

Phoenix arising? A view from the 'coalface'

Dr Peter Meggyesy



I welcome the proposal put by Damian Flanagan and his board to explore options to keep PGPN going as a separate entity even when Commonwealth funding ceases next year.

Increasingly Medicare Locals are "on the nose" with general practice and the situation is not helped by machinations and game playing by putative consortia not to mention the brazen and cynical grab for power by AGPN the peak body which is manoeuvring to survive while its core constituency, our divisions, wither on the vine.

The real question is what will the enduring PGPN look like as an organisation and, of course where will the money come from? The GP base for our area is around 330 GPs. The current annual subscription is \$22 per GP. One does not have to be a mathematical genius to realise that equates to an annual budget of \$7260.00. This is barely enough to employ a receptionist for about two days a week and that's it. Of course this receptionist will have no office to work out of and no tools to work with.

Even doubling subs would provide minimal improvement in the ability of the organisation to deliver anything meaningful to its members. I believe that the membership would be unlikely to be able to be convinced to part with much more than \$100 per annum.

PGPN has, in the past, dabbled in seeking out alternative sources of funding to wrest some independence from government and the occasional foray has enjoyed moderate success. It is quite clear that governments both federal and state will invest in the Medicare Locals and not in PGPN. Other private enterprise, philanthropic organisations are similarly unlikely to invest in PGPN without some tangible return. This is beyond the ability of the organisation to deliver.

The obvious answer is approaching pharmaceutical companies. I no longer have any inside information about the thoughts of the board and management but I suspect, and hope, that this is the avenue they are pursuing. There are clear synergies in such an arrangement and all players would benefit from the association.

What has happened to the funding behind the trite offerings of pens and sticky notes formerly the staple largesse of drug companies to GPS. Of course we no longer get these as they may pollute our gullible and avaricious GP minds? I suspect that pharmaceuticals are still awash with promotional moneys that could actually be very usefully put into divisions of general practice.

I don't mind the division's letter head coming out with a drug company logo, nor our clinical meetings having a 10 minute message from our sponsor. I even promise not to let my simple little impressionable mind be sullied with this advertising.

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Mount Eliza Centre
PO Box 496
Frankston, Vic 3199

Phone: 03 9708 8019
Fax: 03 9708 8157
Email: contact@pgpn.org.au

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From the Chair's desk...

"You don't know what you've got 'til it's gone"

Its only time now before we officially hear the success of our bid re the Peninsula Medicare Local. If successful the start date may be as soon as January 2012. The PGPN board is ready? The real question I feel is; 'are you ready for the new landscape'?

January 2012 will also be the beginning date for the new look PGPN. A scaled down version that we envisage will maintain effective representation for GPs. We will scale down our governance structures. We will lose a fair percentage of staff. We will lose control of a fair chunk of grants for community projects. We will lose a fair amount of office space. Current projects are likely to be handed to the PML to control.

Are you ready for this?

But . . . whether we lose the GP voice and GP representation that has been a strong feature of the PGPN remains to be seen. It remains to be seen how active GPs want to be in this new space and what degree of support the new PGPN will get. The old saying "that you don't know what you had until it's gone" may be relevant. Again I ask you to maintain interest and support. I believe it's essential.

GPs will be on the new PML governance

structures and other executive committees, but in essence now a diluted voice. Dr Michael Cross, Dr Peter Crow and Mr Peter Brookhouse are nominating to keep the GP voice heard, and we will not know the success of these nominations for some weeks. I will keep you informed as this becomes known.

We work in an interesting primary health care arena in which, for most of you, the change is not likely to affect for some many months or even years, but I feel that it will eventually significantly change the way we practice. From the GPs perspective this change may be for the better; it may be for the worse but I suspect it will be mixed.

How the fortunes of change will effect general practice will in part be determined by how active we are in moulding this inevitable change. I hope our GP members, local state and federal, who are carrying on the batten into the Medicare Locals will keep the GP voice heard clearly, concisely and loudly, **for I strongly believe general practice is the cornerstone of a robust primary healthcare system.**

Please support the PGPN, the local voice of general practice on the peninsula, now and beyond the PML.

Damian Flanagan

DAMIAN FLANAGAN
Chairman, PGPN



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Consumer feedback: Contact the CEO, Kath Ferry on T:(03) 9708 8019 or email: contact@pgpn.org.au or download a *Consumer Feedback form* from our website & mail to PO Box 496 Frankston VIC, 3199.

Submission of material or advertising: contact the network on: 03)9708 8019 or email: s.guthrie@pgpn.org.au.

