

Farewell Kate

After almost 12 years with the Division Kate Russo is moving on. A farewell lunch was held at the Division office and the large attendance, which included staff, GPs and practice staff, was true testament to how highly Kate has been regarded. Kate's first role with us was working on the very successful Asthma Education in Schools project. She went on to become the Immunisation Program Coordinator and added various other programs/projects to her portfolio along the way, demonstrating her versatility and willingness to take on new challenges.



Kate Russo with Practice Staff



Kate Russo and Anne Peek

It is hard to measure Kate's very valuable contribution over the years except to say her expertise, vitality, loyalty and wonderful sense of humour will be missed both within the Division and out in the practices. Kate represented Dandenong Division extremely well wherever she went and is highly regarded by Divisions of General Practice both at state level and nationally.

Good luck Kate in your new role in the Aged Care Program at Monash Division. You have not gone far and we look forward to staying in touch. Thank you for all the wonderful memories. **Anne Peek**



Dr Catherine Jeffrey, Kate Russo, Dr Greg Wyatt and Anne Peek



Kate Russo with Dr Graeme Downe

**Dandenong District Division
of General Practice**

314B Thomas Street, Dandenong, 3175
Phone: 9706 7311 Fax: 9793 4050
Email: dandiv@dddgp.com.au
Website: www.dddgp.com.au
Office hours: 8.00a.m. – 5.00p.m.

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To email staff directly: *initial.surname@dddgp.com.au*
pki@dddgp.com.au

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 for members:

Immunisation insert

Como Hospital Specialist List

Osteoporosis NPS Visit

**Is Bad breath indicative of an
H.pylori infection??**

Dr. Aruni H.W. Mendis¹ & Prof. Barry J. Marshall² FRACP, FAA, FRS, Nobel Laureate.

**Bad breath (halitosis) may be an indication of
Helicobacter pylori (Hp) infection.**

A recent study by Katsinelos et.al. (Med Princ Pract 2007; 16(2) 119-23) has shown that patients in whom Hp positivity persisted after treatment, retained halitosis parameters, whereas halitosis resolved in patients from whom Hp was successfully eradicated.

Due to the copious production of ammonia via the action of its urease, Hp can cause intermittent achlorhydria, which allows putrefaction of ingested food within a very short resident time in the stomach. Putrefaction would be aided by the oral flora mixed into the food during mastication with saliva. Halitosis is discussed on-line at http://www.helico.com/case_study-01-halitosis_and_hpylori.html.

Diabetes Prevention Program

OGTT'S no longer funded by the Study

The pilot component of the Diabetes Prevention Study "Go for your life" is now complete. As we move from a study to an ongoing program there are a number of changes. These include:

- **Study funded pathology requests for OGT tests are no longer available. Left over stock of these pathology slips are no longer valid and cannot be used by practices.**
- Eligibility into the program no longer requires an IFG or IGT diagnosis from an oral glucose tolerance test.
- GPs can refer any client at high risk of developing diabetes however, investigations to exclude type 2 diabetes are recommended.

The program will continue to be offered free to clients.

Referrals continue to be received through the Diabetes Co-ordination and Assessment Service (DCAS) located at the Division. Fax number: 9793 9052.

For more information please contact Joanna Ong or Debbie Corin, Diabetes Program Officers on 9792 1550.

GP Liaison Unit Update

Maternity Booking Line – Overloaded!!

The GPLU have heard from GPs recently concerned that they have been unable to get through on the Maternity Booking Service number (9594 2229). Maternity Services have advised us that they were experiencing unusually high demand over the past month (a 40% increase) but that they have now increased the staffing level and GP calls should be answered promptly. Maternity services remind GPs **that faxed referrals on the Maternity Booking Form are preferred.**

Outpatients Implement New Protocol for Patients who Fail to Attend an Appointment

Up to 24,000 (05-06 data) outpatient appointments are missed each year, resulting in inefficiencies and longer delays for other people awaiting an appointment. From Monday 20th August, Southern Health Outpatient Services will be managing patients who do not attend their scheduled appointment in a new way. When a patient does not attend an appointment he/she will be contacted either by phone or letter (depending on urgency) within 6 weeks to rebook. If the patient fails to attend on this second occasion the referral will be reviewed by the Consultant. In most cases the patient will not be offered a further appointment, but will be referred back to their GP for further care. GPs will be notified of this outcome by Outpatients. In cases where there is a clear ongoing need for review in Outpatients, every effort will be made to re-schedule an appointment for the patient. We hope that this will improve clinical care and increase access to outpatient services.

GP Survey Results – What You Said...

