



Nicola Roxon MP (centre) discusses GP Super Clinics with Rodney Cocks (Labor Candidate for LaTrobe and Dr Sally McDonald at Berwick Lodge Medical Centre.

Shadow Minister for Health meets with the Division

Nicola Roxon MP, Shadow Minister for Health and Rodney Cocks, Labor Candidate for LaTrobe met with representatives of Dandenong Division Dr Sally McDonald, Dr Graeme Downe and Anne Peek to discuss the Labor Government's plan to establish a **GP Super Clinic** in the Berwick area should they get into power in November.

Labor's GP Super Clinics will provide infrastructure for GPs and other health professionals, including allied health workers, nurses and some specialists to work together in one place. Nicola Roxon emphasized that the clinics will not be about salaried medicine but will encourage existing private practitioners to establish and run the clinics. She stated that the exact configuration will depend on the needs of the local community. The vision is not for a single product but the model could vary at

different geographical sites across the country after working with local health professionals.

Sally McDonald and Graeme Downe described the current pressures on general practice and the difficulties in attracting new GPs into the area. It was agreed that the challenge is around the need to ensure general practice remains an attractive career path for newly graduating doctors. The traditional model of general practice is no longer an attractive career proposition for many young doctors.

Practice ownership has become less attractive. Younger GPs are more team-focused than previously and increasingly working in group practices with practice nurses and allied health professionals.

Tenders to build and run the GP Super Clinics will be offered. The tender process will be open to amongst others, existing practices and Divisions of General Practice. Capital funding will be between \$1 million and \$10 million. Other incentives will also be provided.

The Division representatives emphasized that the provision of quality general practice that is well integrated with other health providers is of utmost importance in the provision of care to the local community. In addition the Division strongly supports the continuation of existing practices and will use its best efforts to ensure that general practice will be represented in any discussions regardless of the political party and whether or not the Division is a tenderer to the process. At all times the Division will ensure that the best interests of the community and general practice are considered.

Anne Peek

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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

- **Lymphoedema – guide for diagnosis and management in General Practice**
- **NPS Clinical Audit enrolment form: Management of hypertension**

Accreditation tip

A new resource for AGPAL accredited practices - Quickknowledge an AGPAL partner organisation

Quickknowledge has developed a practical offer for all AGPAL accredited practices. A certified Quickknowledge technician will assess the IT systems in your practice, and provide you with a report outlining areas in which you need to amend or improve your IT systems.

This review takes up to 1.5 hours and assesses every part of your IT infrastructure – including the areas covered in the RACGP Standards such as passwords, firewalls and anti-virus protection.

This review is being offered to AGPAL practices at the reduced price of just \$180 (inc GST).

Quickknowledge service all major metropolitan and regional centres throughout Australia. For more information, contact Quickknowledge on 1300 734 960 or visit their website at www.quickknowledge.com.au.



Mental Health information in languages other than English

Multicultural Mental Health Australia has produced a range of pamphlets addressing mental health issues, including general mental health information and specific conditions such as depression, anxiety, bipolar disorder, dementia, etc. Languages include: Arabic, Assyrian, Khmer, Croatian, Dari, Dinka, Amharic, Greek, Italian, Korean, Krio, Macedonian, Polish, Russian, Serbian, Chinese, Spanish, Swahili, Turkish and Vietnamese (not all pamphlets available in all languages). These can be found on their website: www.mmha.org.au/find/fact-sheets

Q Fever

DHS Public Health is concerned about 'Q Fever', an acute febrile rickettsial disease of low mortality but significant morbidity. It is most commonly found in abattoir workers who have recently handled contaminated stock such as feral goats or sheep from interstate endemic areas. Immunisation of those in high risk occupational groups is the primary preventive measure against Q Fever. Only specifically DHS - listed GPs can offer the vaccination. For more information, contact Graeme Fletcher at DDDGP. More details about Q Fever can be found at www.health.vic.gov.au/ideas/bluebook/qfever.