Deadline for the next issue is: 28 September 2011

Disclaimer: The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Peninsula GP Network. Any editorial comment expressed in the Newsletter is the opinion of the editor only, and does not represent the views of the Network.

Keeping you up to date...



KATH FERRY
CEO PGPN

July 2011 has seen the commencement of the first 19 Medicare Locals across the nation, four of which are here in Victoria. The model in each region is quite different around the country so it will be interesting to see how they perform.

The **Peninsula Medicare Local** (PML) application was lodged on 19 July with a, hoped for, commencement on 1st Jan 2012. The model proposed has a transitional Board in place for a finite period of time whose role it is to establish the company and put in place all of the governance and operational requirements needed to get the PML on the road and trucking. This Board will initially have two nominations each, from PGPN, Peninsula Health and the organisations which form the Primary Care Partnership and those six individuals will appoint up to two others after assessing skills mix.

Services to all of our members and practices will continue during this period and PGPN will maintain the continuity of service to ensure that we lose none of the links to general practice. Membership of the PML will be organisationally based which will see **PGPN** retained as an entity to enable it to perform its role of being the 'voice' of general practice on the Peninsula. There are others playing in this space if you have been reading the medical press recently.

July also saw the launch of **PGPN's new website**, many thanks to our dedicated staff members, Rose and Jacqueline who created the new look website and who will be keeping it up to date with all the latest information and resources for our members.

Some staff changes this edition; we welcome Karan Kent to the 'Close The Gap' Aboriginal Health Officer role, Karan has vast experience in the local government sector and is a Bidjarra woman who's people come from Queensland, and Lynda French who is a highly experienced nurse with lots of primary care background and who will be our practice nursing Program Officer. We also have Louise Addicoat who has joined us for a day a week on our reception to enable work on our other communications avenues to be completed ie newsletter, weekly fax update and the website. And, PGPN is now on 'Facebook' and Twitter so all you Twittering Facebookers out there jump on and 'like' us as we move into the world of social media.

I'd love to hear from you about what you think of our communications to you, our members. We implemented the Practice Communication Leader (PCL) role in each practice in response to your concerns and to reduce the amount of information you were receiving from the Network.

Anecdotally, it appears that a number of our members are missing out on important and useful information so we are keen to hear from you your thoughts and whether we need to amend our practices to ensure everyone gets the information they require...



Happy Reading.....

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A sharp, pared down division unencumbered by the burden of government projects could get on with the real job of representing GPs to other health care and political stake holders. It is a job, incidentally that it already does well and has lots of small but significant "runs on the board" over a decade and a half. Ironically it is also the area where divisions have least promoted their achievements in the past.

Not all GPs will embrace the idea of getting into bed with "grubby pharmaceutical multinationals" but what is the alternative? All I can see is a sad retreat back into our own little consulting rooms and reprising the cottage industry approach that served us so poorly in the 80s and early 90s.

Bravo the board for it's courage! This is an initiative worth getting behind.

Program Project Update

LEISL JACKSON
PGPN Program Manager



It seems only fitting that when reading through this newsletter, following on from an update from our Chair on the strategic direction the organisation is taking and an operational perspective provided by our CEO Kath, that as Senior Program Manager I provide our members and staff with an update on the nuts and bolts of core program and project work that is being undertaken between each edition of 'Peninsula GP'.

NEW STAFF: In the past month we welcomed two new staff members to our team, Karan Kent our **Close the Gap** Project Officer and Lynda French our new **Primary Care Nursing** Project Officer. I look forward to introducing them both to you in your practice in the coming month.

These visits hope to identify your needs within general practice in addressing aboriginal health locally and building the capacity of our general practice nursing workforce, providing input to the activities being undertaken in the implementation of our work plan for the next 10 months.

Ailsa Gregory moves to a new role within our organisation as the **Primary Care Integration** Project Officer. The focus of this project is to build on current collaborative work between general practice and other primary care organisations, through the development of business rules and to increased usage of referral and feedback tools promoting greater communication for all concerned. A key component of the work will involve working with partners across the Frankston Mornington Peninsula to develop an integrated diabetes service system for the local catchment.

Our **Practice Enhancement Program** will focus on chronic disease prevention and management. Practice based population health planning will be supported & facilitated with the use of practice data sources and tools such as **Practice Health Atlas** and **Clinical Audit Tool**.

Recommendations and informed decisions can be made by a practice informing our PGPN staff.

We hope to work closely with practices to establish **Nurse-led Clinics** or provide support with utilisation of specific **MBS items** through education and staff up skilling.

