



Dr Michael Nolan, Minister Tony Abbott  
and Dr Graeme Downe



Round table discussion with the Minister

### *Meeting with Minister Tony Abbott*

Dandenong District Division of General Practice and Central Bayside General Practice Association had an informal discussion with Minister Abbott, Senator Mitch Fifield and the Liberal candidate for Isaacs, Ross Fox on Friday 23<sup>rd</sup> February, 2007 at the Southern Golf Club in Keysborough.

All GP members were invited to attend. Around 12-14 GPs together with Division staff were present at the meeting. The Minister was very laid back, did not appear to have an agenda, did not make any formal announcement and wanted to hear from local GPs.

Issues raised with him were:

- Complex item numbers and difficulties in using them
- Expansion of the practice nurse subsidy to metropolitan areas
- National Primary Care Collaboratives (NBCC) extension and further funding
- The value of divisions program in effecting systems change
- Electronic health records and national system
- Workforce issues with ageing GPs
- Mental Health items and psychologists
- MRI access for GPs
- GPs working in RACFs and remuneration restrictions related to item numbers
- Pandemic Planning

Minister Abbott was positive regarding the expansion of the practice nurse subsidy and was very keen to get feedback on the new mental health items, particularly the relationship with psychologists. Other matters discussed included MRIs, electronic prescribing, the ageing workforce and the important role of divisions of general practice. The meeting was quite informal and division representatives and GPs present generally found it to be a productive and useful exercise.

## Dandenong District Division of General Practice

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Deadline for newsletter articles is 10<sup>th</sup> 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:

Immunisation "Fight Flu" Posters  
Bereavement Support Flyer



## Fracture Management

### Fracture Management

There has been some confusion around the fracture management item numbers. The information below will help to clarify this process.

#### Accident & Emergency Departments

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

#### GP After Hours Clinic at Dandenong Hospital

Shared care arrangements are possible where a referring doctor can claim 50% of the fracture management item number for initial treatment, and then refer to another doctor to conduct after care management, who then claims the remaining 50%. (See Explanatory note T8.7.8) This applies, for example, where the GP After Hours Clinic at Dandenong Hospital has reduced the fracture and referred the patient back to their usual GP for management. In this instance correspondence will be sent to the usual GP advising that they may claim the remaining 50% of the appropriate item number. Where this is done, Medicare advise that the claim include the notation "providing after care only"

#### Full fracture management

The full fracture management item can only be applied where GPs are involved in the full management of that fracture from initial treatment to after care.

Casey Hospital are currently updating their records regarding GPs that are interested in undertaking after care fracture management and a flyer will be sent out shortly. Please contact Tanya Heaney-Voogt, GP Liaison Officer at Southern Health if you would like more details regarding this - Mon/Tues MMC 9594 3014 or Wed/Thurs Casey Hospital 8768 1375.



## DIABETES NEWS

### Simplifying Referral Pathways For Diabetes Care

Did you know that you can now refer all Type 2 diabetes patients to services via DCAS at the Division?

GPs can access comprehensive diabetes self-management education programs. All referrals into DCAS require the same forms, reports and consent information therefore providing a simple streamline approach of referral for diabetes care.

For more information please contact Jo Ong at the Division on 9706 7311.



## **DIABETES PREVENTION PROGRAM**

### **Free Pathology for first OGTT**

As a part of the Diabetes Prevention Program, GPs can utilize specific program 'Pathology Request Forms' for the initial OGTT that will be used to diagnose Pre diabetes. The diagnosis of Pre diabetes is a prerequisite for patient eligibility into the Diabetes Prevention Program.

The pathology slips are provided to cover the cost of an **initial** OGTT through the study. Additional tests are not funded and must be put on a separate Pathology Request Form.

For further information please contact Debbie Corin in DCAS ph: 9792 1550.

### *General Practice Information Kits available for the National Bowel Cancer Screening Program*

With the Australian Government's National Bowel Cancer Screening Program now well underway, The Cancer Council Victoria is reminding general practice about the key role they play in ensuring the program's success.

Participants who receive a positive result from their Faecal Occult Blood Test (FOBT) will be referred to their GP to discuss further testing. Because of this, information kits have been distributed to all PIP registered practice to support general practice throughout the screening program.

For more information about the National Bowel Cancer Screening Program or to access additional information kits, call the program information line on 1800 118 868 or visit [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au). Further information about bowel cancer, can be obtained by calling The Cancer Council Helpline on 13 11 20 or by visiting [www.cancervic.org.au](http://www.cancervic.org.au).