GP Liaison Unit Update –

Sexual and Relationship Clinic

GPs are reminded of the Sexual and Relationship Clinic which operates at Monash Moorabbin. This clinic, one of only 2 of its kind in Melbourne, provides a comprehensive approach to patients with sexual difficulties. Women, men and couples are seen. Common presentations include:

- An inability to have sexual intercourse
- Painful sex (dyspareunia)
- Erectile difficulties
- Lack of interest in, or desire for sex – which may lead to relationship issues
- Arousal or orgasmic concerns

GPs are able to refer these often difficult patients. All patients are seen by medical practitioners with training in psychotherapy / psychosexual medicine.

The first appointment is for assessment, after which short – term management can be provided. Where needed, patients are referred on to other specialist services.

Clinic Head: Dr Anita Elias

Referral fax number: 9594 6925

Phone: 9928 8860 (Thursday am – direct), or 9594 2372 at all other times.

Further information about this unique service can be found on the GP Access site under Outpatient Clinics: www.southernhealth.org.au/gp.

National Bowel Cancer Screening Program (NBCSP): GP Referrals for Colonoscopy

The Federal Government's National Bowel Cancer Screening Program is now well underway with all Australians turning 55 and 65 years of age this year being invited to participate. GPs are starting to see patients who have a positive FOBT and need to be referred for colonoscopy.

In southern Melbourne, The Alfred, Monash Medical Centre and Dandenong Hospital have been selected as designated providers of colonoscopy for this cohort. Patients identified through the NBCSP will be treated as category 1 (i.e. to be seen within 30 days).

For referrals to Monash Medical Centre and Dandenong Hospital

Fax to 9594 6250

Phone enquiries: 9594 3185

For referrals to The Alfred Hospital

Fax to 9076 0393

Phone enquiries: 9076 0211 or 9076 0237

Referrals **must include** patient details (name, address, telephone number, date of birth) and

the name, address and contact number of the referring doctor. Referrals without these details can make it difficult for the health service to contact the patient and schedule their appointment.

Referrals also need to include details of any significant co-morbidities and the use of anticoagulants and anti-platelet drugs.

GPs are also reminded of the need to identify the patient as a NBCSP participant by attaching an appropriate sticker - provided by the program - to the referral.

Casey Hospital GP Evening – A Wine & Cheese Networking Event

The GP Liaison Unit and Casey Hospital would like to invite you to attend the Casey Hospital GP evening on Thursday 15th November from 7pm. Invitations are being distributed via neighbouring Divisions. Specialists, Unit Managers & Medical Staff from most areas will be in attendance. Networking and delicious wine & cheese will be the highlight of this informal evening. There will also be a tour of the Paediatric Ward & Emergency Department. **RSVPs** can be directed to Karen Bowden, Casey Hospital Site Administration Office on 8768 1490, or via email: karen.bowden@southernhealth.org.au. For more information regarding the event please contact Tanya Heaney-Voogt on 8768 1375.

GP Survey - \$150 Dinner Voucher Winner

Thank you to all who responded to the GP Liaison Unit survey. We are delighted to announce that Dr Craig Mulligan from Narre Warren Medical Centre was the lucky winner of the \$150.00 Walter's Wine Bar voucher, which was drawn by Greg Young, Casey Hospital General Manager on 19th September. Congratulations to Dr Mulligan.

Communication Award Winners

Dr Melissa Tang – Gastro Registrar from Dandenong Hospital was the September winner of the GP Liaison Unit's communication award. Melissa was nominated by Dr Mike Fitzgerald, for her outstanding communication regarding a patient on Surgical Unit 1 at Dandenong. The entire Unit is to be congratulated for their efforts in ensuring discharge communications reach GPs. Dr Fitzgerald has won a beautiful hamper for his nomination. Congratulations to all.