In the next month we will be focusing on the recruitment of some practices that have an interest in implementing preventative health and early intervention disease management programs in any of the following areas;

- lifestyle risk factors and modification,
- chronic pulmonary disease,
- diabetes,
- heart disease or
- cancer (breast, cervical & bowel).

Accreditation has gained an increased focus within PGPN in recent times with a number of new practices opening within our boundaries, along with a new cycle of re-accreditation against a new set of standards for many practices. Activities delivered within programs will be mindful of the requirements of accreditation and support meeting the standards that address your practice systems such as registers, recall & reminder processes.

Our **Mental Health** program continue to receive significant numbers of referrals for our standard Access to Allied Psychological Services (**ATAPS**) program, with demand management strategies in place. Key focus of activities in the coming months is to increase the knowledge and utilisation of both our **Perinatal Depression and Suicide & Self Harm counselling services**. Risk screening education and referral pathway development is being implemented across the catchment to support an increased utilisation of the services that are available for local community members to access and benefit.

I encourage all members of the general practice community to visit our **new website**. Practice communications such as this newsletter and weekly updates are available, all current and upcoming PGPN education event information is uploaded with a simple online registration process now in action. Requests for assistance can be made via the contact us email provided for follow up by the appropriate PGPN staff member, together with a free advertising portal for your situations vacant.

We welcome your feedback on this new resource and I would like to acknowledge the hard work our staff has contributed to its creation.

Introducing Lynda French

LYNDA FRENCH
PGPN Project Officer



My name is Lynda French and I am the newly appointed Primary Care Nursing Project Officer for the Peninsula GP Network. I am a registered nurse with a background in practice nursing and education. In recent times I have been working with Monash University as a clinical educator. Previously I was the practice nurse program coordinator with Bayside General Practice Network.

I have a great interest in the changing face and further development of the primary care framework .

I view the practice nurse role as integral to primary care infrastructure. I look forward to meeting and working with the practice nurses in the Peninsula area. I can be contacted on 9708 8019 or e: l.french@pgpn.org.au

Nursing and Allied Health Scholarship and Support Scheme



Once again practice nurses have the opportunity to apply for CPD scholarships through the RCNA and I would encourage all who are eligible to apply. This is a great opportunity to further your education and develop skills that will expand your scope of practice and your ability to contribute to patient care and the practice

The Nursing and Allied Health Scholarships and Support Scheme opened 25 July 2011 and will close 16 September 2011.

Funding is available for practice nurses to support access to;

- Undertake postgraduate studies at an Australian university or registered training organisation and
- Undertake continuing professional development, short courses and conferences.

For further details, eligibility and application form's please go to the RCNA website www.rcna.org.au

If your practice or practice nurse would like to increase knowledge or further develop specific role within the practice, financial assistance is available through the scheme for Continuing Professional Development in the form of a scholarship worth up to a total of \$1,500 per applicant and up to \$15,000 per year for two years for post graduate studies.

These funds are intended to assist scholars in meeting the cost of their chosen CPD activity. The scheme is an Australian Government initiative supporting nurses and midwives to undertake continuing professional education activities and studies.

Orientation Program for Nurses New to General Practice (online program)

An evaluation undertaken of the Orientation program for nurses new to general practice, demonstrated the value of the program. The Online Orientation Program is now back online following extensive overhaul of the program content, as well as structural changes to the online system. This program is being offered free to enrol up until August 16, 2011. Once participants have enrolled within this window of time they can access it beyond August 16 for free, as there are no time constraints after enrolment.

For further details: <http://generalpracticenursing.com.au/education/orientation-program-for-nurses-new-to-general-practice>

Practice Nurse Incentive Program Guidelines

Practice Nurse Incentive Program Guidelines are now available and outline the requirements which will allow all accredited practices to access the incentive payments.

A Practice Nurse Incentive Payment Calculator or Ready Reckner is also available and will assist practices to calculate their expected payment based on location, SWPE value and nursing hours and qualifications.

This tool only provides an estimate of the incentive payment a practice may be eligible for under the Practice Nurse Incentive Program and is provided

for your information only. The estimate should not be relied upon as the incentive payment you may be eligible to receive under the Practice Nurse Incentive Program. An accurate assessment can only be made by Medicare Australia through the application process once the program has commenced on 1 January 2012. Go to: <http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp>

Further information can be obtained from 1800 222 032, pnip@medicareaustralia.gov.au or www.medicareaustralia.gov.au/pnip

Welcome Karan Kent

KARAN KENT
PGPN Program Officer



Hi I'm Karan Kent, the newly appointed Close the Gap Project officer.

I live locally, am married, have three adult children and 9 grandchildren. I was born in Melbourne and raised in Warrandyte.