### **Quality Use of Medicine News**



**2, 4 + 8 to 2.5, 5 + 10 to 2, 4 + 8 and 2.5, 5 + 10.** Make sense? No. Well QUM news will not blame anyone who is confused. What this is all about is generic perindopril, which despite a lawsuit, is now on the market – in two brands – so far. So the patients that you have just changed from, say 4mg perindopril erbumine to 5mg perindopril arginine may now be offered a choice of the 5mg arginine or the 4mg erbumine (which will be cheaper). This is possible because of the bioequivalence of the erbumine and

arginine esters of perindopril. This was given to the PBS as a reason why the originator brand could change esters and retain PBS listing on a chemical formula to which newer patents applied. While a real pain for GPs, pharmacists and nurses there are some professionals who will love these changes ..... they are called lawyers.

### **Quick Quiz**

1. When initiating buprenorphine (Norspan) transdermal patches, withdraw all other analgesics immediately. True or false?
2. Paracetamol has no known drug interactions. True or false?
3. Paracetamol 325mg plus dextropropoxyphene 32.5mg tablets and capsules will have licences withdrawn in the UK market from late 2007. True or false?
4. A patient arrives in your surgery who has been involved in a fist fight over a neighbour's dog. He has a closed fist injury from punching his neighbour in the mouth and was in return bitten by the neighbour's dog. Whose teeth are more likely to cause this patient harm – human or canine?
5. Rosuvastatin is a new statin that has just been released on the Australian market. Why was it PBS listed? A better safety profile, less drug interactions or cost minimisation.

**ENROL NOW! NPS Clinical audits for GPs for PIP year May 2007 – April 2008.** These audits qualify for the NPS PIP and for RACGP points. To enrol phone 02 8217 8700.

	<b>Enrol</b>	<b>Collect data</b>	<b>Complete review phase by</b>
<b>Targeted use of antibiotics</b>	March 2007	March–May 2007	December 2007
<b>Hypertension</b>	June 2007	July–August 2007	March 2008
<b>Osteoporosis</b>	August 2007	September–October 2007	April 2008

**Cape Schank – evidence, guidelines and the art of medicine.** What do you do when the cardiologist and the rheumatologist can't agree? Are the patient cohorts about whom the guidelines were drawn up clearly identified? Does it apply to my patient and where does my insurance stand in all of this? A great topic with great speakers plus Saturday golf or winery tours and Sunday Mothers day breakfast. Professor David Le Coutier from the Concord repat. Hospital, Associate Professor Louis Roller from the Victorian College of Pharmacy, Monash University, Professor Bruce Jackson and Professor Gregory Whelan from MDAV. Don't miss out - put this event in your diary today. GPs, pharmacists and families – something for everyone. For more details call Stephanie Edmonds at the Division on 9706 7311.

**“Analgesics” from the NPS.** We are still taking bookings, don't miss out, call Graham Sweet at the Division on 9706 7311.

**Management plans, HMRs – now is the time.**

March, April, May – probably the quietest time in general practice, holidays are over, the winter madness has not begun and Xmas is a long way off. Time managers will be looking at this time of year to get all those non urgent jobs out of the way to reduce the load in the winter peak. So review your chronic patients, pick out those who will benefit and get their management plans and Home Medicines Reviews out of the way now. If you have any questions regarding how these work call Graeme Fletcher (management plans) or Graham Sweet (HMRs) at the Division on 9706 7311.

**NPS topics – What do you want?** The NPS is looking for new topics of interest to GPs for next year's program. So far we have migraine, gout, dyslipidaemia, prescribing in the frail elderly and neuropathic pain as suggestions. Is there any topic that you would like the NPS to cover? Call Graham Sweet at the Division on 9706 7311.

**A new drug that may let you havidol!** A website that may amuse <http://www.havidol.com>

**Quick Quiz Answers,**

1. False. It takes about 3 days to reach steady state plasma levels and the patient's usual short acting analgesics should be continued until analgesic effects with buprenorphine (Norspan) is attained.
  2. False. With warfarin, there is a potential INR increase with 3.5 g or more paracetamol per week. This is only problematic for prn paracetamol, with regular paracetamol dosing the dose of warfarin may be adjusted so that the INR stays in range.
  3. True. In January 2005, the Medicines and Healthcare products Regulatory Agency (MHRA) in the UK announced a gradual withdrawal of the commonly prescribed painkiller co-proxamol (dextropropoxyphene + paracetamol). This followed a consultation on the safety and effectiveness of this drug by the Committee on Safety of Medicines (CSM), which found that:
    - There is evidence that fatal toxicity may occur with a small number of co-proxamol tablets, and a proportion of deaths are caused by inadvertent overdose. Interactions with alcohol further reduce the threshold for fatal toxicity.
    - There is no robust evidence that co-proxamol is any more effective than full strength paracetamol in either acute or chronic use.
    - There is no identifiable patient group in whom the risk:benefit of co-proxamol may be positive.
- MeRec Bulletin 16, volume 4. Similar preparations are still on the market in

Australia under the brand names of Capadex, Digesic and Paradex.