Please don't forget to let us know if you receive excellent communication from the Hospital. It's a great way to promote best practice and reward those that are doing great work.

Contact Us

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- Ms Tanya Heaney-Voogt, GP Liaison Project

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Cancer — how are you travelling?

The National Breast Cancer Centre (NBCC) has developed a booklet about the emotional and social impact of cancer. Titled *Cancer — how are you travelling?* this resource has been written for people diagnosed with cancer, as well as their family and friends.

The booklet provides an introduction to some of the emotional, psychological, physical and practical challenges faced by people diagnosed with cancer. It may be most useful for people recently diagnosed with cancer, however, there are some issues discussed that may be relevant at other times throughout the cancer journey. It is not intended to be a comprehensive guide but may help people to identify some of the issues they are facing and the types of support available.

Topics covered include:

- Emotional and social challenges faced by people with cancer
- The way a person's cancer diagnosis affects the people around them
- Times when people may be more likely to experience higher levels of anxiety
- Reasons why some people may find the cancer journey more difficult than others
- The role of different health professionals throughout the cancer journey
- Types of support and treatment available
- How to ask for help.

The booklet includes a 'distress thermometer' self-assessment tool to help people explain how they are feeling. It also features a directory of organisations that can provide additional assistance and a question prompt list to help people gather all the information they require about their diagnosis and treatment.

The resource is based on the *Clinical practice guidelines for the psychosocial care of adults with cancer* developed by NBCC and the National Cancer Control Initiative. The booklet was developed under the guidance of the multidisciplinary working group.

Cancer — how are you travelling? will be available in October. To order an advance copy, visit www.nbcc.org.au or phone 1800 624 973. If you would like further information contact Holly Goodwin on holly.goodwin@nbcc.org.au or 02 9036 3361.



Dandenong Division Tops the Charts

The uptake of PIP incentives and Medicare Item Numbers (MBS) related to chronic disease management and health prevention is considered to be one measure of integration and best practice. A comparison of the latest figures, which compares Divisions of General Practice, shows that with quite a few of the items claimed Dandenong Division is on top, if not a second or third in the State and in some instances leads nationally pro rata of population.

Congratulations to all our member practices for leading the way in the number of GP Management Plans, Team Care Arrangements, Home Medication Reviews, 45 year plus health assessments, Diabetes Annual Cycle of Care, Asthma & Mental Health 3 + Plans.

In 2006 - 2007, 12,661 GP Management Plans were completed together with 7,986 Team Care Arrangements. This involved over 250 GPs. During the same period 2,496 annual cycles of diabetes care were completed by 101 GPs. For more detail regarding the statistics see: www.medicare.com.au.

Check our website (www.dddgp.com.au/news) for guidance and templates related to the MBS items or contact us at the Division for assistance.

New Contact Details for RDNS

All referrals and enquiries to RDNS should now be made using 1300 687 7464 (1300 NURSING).

Clients and the general public can contact RDNS on 1300 33 44 55. Fax number: 1300 657 265

(nb: RDNS advise that there have been some 'teething problems' with the system, but they have been working to overcome these as quickly as possible.)

New Medicare Dental Items



With the November 1st introduction of the new Medicare dental items for people with chronic conditions and complex care needs, various resources for GPs and patients have been made available.

There is a pdf and word version of the GP referral form; fact sheets and other resources for dental practitioners (eg MBS Dental Services book) and also a summary of the differences between the existing EPC dental items and the new dental items.

All of these documents are available on the Department of Health and Ageing's website: www.health.gov.au or can be found via the Division website at www.dddgp.com.au/news.