The GP Liaison Unit received 99 returned surveys. The main concerns from GPs continue to be:

- Access to Outpatient Services
- Discharge Summaries
- Communication
- Investigation Results

We noted that Emergency Department Discharge summaries have improved but other trends have not altered significantly from last year's results. One of the major increases was in the number of GPs with a preference for Argus as an electronic communication tool. 25% of respondents would prefer Argus for e-communications; this is up from 11% in 2006.

A detailed report is being sent to Divisions of General Practice and is available from the GP Liaison Unit for any interested parties. The GP Liaison Unit have made recommendations and provided data profiles to relevant areas (ED,

Outpatients) from the results. These profiles also contain statistics from the Annual Discharge Summary Audit conducted by the GPLU in June.

Communication Awards – Don't forget to nominate!!

GPs don't forget to let us know if you receive any great discharge information or communication from the Hospital. Just for nominating you can win a beautiful wine hamper. If you want to know more about the GPLU Communication Awards visit www.southernhealth.org.au/gp and click on GPLU News.

Contact Us

- Dr Sharon Monagle, GP Consultant Manager, GP Liaison Program, Southern Health, sharon.monagle@southernhealth.org.au, P 9594 6417, F 9594 6063, M 0407 311 454
- Ms Tanya Heaney-Voogt, GP Liaison Project Officer, GP Liaison Program, Southern Health, Tanya.heaneyvoogt@southernhealth.org.au Clayton P 9594 3014, F 9594 6063 Casey P 8768 1490, F 8768 1951
- Ms Josie Ciotta, Administrative Assistant, GP Liaison Program, Southern Health, Josie.ciotta@southernhealth.org.au, P 9594 3014, F 9594 6063

Argus Affinity Promotion

ArgusConnect has launched the **Argus Affinity** promotion during September and October 2007, inclusive.

Our Division is participating in the **Argus Affinity** promotion to be able to offer the following special benefits and fast-track deployment of Argus secure clinical messaging in our area:

- **GP and Specialist Practices: FREE** assistance with Argus software installation by ArgusConnect staff - a saving of \$220 per practice. This is on top of the existing benefits of free Argus software and free Help Desk support;
- **HMR Pharmacy Consultants: FREE** assistance with Argus software installation by ArgusConnect staff AND one year's remote support for \$110 (normally \$330) - a saving of \$220 per practice. This is on top of the existing benefit of free Argus software

Argus secure clinical messaging can deliver many benefits to your practice. For further information about these benefits, visit the Division website at www.dddgp.com.au, go to the Argus website at www.argusconnect.com.au or phone (03) 5335 2220.

Only practices registered during September and October 2007 will be eligible for these benefits. To register for an *Argus Affinity* installation, email Alison Killin at a.killin@dddgp.com.au or contact Anne Peek or Graeme Fletcher at the Division on 9706 7311.



Slip, Slop, Slap Snap! A media release “Spring is in the air – and so is UV radiation” was circulated by the RACGP on the 31st of August and good sensible stuff it was too, but unfortunately it was only one side of the sun exposure situation. This lack of balance may come back and bite us. QUM News has recently heard of one inner city school (with many dark skinned students) where the kids are not allowed out to play in mid winter unless covered up from the sun!

While there is no denying the dangers of skin cancer and it's link to sun exposure, there is also no doubt that we do need some sun exposure. This is why it was so disappointing when reading the RACGP media release to see any objective balance. For most Australians, adequate vitamin D is unlikely to be achieved by diet alone so most are reliant on sun exposure as a source of vitamin D. The further south we are or the darker our skin the longer the exposure needs to be.

Children are at a particular risk and researchers are looking into links between vitamin D deficiency and increased rates of type 1 diabetes and autism (highly speculative and unproven at this time). However there is a risk we need not speculate about, that low vitamin D levels can lead to low peak bone mass at maturity and hence precipitate osteoporosis in old age. Add this to the fashion over the last few years for children to be given fruit juices (supposedly healthy, until recently) instead of milk (supposedly unhealthy and a cause of allergies) and our current crop of youngsters could be at quite a risk of osteoporosis in 30 years or so.

So lets have a little balance for calls to limit sun exposure and remember the old *adage* “*all things* - but in moderation*”. (*Except cigarettes!)

Quick Quiz

1. What is the daily recommended dose of vitamin D for a 70+ year old Australian?
2. What Minimum Erythemat Dose (MED)*. would be required by a moderately fair skinned person on the arms face and legs to prevent vitamin D deficiency? A tenth, a quarter, a third, a half or twice one MED.
3. How long would this take in the DDDGP at about noon in August? (Clue 5, 15, 25, 35 or 45 minutes)
4. By how much should this exposure be increased for people with highly pigmented skin?
5. What do rats, warfarin and vitamin D have in common?

