *The need for PPI therapy in patients who are also taking clopidogrel should be reviewed at the next appointment. Use of these medicines together should be avoided unless considered essential.*
- *PPIs should be prescribed in line with their licensed indications where possible.*
- *Check whether patients who are taking clopidogrel are using over-the-counter PPIs and consider whether another gastrointestinal therapy would be more suitable."*

For the complete release:

http://www.mhra.gov.uk/Safetyinformation/Safetywarningsalertsandrecalls/Safetywarningsandmessagesformedicines/CON051743.

Note for those who have had a GI bleed when taking aspirin. *H. Pylorri* elimination followed by aspirin plus a PPI has a lesser potential for a recurrent GI bleed than changing to clopidogrel.

The photograph below was apparently taken in Africa – probably not the most confidence inspiring photograph about. (Many thanks to Bill Horsfall of Greater Monash GP Network for the photo.)

New in *NPS RADAR* for July - Rivaroxaban — new oral anticoagulant to prevent VTE after hip or knee replacement. *New product PBS listed August 2009.* Rivaroxaban is an anticoagulant that is given orally and does not require dose adjustment or titration. It is continued post-discharge for a total of 14 days after knee replacement or 35 days after hip replacement. RADAR compares rivaroxaban with other anticoagulants and reviews the data about bleeding and other risks.

NPS clinical audits available for the QPI year: 1st May, 2009 – 30th April, 2010	
Topic	**Updates**
Clinical audit: Targeted use of antibiotics in respiratory tract infections	Enrolments are available online at www.nps.org.au/health_professionals. Audit packs will be available July, 2009.
Clinical e-Audit: Optimising management of type 2 diabetes	Distribution of CD packs to enrolees continues. The Clinical e-Audit is available until 16th April 2010.
Clinical e-Audit: Review of proton pump inhibitor prescribing	Online enrolment available in August, 2009. CD packs will be available in October, 2009.

These activities have been approved in the 2008–2010 triennium by the RACGP QA&CPD Program for a total of 40 (Category 1) points and ACRRM PD Program for 30 points (extended skills).

NPS QUM with Antibiotics.

GPs are being given clear guidelines for prescribing particular antibiotics in different diagnostic scenarios in the latest NPS education program, *Management of specific respiratory tract infections.* The therapeutic program reinforces the following:

- Antibiotics are only appropriate in acute cough if a chest X-ray suggests pneumonia or in exacerbations of chronic obstructive pulmonary disease (COPD) with sputum purulence, plus increased sputum volume and/or dyspnoea.
- Antibiotics are only appropriate in sore throat if all four diagnostic criteria (fever, exudate, lymphadenopathy and absence of cough) for streptococcal infection are present.
- Use penicillin V for 10 days in uncomplicated sore throat that appears to be streptococcal.
- Reserve macrolides when treating respiratory tract infections for those with pertussis or those hypersensitive to penicillin.
- Cough and cold medicines have limited efficacy.
- Provide advice to patients on appropriate symptomatic relief.

As part of the therapeutic program, NPS provides health professionals with:

- Case study (58): *Antibiotics and respiratory tract illness – thinking of patient-centred care*
- GP Clinical Audit: *Management of specific respiratory tract infections* **(enrol by 7th August 2009)**
- Prescribing Practice Review (46): *Management of specific respiratory tract infections*
- NPS News (63): *Managing expectations for antibiotics in respiratory tract infections*

The GP clinical audit is recognised by the RACGP QA&CPD Program and also qualifies as an activity for QPI of the PIP (Quality Prescribing Initiative of the PIP), year ending April, 2010.

For more information contact NPS on (02) 8217 8700 or email info@nps.org.au.

Quick Quiz answers

1. Either condition. In this case the patient was probably compliant as LFTs may be elevated by amiodarone (with the amiodarone causing a hypothyroid condition - hence the elevated TSH).
2. Amiodarone interacts with all of the drugs that this gentleman was taking and may increase their effects. However amiodarone may also decrease the effectiveness of the thyroxine and the interaction with paracetamol is not likely to be clinically significant.
3. Thyroxine tablets should be taken at least 30 minutes before food (ie on an empty stomach) as the absorption of thyroxine may interfered with by food. In this case the thyroxine was being supplied by the local pharmacy in a dosette and being taken with all the other morning tablets, after breakfast. This may also have reduced the thyroxine levels and caused an elevated TSH.
4. Anorexia (followed nausea then vomiting at higher serum levels or may be indicated by weight loss), diarrhoea, blurred vision, visual disturbance, confusion, drowsiness, dizziness, nightmares, agitation and/or depression are common adverse effects of digoxin. In this case they were not present but the digoxin had been packed in the evening slot of the dosette and quite often the evening tablets (half the day's amiodarone, digoxin and the atorvastatin) were being forgotten.
5. Before starting amiodarone, check baseline clinical status, serum potassium, thyroid and liver function, lung function (including chest x-ray), and ECG; repeat six monthly during treatment. (AMH 2009).

Pen Tip: Check out the latest Pen upgrades!