Quality Use of Medicine News



We need more S.S.EX. Sensible Sun Exposure - To carry on with last month's theme I could have called this month's QUM editorial "*slip, slop, slapswap*". Last month was about the lack of sun exposure causing the community problems regarding bone health. This month goes back even further in history to the roots of the public health sun exposure campaigns. This was in 1937 when a US navy study discovered that their sailors had eight times the expected rates of melanoma. They also discovered that their sailors had only two fifths the expected rates of "internal" cancers. The higher rate of melanoma was put down to sun exposure and for a while the lower rates of other cancers were put down to the idea that melanomas might be protective of other cancers. This was not the case so this part of the 1937 discovery was largely forgotten. In doing so we may have inadvertently swapped lower rates of melanoma for higher rates of other cancers with our public health campaigns that focus only on reducing sun exposure without the mention that some sun exposure may be required. The good news appears to be that we can have our cake and eat it too. With sensible sun exposure, a few minutes, morning or evening, every day with arms face and hands exposed and avoiding the midday UV peaks may give us enough exposure to make the cholecalciferol that we need for cancer protection and avoid the harmful effects that cause melanomas. It does appear that we should do a lot more research in this area!

Quick Quiz

1. Vitamin D is not a vitamin. What is it?
2. Osteomalacia is the adult form of what childhood disease?
3. Proton Pump Inhibitors have recently been associated with a number of adverse effects particularly in the elderly. Name two of them.
4. It has been proposed that calcium supplements are more effective when given either in the morning or in the evening. Which one?
5. Strontium ranelate is a new drug for secondary prevention of post menopausal osteoporosis and is recommended to be used with caution for what relatively common disorders?

PPI dose tripled in advertently and antibiotic dose halved or how not to do *H. pylori* triple therapy - A pharmacist was asked to do a number of HMRs in a low care residential facility recently and reported the following story.

One of the residents spent a stretch in hospital and returned with dispensed scripts for a triple therapy pack for *H. pylori* eradication and some omeprazole 20mg, presumably to be given after

the triple therapy pack was finished. Neither the patients, GP, nor pharmacy who supplied a weekly Dosett were made aware of this and at the time the review was conducted the patient's carer was giving to the patient 1 x esomeprazole 40mg tablet daily + 1 esomeprazole 20mg tablet twice a day + 1 omeprazole 20mg tablet a day. Additionally the amoxicillin from the triple therapy pack was being underdosed by giving one instead of two amoxicillin 500mg capsules twice a day. Fortunately none of this was likely to result in an immediate toxicity but it may have caused the triple therapy to fail and at least as a result of the HMR the GP will have a good idea about why. As to the rest of the HMRs in the facility, well all the residents have substantial risk factor for deficient vitamin D and one probably had osteomalacia as a result of long term anticonvulsant use.

Want to know more about HMRs? Call Graham Sweet at the Division on 9706 7311.

Varenicline tartrate for smoking cessation - The PBAC has recently recommended the listing of varenicline as a short-term treatment to aid smoking cessation in patients aged 18 years or older on the basis of an acceptable cost effectiveness compared with bupropion. An NPS RADAR review of varenicline tartrate will be available in the December 2007 issue. If you don't get NPS RADAR, then enrol at www.npsradar.org.au. It's free and available in hard copy as well as on the net.

LAST CHANCE! NPS clinical e-audit - "Management of hypertension" - This clinical audit will assist you to review cardiovascular risk, identify and optimise blood pressure control, review choice of antihypertensive agents and assess adherence in patients over 16 years of age, using an antihypertensive agent(s). It is the last clinical audit that the NPS will be providing for the 2007-2008 PIP year. Enrolment forms are available at the NPS website (www.nps.com.au) near the bottom of the home page under audits or phone the NPS on 02 8217 8700 and the forms will be posted to you.

Don't miss out on your PIP. Make sure that you have enough audits to qualify. If unsure phone Graham Sweet at the Division on 9706 7311.

"Preventing osteoporosis and fracture risk" - Very topical, very interesting and now being delivered in the Division. These visits and case studies qualify for the QPI PIP, for RACGP points and as practice organised educational activity for accreditation. So organise your visit or group case study today - call Graham Sweet at the Division on 9706 7311.