I identify as a Bidjarra woman (*Augathella Queensland*) as this is my mother's country and am very proud to say that my great grandfather is one of the traditional owners.

I come to this role with extensive experience in community development having worked in the not for profit and local government sectors working in areas of community engagement, disability and community safety.

Working with communities is where I thrive and get my passion; I'm excited by the challenges and opportunities this role offers and feel privileged to have an opportunity to achieve Closing the Gap in the health of our local communities by increasing awareness and understanding of the health disparities between Aboriginal and non Aboriginal people.

My role as project officer intends to achieve 'Close the Gap' in a number of ways including working with General Practices to support and enhance their effectiveness and understanding of Close the Gap in health outcomes and rates of life expectancy.

By encouraging communities to self identify and raise awareness of the benefits to having health checks and a regular doctor. Through collaboration with other Aboriginal service providers to share our planning and priorities towards delivering culturally accessible primary care services to patients across the region.

Please feel free to contact me any time between Tuesday and Friday at Peninsula GP Network on 9708 8019 or mobile 0418 716 101 or via email at k.kent@pgpn.org.au

CLOSETHEGAP

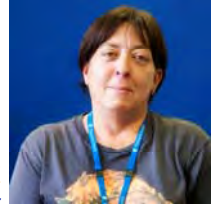
Close the Gap Update

With the end of the financial year we farewelled Kylie Johnson from her position of Close the Gap Project Officer, wishing her all the very best for her new adventure with Cancer Council of Victoria and welcomed Karan Kent into the role, Karan comes with a dynamic wealth of knowledge, specifically in community development.

The Close the Gap program is currently in the process of work planning strategies, activities and events for the next twelve months.

Activities such as encouraging and increasing the number of GPs to sign up for the Practice Incentives Program Indigenous Health Incentive (PIP IHI) will continue as will encouraging Aboriginal people to have a regular GP, self identify and undergo health checks all of which will support community and GPs towards broader health options, build trust and create respectful two way communication about health matters.

NAIDOC WEEK— *A very brief history*



LISA COPPE
PGPN Outreach Worker



3-10 JULY
2011 | **Change:**
the next step is ours

NAIDOC Week had its beginnings on Australia Day in 1938, when Aboriginal people gathered in Sydney to protest about the lack of human rights of Aboriginal & Torres Strait Islander (A.T.S.I.) people.

This day was known as “Day of Mourning” and was changed to the Sunday before Australia Day up until the mid 1950’s the day was moved to the first Sunday in July when it was decided to not only be a day of protest but a celebration of ATSI Cultures and re-named

National Aborigines Day, then later re-named National Aboriginal Day Observance Committee NADOC.

In the mid 1970’s the NADOC committee members decided that NADOC should be a week of activities, events and celebrations from the first to the second Sunday of July each year.

Sometime during this time NADOC became known as National Aboriginal and Islanders Day Observance Committee (NAIDOC) to include Torres Strait Islander people.

NAIDOC for some has also become to mean National Aboriginal and Islander Day of Commemoration, whatever its name ATSI people and non- ATSI people throughout Australia get together each year in early July to commemorate our history, celebrate our culture and achievements.

For further information about NAIDOC week you will find the following website useful <http://www.naidoc.org.au>

NAIDOC on the Peninsula



NAIDOC Week commenced with a traditional flag raising ceremony, where three flags are raised, Aboriginal flag, Torres Strait islander flag and Australian flag.

During NAIDOC week I attended a flag raising ceremony at Hastings Community Health Service.

Before the flags were raised traditional dancers performed along to didgeridoo playing.

I attended two other events assisting the Koori Programs Team based at Frankston;

- Community Health, the Elders Luncheon held at Aborigines Advancement League, Thornbury
- The Children’s Day, a day at Luna Park in St. Kilda



Aboriginal Advancement League, Thornbury

ATAPS (Access to Allied Psychological Services) also known as (“BOMHs”) Better Outcomes in Mental Health

SHAREEN PEARSON
PGPN Program Officer



ATAPS is part of the Department of Health and Ageing (DoHA) initiative Better Outcomes in Mental Health. ATAPS provides short-term, psychological services to individuals with mild to moderate mental illness such as depression and anxiety.

ATAPS – Standard Eligibility

*Mental Health diagnosis.
Age requirement 12+ years.
No or low income; health care card holder*

Referral

Complete and fax a GP Mental Health Treatment Plan (MBS Item 2710 or 2702) to PGPN on 9708 8157

PGPN will contact an ATAPS registered provider. The provider will contact the patient. PGPN will fax a copy of the ATAPS referral letter to the GP as acknowledgement.