4. Human bites are generally more serious and more prone to infection than animal bites. NPS Selective Use of antibiotics Feb. 2007.
5. Cost minimisation. Refer NPS RADAR Dec. 2006.

## Aged Care Website

The Aged Care Australia website is a great source of comprehensive impartial information about aged care - [www.agedcareaustralia.gov.au](http://www.agedcareaustralia.gov.au)

This site has useful information for health professionals and consumers trying to navigate through the aged care maze and work out what services are available to older people and the process for accessing these services. There are descriptions about services to provide basic help with everyday tasks to aged care packages available for people with complex health care needs.

Headings to direct users to the most appropriate information -

- What help is available to stay at home?
- Understanding eligibility criteria
- Help with aged care homes
- Help for carers and family

One of the most useful components is the “Community Care Service Finder” which may be of particular interest to GPs and practice nurses when preparing GP Management Plans and Team Care Arrangements for the older population. The site will search by service type such as accommodation, domestic assistance, food services, respite care; available within specific postcodes.

### *Children and Influenza vaccine*

If you have any children attending your immunisation service requesting opportunistic influenza vaccine it is recommended to use the dosage schedule listed below:

Influenza Vaccine for the 2007 influenza season is recommended to be administered as follows.

\*Two doses at least one month apart are recommended for children aged less than 9 years who are receiving influenza vaccine for the first time. The same vial should not be re-used for the 2 doses.

The draft 2007 Immunisation handbook reflects this change and also has the increased dose for the 3-6 year age group from 0.25 to 0.5ml (Table 3.9.1). This recommendation has also been endorsed by Peter McIntyre, NCIRS, however this is not funded for children.

Do not hesitate to contact the Immunisation Program at DHS on 1 300 882 008 or Kate at the Division, if further information is required.

Please find included in this newsletter 'fight-flu' posters for your practice, promoting flu vaccine for you, your staff and your patients. Also included is a copy of the covering letter from the National Institute of Clinical Studies.



## Paediatric Tip Number 4

### More on Rickets

Those with dark pigmented skin or with limited skin exposure to the sun are particularly at risk. The main source of Vitamin D production in Australia is through sunlight exposure (>80%).

Breast milk is a poor source of vitamin D. Even if the mother is Vitamin D replete, the infant will be born with only an 8-12 week supply of Vitamin D.

The latest consensus statement recommends:

Breast fed infants of all veiled or dark-skinned mothers should be supplemented with 400IU Vitamin D daily until 12 months of age. This is given as 0.45mLs Pentavite.

Breast fed infants with birthweight <1500g should receive Pentavite 0.45ml daily until 12 months.

Southern Health will implement these recommendations. As GPs, you can reinforce the need to continue Pentavite to 12 months or until the infant is having 500ml of infant formula per day.

## Bereavement Support Group

The Bereavement Support Group (BSG) meets at the Cranbourne site of Cardinia Casey Community Health Service.

The group provides information and encourages discussion, understanding and supportive care amongst people who have been bereaved (from the death of a significant other i.e. spouse, sibling, parent, child, friend) within the past two years. Members learn how to cope with their grief and find ways of both remembering and moving on.

New members meet with the facilitator individually prior to attending. Generally the group comprises of 6-10 members and most attend for a period of 6-18 months.

Although grief following bereavement is a unique experience for each person, participants often express similar feelings, behaviours and reactions to grief. Some commonly expressed feedback from group members about the groups' benefit is "I feel like I'm not going crazy anymore", "it was OK to sit and have a good cry because others did" and "I know I am not alone and it hasn't just happened to me".

For further details regarding the group please contact Helen Harrison on 5990 6789 or to register or refer, contact Intake on 8768 5147.

## HPV Vaccine Roll out.....

The much anticipated roll out of this vaccine is due to start as a school program in late April or May depending on the school holidays and the arrangements made with the jurisdictional providers. (The ages or school year groupings due to be vaccinated this year depend on the jurisdiction.)

The General Practice program will begin in July with GPs being asked to vaccinate all females aged 18 to 26 plus those over 12 who are **no longer at school**. The GP program will continue until June 2009.