Quick Quiz Answers.

1. A hormone. Categories of essential nutrients include [vitamins](#), [dietary minerals](#), [essential fatty acids](#), and [essential amino acids](#). An essential nutrient is a [nutrient](#) required for

normal body functioning that cannot be synthesized by the body and must be obtained from a dietary source. Since vitamin D can be synthesised by the human body it is not, strictly speaking, a vitamin. Vitamin D₂ (ergocalciferol) is plant derived and ingested, vitamin D₃ (cholecalciferol) is manufactured in the skin by UV exposure of a form of cholesterol and both could technically be called pre hormones. Hydroxylation firstly in the liver and then in the kidney produces the active form (1, 25 - dihydroxycholecalciferol or 25 OHD) which is then transported by to blood to the tissue sites of action. The remote manufacture and subsequent transport to the site of use makes vitamin D a hormone and some texts now refer to 25 OHD as "vitamin D hormone".

2. Rickets.
3. High dose long term use – osteoporosis. Long term use – vitamin B12 deficiency. Increased rates of URTIs and pseudomembranous colitis.
4. In the evening. This is because of the circadian rhythmic production of parathyroid hormone which peaks at night time. Endogenous parathyroid hormone production is associated with increased bone resorption. Production of the hormone is increased when calcium levels are low. Hence if calcium is supplemented in the evening parathyroid hormone production is suppressed and bone resorption reduced. This is a nice theory and has been demonstrated in one trial so the evidence is not conclusive. However there is another reason for giving calcium supplements in the evening and that is to separate them from other medications (like bisphosphonates) with which they may interact and prevent absorption. Also, if the supplement is calcium carbonate, it is great taken with the evening meal as absorption is best in an acid medium.
5. From NPS RADAR: *"Use strontium with caution in people considered at risk or with a history of thromboembolic disorders. If prescribing strontium for these people, regularly monitor for possible signs of venous thromboembolism (such as leg swelling, redness or pain that may worsen when walking or standing and/or shortness of breath or chest pain that may worsen with deep breaths). Treatment with strontium has been associated with a 50% increase in the annual incidence of venous thromboembolism (0.9%) (including pulmonary embolism), relative to placebo (0.6%). Four-year data from ongoing clinical trials showed the increased risk for venous thromboembolism in people taking strontium was largely unchanged."*



Annual GP Education Weekend
Friday 18th – Sunday 20th April, 2008
RACV Cape Schanck Resort
Mark this date in your diary now!!

In the current climate of "refugee unsettlement", the forum below may of interest to some:

Working towards wellbeing with the African Child/Youth and their Families

Achieving culturally sensitive service provision in mental health services, schools and the community

Date: Tuesday 20th November, 2007
Time: 9.00a.m. - 4.30p.m.
Venue: Mary Aikenhead Conference Centre, St Vincent's Hospital, Aikenhead Building, 27 Victoria Parade, Fitzroy
Cost: \$55.00 (inc GST).

Enquiries: Victorian Transcultural Psychiatry Unit, Ph: 9288 3300, Email: vtpu@svhm.org.au.
 Closing date for registration and payment: Tuesday 13th November, 2007.

Change to claiming GST credits

The threshold for when you are required to hold a tax invoice to claim a GST credit has risen from \$55.00 (including GST) to \$82.50 (including GST).

This means that if you want to claim a GST credit for a business purchase of \$82.50 (including GST) or less, you do not have to hold a tax invoice. However, you will need to keep proof of purchase (such as register dockets, receipts or invoices) to support your claim.

Superannuation Reminder

Don't forget that superannuation contributions need to be made by 29th October 2007.

The ATO has an online superannuation contributions calculator to help you work out the amounts you should be paying for your eligible employees. Visit www.ato.gov.au/employers.

Annual Membership Renewals

Just a reminder, there are still some membership renewal forms that have not yet been returned.

Please complete and forward these to the Division Office.