ATAPS provider provides a report to the GP after the sixth and/or final visit with recommendations

After the sixth visit, the GP reviews the patient and sends the mental health review and (if required) recommendation for another six sessions to PGPN.

ATAPS – Perinatal Eligibility

*Mental Health diagnosis.
Age requirement 12+ years.
Not means tested*

Referral

As per ATAPS—Standard referral

ATAPS – Suicide Eligibility

*All patients are eligible
Mental Health diagnosis not required
No age restrictions*

Referral

Referral letter from GP; fax to PGPN

Any questions please phone the PGPN Mental Health team on 9708 8019

Doctors recommend “time out” too



L-R Dr Geoff Greig, Dr Andrew Smith & Dr Sue Boucher

GPs from Cranbourne Road Medical Centre in Frankston took the time recently to hear about how to help carers access the respite, “time out” and support they need.

A lunchtime presentation from the Commonwealth Respite and Carelink Centre Southern Region (CRCCSR) included sandwiches and Time Out chocolate bars, recognising general practitioners are time poor and information

provided needs to be relevant and easily accessible.

The CRCCSR has developed a resource on its website which allows doctors to print a one page information sheet for carers in the surgery.

Dr Sue Boucher commented “it was useful information without hurting our brains!” Dr Andrew Smith joked “it made a

pleasant change to learn something useful for free, without the hard sell.”

Local doctors are an important connection for carers to access community support services. To arrange a presentation about CRCCSR services and resources for GPs and carers @ lunch or another convenient time, please call Sue Leake on Ph: 8781 3414 or Email: s.leake@alfred.org.au

Contacts for doctors and carers:

Freecall* 1800 052 222

Careline Carer Support and Respite (24 Hours)

Community Information (Business Hours)

* Calls from mobile phones are charged at applicable rates

For GP information sheets, brochures, carer education and training calendar 2011, useful links and more

www.carersouth.org.au

Tip: Add GP page <http://www.carersouth.org.au/general-practitioners-gps> to your favourites and print information sheets for carers as required.



SUZANNE HEPPELL
PGPN Project Officer

“I HAVE STOPPED HITTING MY DAUGHTER”

The title of this article is taken from a comment made by a parent who participated recently in the CHAMPS Parents Program conducted locally during Term 2.

CHAMPS is a support group for children 8-12 years whose parent/s have a mental illness. The program is held once a week for eight weeks within a school term. CHAMPS is held from 3:30pm to 5:00pm in either Frankston, Mornington, Rosebud or Hastings.

In 2011, a Parents Program was established in parallel to the CHAMPS group. It gives the parents the opportunity to participate in a support group that has a focus on parenting skills' techniques and on understanding the impact of mental illness on children.

To date, PGPN has facilitated the delivery of five CHAMPS programs, involving twenty seven children and two parents groups involving six parents.

These children have enormous responsibilities beyond what other children have their age. This often incorporates the role of a carer of their parent and siblings.

“I now know how to deal with (parent) when they are weird’ – is a child’s response that shows how they acquired the skills to manage their parent’s challenging behaviours.

Through the program’s psycho-education these children become empowered with knowledge, build resilience and increase confidence. Comments reflect this: *“I am not the only one”*; *“learn about mental illness’* and *“how to get on better with my Mum/Dad’*, and *‘(have learnt)...how to be happier’*.

When asked what they enjoyed the most, the response is unanimous – *‘making friends’*, something that is not

Parents too, benefited from CHAMPS: *‘Home is much happier, my child is happier, I am happier’ – “my child is now a help and understands me when I am not well’.*

always available to them in their often fragmented and traumatic lives.

Change was significant for the parents who participated in the group. One key outcome was the improved relationships with their child. One participant stated that they are **“more positive now towards my child/ children’**, and another that they can **‘now see good in my child’**.

There are three facilitators engaged in the delivery of the CHAMPS group and two facilitators for the Parents group. A mental health nurse is involved in both programs. The volunteer co-facilitators are sourced from Family Life/SHINE, Anglicare, Good Shepherd, PH Community Health Service, Oz Child, PH Mental Health Service and The Brotherhood of St Lawrence. All have extensive experience in working with families who have a parent with a mental illness.

A unique aspect and enabler to the success of the CHAMPS program to date is the transport arrangements that have been collaboratively created and sustained, providing a service that picks up each child from school and returns them home following each CHAMPS session. This service is provided by Mornington Peninsula Shire Council & Bentleigh Bayside Trans Access through the provision of a bus, volunteer driver and assistant.