After this date there will be no funded vaccine available for these age groups and the whole HPV program will remain as a first year of secondary school based program.

GPs will still be able to provide the vaccine privately.

It is very important to continue to stress the need for all women aged between 18 and 69 to continue with their regular Pap smear tests whether or not they have been vaccinated.

It is also important for all providers to ensure that the funded vaccine is given to the correct group of girls and not to boys or older women. The vaccine is licensed for girls 9 to 26 year of age and although it is licensed for boys 9 to 15 it is not funded for this group.

Both providers of the school based program and the General Practice program will be required to record all data associated with this vaccine. This will provide vital information for future research into the success of this program and any possible associated program. Details on the method of recording will be provided as soon as they are available and definitely before July.

Up to date information on the programs can be found on the Department of Health and Ageing website: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/gardasil\\_hpv.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/gardasil_hpv.htm)

Information on the relationship between Human Papillomavirus and cervical cancer and the vaccine can be found on the NCIRS fact sheet site: [http://www.ncirs.usyd.edu.au/facts/hpv\\_oct\\_2006.pdf](http://www.ncirs.usyd.edu.au/facts/hpv_oct_2006.pdf)

Any queries please call Kate at the Division or DHS on 1 300 882 008.



## Immunisation Tip

The 9<sup>th</sup> Edition Australian Immunisation Handbook is in draft form on the listed website. Comments and suggestions are being asked for, so have a look and have a say.

[www.immunise.health.gov.au/internet/immunise/publishing.nsf/content/handbook07](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/content/handbook07)

## **GP Liaison Unit Update**

### **New on GP Access**

[www.southernhealth.org.au/gp](http://www.southernhealth.org.au/gp)

- Domiciliary Oxygen Program (see below)
- Grand Rounds 2007 Schedule & Weekly Flyers (under GPLU News section)

### **Suspected Avian flu case**

Last week Southern Health saw a suspected avian flu case, referred by a GP. Whilst the patient subsequently tested negative, this was a good opportunity for us to test our response.

GPs are reminded of the following in relation to such cases:

- (1) All suspected avian flu cases should be sent to the Clayton ED. This is the designated centre for avian flu in our region.
- (2) All suspected cases should be notified to the DHS. As per other Group A communicable diseases, notification must be made immediately upon presumption of Dx, via phone:

**1300 651 160 or 1300 790 733**  
**(priority after hours phone)**

### **Domiciliary Oxygen Program Oxygen Hotline Phone 9594 2811**

The Southern Health domiciliary oxygen program operates within the Respiratory Function Laboratory. Home oxygen requirements for both discharge patients and outside referrals can be arranged through the program.

Paediatric and adult services can be facilitated and ongoing government and DHS eligibility requirements can be managed.

More details including information sheets can be found on GP Access, under Diagnostic Services &/or Ancillary Medical Services.  
[www.southernhealth.org.au/gp/](http://www.southernhealth.org.au/gp/)

### **Tell us about the good stuff!!**

#### **Received a great discharge summary lately?**

With a record intake of 60 interns this year, the GP Liaison Unit has been busy with orientation sessions to ensure all Junior Doctors are made aware of expectations in regard to the provision of discharge summaries/communications to GPs.

The GPLU undertake 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.

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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 beautiful hamper packed full 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](mailto:tanya.heaneyvoogt@southernhealth.org.au)

### **Maternity Services Clarification**

#### **GP Referrals**

For shared care affiliates, GP referrals, including the completed booking appraisal form should be faxed to: 9594 6298. The faxed GP Referral is the ONLY contact required for this option. Women are not required to contact the booking service.

#### **Direct Patient Bookings**

Women can book directly without GP referral via the maternity bookings telephone service on 9594 2229 (9594 BABY).

GPs are advised to continue to refer to the Maternity Services section of GP Access to receive the latest information on services and referral options.

#### **Contact Us**

Dr Sharon Monagle, GP Consultant Manager, GP Liaison Program, Southern Health,  
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### **District Nursing & General Practice – partners in community health**

Royal District Nursing Service can support you in your general practice with a range of professional nursing services that contribute to your patients' quality of life and independence.

RDNS' committed nurses provide specialised and general care including: aged care, technical nursing care, continence, cystic fibrosis, diabetes, HIV/AIDS, palliative care, stomal therapy, wound care, and a 24-hour telephone advice service for clients.

To learn more about how RDNS can work with you to care for your patients, contact your local RDNS centre: Berwick – 9704 1753, Springvale – 9547 4922, Cranbourne – 5990 6239.