Ensure that you open your Pen Clinical Audit Tool frequently and always click 'allow' for the latest updates to reap the benefits of Pen's regular releases and upgrades. The most recent update has seen the following features added:

- Five year risk Cardiovascular Event graph
- Waist measurement graphs for both CVD risk and diabetes risk
- Blood Sugar Level Fasting (BSLF) graph
- Mental health updates, including the addition of ADHD, autism, bipolar and dementia to the disease chart; bipolar has been included in the filter under 'conditions – mental health' (the rest of these conditions will be added shortly); antipsychotic medications have been divided into typical and atypical; anti-depressants, mood stabilisers, anti-anxiety and stimulants are soon to be added to the medications filter; new mental health summary report card to encourage reviewing and updating management strategies for patients diagnosed with schizophrenia, however the filter can also be used with this summary report card to target specific patients

Don't forget to check the relevant mappings section at the back of your Pen User Manual corresponding to your clinical software program to ensure you are entering your clinical information in the correct fields to get the most out of your Pen Tool.

If you have any questions regarding the Pen Clinical Audit Tool, or if you are interested in a **FREE** installation, contact the Association on 8792 1900.

URGENT NEWS - Revised Maternity Booking Referral Form

Several of Southern Health's antenatal clinics are changing to become MBS funded. There will be no cost to public patients attending these clinics as all eligible women will be bulk billed. All women will now require a referral by a medical practitioner; hence several changes have been made to the booking tool.

This form can be accessed at www.southernhealth.org.au/GP/maternity.

All maternity referrals should be faxed to: **Maternity Central Bookings on 9594 6298.**

Please **also** give a copy to your patient to bring to their first appointment, along with any other relevant patient information.

Southern Health Pain Clinic

Southern Health's new pain clinic is operating from Moorabbin Hospital every Wednesday morning. Referrals can be faxed to 9594 6263. To contact, please phone 9594 3086.

SmokeFree Policy

Southern Health is now totally smoke free. There are no designated smoking areas on any of Southern Health's properties. A holistic approach has been taken to transition patients that includes the following:

Admission: seek information from the patient on nicotine dependency
Support: offer cost price NRT during hospital stay
Discharge: (if the patient indicates a desire to quit smoking) review medication list and include at least seven (7) days NRT; fax referral to QUIT and advise you.

Should you have any queries regarding how your patient will be managed during their stay please do not hesitate to contact GPLU on 9594 3014.

CPD Event - First Trimester Bleeding

Presented by A/Professor Beverley Vollenhoven, this event will be held on Tuesday 11th August. Topics will include Diagnosis of bleeding during the first trimester, Ectopic Pregnancies, Management of patients with first trimester bleeding, when to act and when to observe.

Registration begins at 6.30pm with a 7.00pm start at the Sandown Regency Motor Inn, 477 Princes Highway, Noble Park. To register contact Natalie Taylor on 8768 1951 or email: natalie.taylor@southernhealth.org.au.

Contact us:

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Christine Prendergast Project Officer – GP Liaison Services Dandenong Casey GP Association (Via Association or GPLU Phone on 9594 3014)
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Josie Ciotta Communications Officer - GP Liaison Services Josie.ciotta@southernhealth.org.au P 9594 3014, F 9594 6063

Personal Alert Victoria

Personal Alert Victoria (PAV) is a personal monitoring and emergency response service funded by the Victorian Government and provided free of charge to eligible frail, isolated older people and people with disabilities.

To be eligible for the service, people must meet all of the following criteria:

1. Agree to daily monitoring
2. Be capable of using and willing to wear the PAV pendant at all times
3. Live alone or be alone for most of the day

They must also meet two of the following criteria:

4. Have had at least one fall that needed medical attention in the previous six months, or be at risk of falls
5. Suffer from a major medical or chronic condition that puts them at risk of medical emergencies or has some ongoing effect on their health or well-being
6. Be taking six or more different medications on a permanent basis that are prescribed by their GP or medical specialist

If you have any patients that might benefit from this service who are living within City of Greater Dandenong and who meet the criteria above, refer them to Greater Dandenong Council for an assessment. If assessed as eligible, they will go onto a waiting list until a PAV unit becomes available.

Don't hesitate to call Richard or Kerry on **(03) 8558 7902** if you have any queries.

Collaboratives Corner

Are you looking for ways to improve patient care and practice systems?

Australian Primary Care Collaboratives (APCC)
Local Wave Opportunity

Practices are now being recruited for the Dandenong Casey General Practice Association Collaboratives Program

The objective of the APCC program is to encourage and support general practices in delivering rapid, measurable, systematic and sustainable improvements in the care provided to patients. Over 600 practices have participated in the Collaboratives and have demonstrated outstanding success in improving patient outcomes and patient access to timely and effective care.

Our five member practices participating in the State Wave of the program since October 2008 have successfully implemented change within their practice and are enthusiastic about the stronger practice teams developed and the enhancement of practice systems that have emerged as a result of participating in the APCC.