Each week the children are welcomed at the venue with a hearty afternoon tea. A treat that is made especially for them by volunteer groups: Rotary Frankston and Foundation 59

The Hon Greg Hunt, Federal Member for Flinders, and the Hon Bruce Bilson, Federal Member for Dunkley, are both active ambassadors for CHAMPS. Their support has assisted PGPN in the accessing of financial support for administrative items from Rotary Club of Rosebud-Rye, SkillsPlus Youth Foundation and the RE Ross Trust.

For further information please go to the PGPN website

<http://www.pgpn.org.au/champs.html> . Referrals can be faxed to PGPN on 9708 8157; or to discuss further please contact Suzanne on 9708 8019.



Transition to Prevenar 13® vaccine

LEISL JACKSON
PGPN Program Manager

Prevenar® vaccine was ceased from being used as of 1 July 2011, with Prevenar 13® now replacing it in the infant primary immunisation schedule at two, four and six months of age. Prevenar 13® comprises an expanded range of pneumococcal strains to protect children against pneumococcal bacteria. Prevenar 13® protects against 13 strains (4, 6B, 9V, 14, 18C, 19F, 23F, plus 1, 5, 7F, 3, 6A, 19A.) including 19A which recently accounted for 20% of pneumococcal disease notifications in Victoria.

Table 1: How to transition from Prevenar® to Prevenar 13® for a healthy child

Routine age of presentation	Dose 1	Dose 2	Dose 3	Supplementary catch-up dose
2 months old	Give Prevenar 13®	Give Prevenar 13®	Give Prevenar 13®	N/A
4 months old	Had Prevenar®	Give Prevenar 13®	Give Prevenar 13®	N/A
6 months old	Had Prevenar®	Had Prevenar®	Give Prevenar 13®	N/A
12-35 months old (from 1 October 2011 to 30 September 2012)	Had Prevenar®	Had Prevenar®	Had Prevenar®	Give Prevenar 13®

Any remaining Prevenar® vaccine stored within your vaccine fridge is to be disposed of into the Biohazard clinical waste container. All practices should have received a pre-allocation of Prevenar 13® vaccine back in June and can now routinely order stock utilising the updated *Vaccine Order Form* located online at: www.health.vic.gov.au/immunisation

In addition a supplementary catch-up dose of Prevenar13® for all children aged 12 months to 35 months will be commencing 1 October 2011. This catch-up vaccine program will run for 12 months until 30 September 2012. A flyer, 'Information for Parents – supplementary dose' has been developed to assist you in promoting the Prevenar 13 supplementary vaccine dose for this cohort of children.



Copies of this flyer can be passed onto parents of eligible children to alert them of the upcoming program. You can also download the flyer from the immunisation website at: <http://www.health.vic.gov.au/immunisation/general/transition-to-prevenar-13-vaccine>

Age / School Year	Disease	Vaccine brand
Birth	Hepatitis B	H-B-Vax II Paediatric
2 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type b	Infanrix hexa
	Pneumococcal	Prevenar 13
	Rotavirus	Rotateq
4 months	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type b	Infanrix hexa
	Pneumococcal	Prevenar 13
	Rotavirus	Rotateq
6 months <i>Note increased risk category over page</i>	Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type b	Infanrix hexa
	Pneumococcal	Prevenar 13
	Rotavirus	Rotateq
12 months <i>Note increased risk category over page</i>	Measles, mumps, rubella	Proxit
	Haemophilus influenzae type b	Hibenz
	Meningococcal C	NesVaxC
Children aged 12-35 months Supplementary catch-up	Pneumococcal	Prevenar 13 a single dose from 1 October 2011 to 30 September 2012
15 months	Chickenpox	Varivax
	Diphtheria, tetanus, pertussis, polio	Infanrix IPV
4 years <i>Note increased risk category over page</i>	Measles, mumps, rubella	Proxit
	Hepatitis B	H-B-Vax II Adult 2 dose course*
Year 7 Secondary school	Chickenpox	Varivax*
	Human papillomavirus	Gardasil 3 dose course (girls only)
Year 10 Secondary school	Diphtheria, tetanus, pertussis	Boostrix
From 15 years Indigenous*	Influenza	Influenza (annually)
From 50 years Indigenous*	Pneumococcal	Pneumovax 23
50-58 years	Diphtheria, tetanus	ADT Booster
From 65 years	Influenza	Influenza (annually)
	Pneumococcal	Pneumovax 23

Resources have also been updated for health professionals and include a fact sheet for advice about the transition to Prevenar 13® vaccine; a new National Immunisation Program schedule and criteria for use of government vaccine fact sheet are available on-line at www.health.vic.gov.au/immunisation

Prevenar 13 medical software update will be provided in November 2011 to enable providers to identify Prevenar 13 as its own category when reporting to ACIR. Until then, providers will need to record Prevenar 13 as an 'other' category. Please note, medical software is updated in batches, and this immunisation update is one of many changes being made at this time.