*One MED is the dose required to produce a minimum redness on sun-sensitive skin.

Dandenong continues to set the example for Home Medicines Reviews. In the April to May quarter of this year, 11.4% of HMRs done in Victoria were done in the DDDGP with 18% of our GPs participating in this quarter. Now that the ‘flu season is over and before the Xmas chaos might be a good time to review your patients medications and see if a HMR would be of value.

One area that may need attention is to check patients’ calcium - vitamin D status and overall compliance with osteoporosis therapy (overwhelmingly in the DDDGP this means bisphosphonates). The HMR can tell you exactly what they are taking (or not taking) and when and may highlight other drug problems such as anticholinergic load which may precipitate falls or drugs that may worsen osteoporosis (SSRIs, PPIs, steroids, glitazones, anticonvulsants, loop diuretics, XS thyroxine, chemotherapy etc). So include any concerns regarding osteoporosis/fracture risk in the referral and get the pharmacist to check them out.

Not doing HMRs and want to know more? Call Graham Sweet at the Division on 9706 7311 and he will help to get you started.

Alendronate with cholecalciferol (vitamin D₃) (Fosamax Plus) for osteoporosis (from NPS RADAR). The full text of this article is available on www.npsradar.org.au and is well worth a read.

Alendronate with cholecalciferol (vitamin D₃) contains cholecalciferol 2800 units in a weekly dose, equivalent to 400 units daily. This dose of vitamin D₃ is:

- *inadequate for sole treatment of vitamin D deficiency*
- *inadequate for preventing deficiency in high-risk groups*
- *the recommended dose to prevent deficiency in the presence of inadequate sunlight exposure in people aged 51–70 years who are not vitamin-D deficient.*

Assess the risk of vitamin D deficiency in people with osteoporosis and a fracture. The major source of vitamin D is sunlight exposure; institutionalised, or housebound elderly people have the highest risk of deficiency.*

Vitamin D supplementation does not benefit people with normal vitamin D status — there is no reason to switch such patients from alendronate to the combination product. The combination product could be prescribed in addition to vitamin D₃ 1000-unit supplements to reduce individual cost for patients needing > 3000 units weekly and a bisphosphonate.

There is no evidence that this combined formulation will reduce the risk of fracture compared with alendronate alone; this was not the basis of PBS listing.

Vitamin D₃ alone does not reduce fracture risk in people with an existing fracture (secondary prevention). It may have some effect in primary prevention when given with calcium; however, the evidence for this was mostly with a higher vitamin D dose (700–800 units daily).

*NB. In the DDDGP we also have another very high risk group. Some migrant women who have the multiple risk factors of female sex, dark skin and have their skin completely covered when in public.

“Preventing osteoporosis and fracture risk” – this new NPS topic is now being delivered in the Division. As usual it qualified for the QPI PIP, for RACGP points and as a 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. 600 units (25 mcg).
2. One third.*
3. 25 minutes.*
4. 3 or 4 times.*
5. It was the discovery by Harry Steenbock that irradiating rat food prevented rickets that lead to the production of vitamin D under license to the Wisconsin Alumni research foundation (founded by Steenbock in 1925). 1933 the foundation when investigating the death of a cow commenced the research that would eventually lead to warfarin. Initially marketed as a rat killer, warfarin attracted notice as a potential medicine when it became involved in a suicide attempt by a drunken sailor. So rats, warfarin and vitamin D are linked by the Wisconsin Alumni Research Foundation.

* Ref. “Vitamin D and adult bone health in Australia and New Zealand: a position statement” http://www.mja.com.au/public/issues/182_06_21_0305/dia10848_fm.html this article is well worth a read.

Australian Workplace Ombudsman – Industrial Relations factsheets

The Australian Workplace Ombudsman website is a great place to access factsheets regarding Industrial Relations.

There are numerous factsheets that cover many issues including pay slip requirements and best practices, records employers must keep, time and wages records, various templates and termination of employment just to name a few.

A link can be found through our Division website: www.dddgp.com.au/resources/General_Practice_Support/Business_Issues/ and also under News on our home page.



Immunisation News

Reporting Adverse Events

SAEFVIC has been set up for the Surveillance of Adverse Events Following Vaccination In the Community. In Victoria, significant adverse events following immunisation (AEFI) can be notified to SAEFVIC instead of ADRAC.

This specialist service has been established to help immunisation providers manage patients who have had an AEFI. It is for all immunisation adverse events in both children and adults.

How do I report AEFI in Victoria?

Please report an AEFI at any time (24 hours and 7 days a week) by:

Telephone: 1300 882 924 between 10am and 3.30pm. All other times, please leave contact details on the answering machine and the SAEFVIC nurses will return your call as soon as possible.