The Association is offering member practices the opportunity to be involved in this quality improvement program through a local wave of the Collaboratives. The program will consist of an orientation evening and a series of four local workshops. The workshops give the opportunity for practices to exchange ideas, share experiences and learn about practical quality improvement skills, which can be easily implemented using the successful improvement model. The topics to be addressed are diabetes and secondary prevention of coronary heart disease (CHD).

Don't miss this opportunity to join our other practices involved in introducing change, building practice capacity and learning and sharing ideas with your colleagues. Contact Stephanie Edmonds on 8792 1900 or email s.edmonds@dcgpa.com.au to register your interest or, for further information, please visit www.apcc.org.au.

Notification of Australia's new yellow fever vaccination requirements

On 1st August, 2009 Australia's yellow fever vaccination requirements will change. Australia's list of yellow fever declared regions will be updated to include 24 new countries and the Misiones Province of Argentina. The update will ensure that the list correlates with the World Health Organization's list.

Yellow fever is a quarantinable disease under the Quarantine Act 1908. Australia requires any person over one year of age to hold an individual international yellow fever vaccination certificate if they have, within six days prior to their arrival in Australia, stayed overnight or longer in a declared yellow fever infected country.

The Department of Health and Ageing (DoHA) envisages that this amendment will have a minimal impact on health care providers, as they are already providing advice to travellers on the risks of yellow fever for the majority of the declared countries.

In some circumstances, vaccination requirements may differ to clinical advice provided by medical practitioners. For example, areas within a country cannot be excluded from yellow fever vaccination requirements. This is because it is administratively difficult at the border to verify a passenger's travel history.

For further information regarding Australia's yellow fever vaccination requirements refer to the DoHA yellow fever fact sheet at the following link:

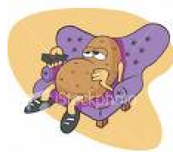
http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-communic-factsheets-yellow.htm.

Fire sale due to clinic closure

One of our member practices is closing and has various equipment for sale. Some items include fax/photocopier, hyfrecators, laminator, lights, trolleys, a one flow FVC machine, plaster saw and splitter, 340 litre frost free fridge, vaccine fridge, screens, spirometer and chart recorder, table, Wood's lamp, disposable medical items and more.

Ring, fax or email your choice for some really good bargains. As they often say in TV ads: No reasonable offer refused. For further information, please call 03 5996 6555, fax 03 5996 6223 or email aandmling@iprimus.com.au.

Physical *Inactivity* is an Independent Risk Factor for Type 2 Diabetes



The focus for this year's National Diabetes week which took place from 12th-18th July, 2009 was 'Prevention of Type 2 Diabetes: Take Steps for Diabetes'. The aim of this initiative was to highlight that simple lifestyle changes such as increasing physical activity levels can assist in preventing or delaying the onset of Type 2 Diabetes.

How can you assist in the prevention of Type 2 Diabetes?

You can identify patients who may be at risk of developing diabetes by asking a few simple questions such as:

- *Do you have a family history of diabetes?*
- *How much physical activity do you do per week?*
- *How often do you eat fruits, vegetables and legumes?*
- *Do you smoke?*

You may wish to complete the Diabetes Risk Assessment Tool (AUSDRISK)* if your patient answers 'yes' to any of the above questions. If a person has a score of 15 or more, they are at high risk of developing Type 2 Diabetes over the next five years.

What can you do to reduce your patient's risk factors for Diabetes?

Provide your patient with simple lifestyle advice such as:

- Brisk walking for 150 minutes per week
- Consume a diet high in fibre and low in saturated fat
- Stop smoking

Refer your patient's on to a Lifestyle Modification Program for further advice and support on how to implement these changes.

The next Lifestyle Modification Program commences at the beginning of August, so get your referrals in to:

DCAS

using the Victorian Statewide Referral Tool

http://www.dcgpa.com.au/resources/Health_Programs/Diabetes/

Referrals can either be faxed: 9793 9052

or

E-referred via Argus: dddgp_arguspgref@dddgp.com.au

Contact DCAS on 8792 1922 for further information.

*Hard copies of the AUSDRISK can be ordered from http://www.diabeteslife.com.au/.

HSD Updates—Do hospitals have your details?

The Human Services Directory (HSD) is the master directory of health, social and disability services in Victoria. The HSD gives service providers access to accurate and up-to-date information about services and is used both to inform consumers and to assist communication between services.

The majority of major metropolitan hospitals use the HSD to obtain GP contact information and over time the use of this directory has expanded to be used as a resource for Nurse On Call, Better Health Channel, Disability Online and HealthSMART.

The HSD includes a dataset of contact details for GPs. This dataset is maintained in the GP Register, specifically to give hospitals an accurate source of contact information for communicating with GPs.

Hospitals can access these GP contact details for **the restricted purpose** of transferring information from the hospital to GPs about individual patient care. Examples of this communication are notification of admissions, notification of presentation at Emergency Departments and sending discharge summaries.

If you are not receiving communication from the hospitals, it could be that your details are not on this directory, or are incorrect.

To register your details, or check that your information is correct, visit www.humanservicesdirectory.vic.gov.au. For further queries, contact 03 9320 9070.