The Commonwealth government has issued provider guidelines in relation to Prevenar 13, if you have not received or accessed a copy of these guidelines or would like more information regarding changes to the immunisation schedule please contact PGPN on 9708 8019 or lodge your enquiry via our new website: www.pgpn.org.au

* H-B-Vax II Adult not required if previous course of 3 paediatric hepatitis B vaccines completed.
* Varivax vaccine not required if history of varicella infection.
* Indigenous status includes: Aboriginal but not Torres Strait Islander; Torres Strait Islander but not Aboriginal; Aboriginal and Torres Strait Islander.

GSK Immunisation Awards

GlaxoSmithKline Adult Immunisation Grants 2011

*Rewarding innovation
and sharing best practice in immunisation*

Have you got a great idea for an innovative adult immunisation program?

We are looking to support practical and sustainable programs that aim to improve adult immunisation and that can be shared with similar organisations to promote best practice in immunisation in Australia.

There are four categories available:

1. General Practice
2. Division of General Practice, General Practice Network or Medicare Local
3. Council/Local Authority, Hospital or Community Organisation
4. Indigenous Health

For more information or to enter go to:
www.gsk.com.au/adultimmunisationgrants

Entry deadline: Monday 12th September 2011 by 5.30PM EST



GlaxoSmithKline

GlaxoSmithKline Australia Pty Ltd.
ABN 47 100 162 481 Melbourne, Victoria. 30101114

The GSK Adult Immunisation Grants aim to improve awareness of, access to, and implementation of adult immunisation in Australia, and ultimately to improve adult health. The Grants have been designed to support new and/or ongoing innovative 'programs' and to share ideas so that they can be replicated in other primary care practices and organisations around Australia.

In 2011 four GSK Adult Immunisation Grants (\$20,000 each) will be awarded to support innovative proposals that meet pre-determined criteria agreed on by an independent panel of expert judges. The application form and entry details can be found at <http://www.gsk.com.au/community-involvement-immunisation-awards-adult-immunisation-grants.aspx>

Case studies of previous winners of the award are available to view if you are considering submitting an application. PGPN program staff would be happy to provide a supporting role to general practice who are considering putting an application together. Approximately 60% of childhood immunisation services together with the majority of seasonal and travel vaccination services delivered locally are provided by general practice.

This is an opportunity to promote and build upon the work currently being done or provide some financial support to implementing an innovative immunisation service or approach to improve the health of our local population

Do you Use the VSRF???



AILSA GREGORY
PGPN Project Officer

The Victorian State-wide Referral Form (VSRF) in its current electronic format is a GP friendly, shorter and significantly easier to use than previous versions.

GP Referral		Referral Date: Thursday, 7 June 2007	GP Review Date:
		Feedback Requested: Yes	
Referral to: Dr May Slaggs 77 Wickham St Demotown NSW 1234 Phone: 9145 7893 Fax: 9737 8964 Email: mslaggs@mid.com.au	Referring General Practitioner: Dr A. Practitioner HC4 Sample Database 1 New Street Dist4000 Phone: 07 7678 7678 Fax: 07 1212 1212 Email: a.p.practitioner@mid.com.au Provider No: 242621B		
Service requested: COPD Review			
Consumer details:	Contact Address: Mrs Penny Anderson, 61 WALLACE ST Melbourne Vic. 3008		
Name: Penny Anderson	Phone: 9455 2345		
Date of Birth: 4/7/1993	Mobile:		
Preferred Name: Madam	Email: None recorded.		
Sex: Female	Alternative Contact:		
Title: Ms			
Reason for patient referral: Exception of existing COPD requires review			
Other Notes (eg Current services): Nil			
Interpreter required: 2 - Interpreter needed	DVA Number:		
Preferred language is: Greek	Insurance: No Insurance		
Pension Card Number:	Medicare Number: 4132 40627 1		
Consent to referral and sharing of relevant information: Yes			

Most software packages have the form installed but if not it can be easily downloaded and installed.

The form provides a standard referral template for general practice to state funded health providers e.g. hospital outpatients, community health, home & community care and Aged Care assessments.

State funded organisations will be responding with a feedback form developed through consultation with GPs, Allied Health and community workers.

The aim is to ensure the client does not have to repeatedly provide their information to numerous providers so it is hoped that all health professionals will start referring with these key forms.