Fax or post: (report form included in newsletter)

Fax: (61 3) 9345 4163 (24 hours)

Post: SAEFVIC,
Murdoch Children’s Research Institute,
c/- Royal Children’s Hospital,
Flemington Road,
Parkville, Vic 3052

What will SAEFVIC provide?

- Clinical support to patients and immunisation providers
- Information to immunisation providers about AEFI in their patients
- Specialised immunisation clinics for children and adults with a history of a significant AEFI
- Maximize immunisation coverage and therefore improve the control of vaccine-preventable diseases
- Improve knowledge of AEFI by systematic surveillance
- Improve the level of reporting of AEFI's to ADRAC. All the significant and unexpected adverse events following immunisation that meet the current case definitions for AEFI, will automatically be reported to ADRAC by SAEFVIC.

For further information go to www.health.vic.gov.au/immunisation/ (click on immunisation provider information).



Specialist Update

Mr Adam Skidmore, General Surgeon, is commencing private practice at Como. Rooms located at Beaumaris. For referrals contact 9589 4475.



*Building a healthy future
for Victorian women*

In June 2008, the Royal Women's Hospital will move to a new site on the corner of Grattan Street and Flemington Road in Parkville, adjacent to the Royal Melbourne Hospital.

Some of the key design features include:

- fifty percent of all rooms are single bed rooms. The remaining rooms have a maximum of two beds;
- more double beds to accommodate overnight stay for partners where required;
- more space available around each baby's cot to provide additional room for families, staff and hospital equipment in neonatal intensive and special care; and

For further information visit our website at www.rwhp.com.au or call 1800 794 725.

The Dandenong Division of General Practice invites all GPs and practice staff to attend our
Annual General Meeting
Wednesday 21st November, 2007
Southern Golf Club,
Lower Dandenong Road, Keysborough

This year there will be no performances, we are leaving Division Idol behind us and moving onto bigger, better and more entertaining things! So frock up for an evening that will leave you with "Something to talk about"

Invitations will be sent out to the practices soon, so mark this date in your diary now!

Contracts and Australian Workplace Agreements

The Division has had "generic" AWAs and common law contracts drafted by Macpherson and Kelley Lawyers. In order to access these agreements you are required to attend a workshop.

The workshop will cover the difference between contracts and AWAs and the legislative changes under WorkChoices. Deivina from Macpherson and Kelley Lawyers will guide you through an example AWA and contract and explain what you need to do to tailor this to your practice to best manage the risks.

This workshop is available to GP members and Practice Managers in the Division postcode boundaries and will be held on Tuesday 23rd October here at the Division - 314B Thomas Street, Dandenong. The invitation has been sent out to all practices. If you have not received the flyer and would like to attend please contact the Division on 9706 7311.

Minimum Rates of Pay – as handed down by the Fair Pay Commission

Practices are advised that if you are paying your staff as per the Health and Allied Services Private Sector Award 1998 or the Nurses (Vic Medical Centres and Clinics) Award 2000 that from the first pay period on or after the 1st October 2007 a pay increase will be implemented for the minimum rates of pay. This increase was handed down by the Fair Pay Commission.

The new minimum rates of pay for the Health & Allied Services – Private Sector – Vic Consolidated Award 1998 for reception / clerical staff is as follows (please note that this category is the most used classification when it comes to paying clerical staff in general practice– but if you are unsure then please contact Workplace Info Line 1300 363 264 or VHIA Award Enquiry Line 9584 4050 for further advice).

Administrative / Clerical Services 3 –

Experience	Hourly rate	Overtime and time & ½ rate
1 st year	\$16.72 minimum	\$25.07
2 nd year	\$16.83	\$25.25
3 rd year	\$16.95	\$25.43

The new minimum rates of pay for the Nurses (Vic Medical Centres and Clinics) Award 2000 is as follows: (again these are the most common classifications used in medical practices, and if further advice is required then please contact Workplace Info Line 1300 363 264 or VHIA 9854 4050).

Experience	Hourly rate	Overtime and time & ½ rate
Div 1 Nurse 6 th year of experience as such	\$21.26	\$31.88
Div 2 Nurse Pay point 5	\$17.47	\$26.20

Please note that if you have an AWA or Certified Agreement in place then these rates do not apply.

Practices should ensure they are paying the minimum rates recommended to their staff to ensure compliance.

Further information can be found by phoning the Workplace Info line on 1300 363 264, VHIA on 9854 4050 or Julie Shanahan at the Division.

Pay Scales can be downloaded from the Workchoices website www.workchoices.gov.au. Go to – 'Pay Scales' and type in the relevant award (please note the new rates are not yet listed on this web site but should be on around the 1st October. We will keep you informed.