Any questions please call Ailsa Gregory on 9708 8019 or email on a.gregory@pgpn.org.au

To download the form to suit your software package or learn more go to: <http://www.gpv.org.au/content.asp?cid=11,137&VSRF#whatNEW>



Latest News from the GP Liaison Unit

Dr Joanne Newton and Jennifer Sidwell
GP Liaison Consultants



For GP oriented Peninsula Health service information and helpful hints, why not visit the GP Liaison webpage and use the blue tabs on the left?

<http://www.peninsulahealth.org.au/health-professionals/gp-liaison/> or via <http://www.pgpn.org.au/>

NEW!! Women's Health Ambulatory Clinic

This is a new maternity services clinic that provides timely and appropriate care for women experiencing pregnancy related problems such as suspected or confirmed pregnancy loss or decreased fetal movements without the need for them to attend the Emergency Department. The clinic is also suitable for women who require follow up post gynaecological admission at Peninsula Health. Referrals can be made by phone on **0417 340 535**.

There is no out-of-pocket expense. Exclusion criteria include eclampsia, haemodynamically unstable patients, patients requiring fluid resuscitation, likely ectopic pregnancy and general gynaecology complaints. The clinic is at Frankston Hospital, Level 4, Hastings Road.

NEW!! Go Live for new clinical information system at Rosebud Hospital June 15



Nurse Melissa Schubert shows patient Rosie the new system

Peninsula Health, as Lead Agency for the roll-out of the Department of Health's 'HealthSMART' electronic clinical information system, went 'live' at Rosebud Hospital on June 15 2011.

This first stage of 2 roll-outs will involve electronic ordering of pathology and radiology, electronic results viewing, discharge summaries and discharge prescriptions.

General Practitioners with patients admitted to Rosebud Hospital after June 15 will be receiving this new discharge summary.

Frankston Hospital will be 'going live' in early September this year with Peninsula Health's sub-acute sites following in November. Any feedback or queries about the new Discharge Summaries can be forwarded to the Clinical Systems Unit on Ph. 9788 1225 or email Clover@phcn.vic.gov.au

NEW!! Perinatal Depression Screening at Peninsula Health

Screening perinatally for depression and anxiety with the Edinburgh Postnatal Depression Screen (EPDS) tool is now **offered to all women** at the **Booking In Appointment** at the Peninsula Health Antenatal Clinic and at **four weeks postnatally** at Maternal & Child Health Services.

If there is concern about a woman's mental health (eg EDPS score > 13) she may be referred back to you (her GP) for a full mental and psychosocial health assessment and management.

For women from culturally and linguistically diverse backgrounds, lower EPDS scores may indicate the need for further follow-up.

Further Perinatal Mental Health Information and Resources for GPs

"Assessment and Care Options for Optimal Perinatal Mental Health". This extensive list of local and regional care options is available from PGPN www.pgpn.org.au and the PH GP Liaison Unit website www.peninsulahealth.org.au/health-professionals/gp-liaison/mental-health-services/

Would you like to improve the quality of your clinical practice AND gain 40 Category 1 RACGP QI & CPD points?

Cleeve Charles
CPD Officer



PGPN has developed a clinical audit for GPs which offers an opportunity to assess and improve the identification and management of patients at risk of developing Type 2 Diabetes. A Clinical Audit is one of two activities that come under the RACGP's Category 1 Quality Improvement Activities and offers 40 Category 1 points.

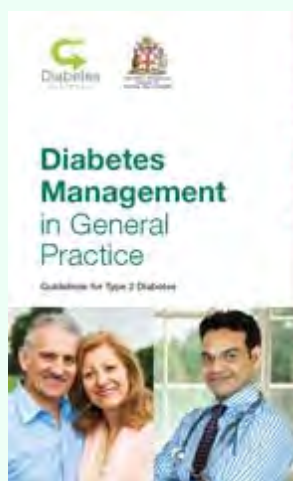
The benefit of doing an audit of your practice is that it offers an opportunity to review clinical management of a specific patient group. A clinical audit compares actual clinical practice against established standards of practice and is designed to help GPs systemically review aspects of their own clinical performance in practice against a set criteria.

This Diabetes Prevention Clinical Audit aims to assist GP and practices to undertake best practice management of their patients at high risk of developing Type 2 Diabetes. Briefly, GPs and practices need to:

- identify 10 patients at risk of Type 2 Diabetes (using PEN Clinical Audit Tool if appropriate)
- ask patients to complete AUDRISK risk assessment tool
- those diagnosed with Type 2 Diabetes are taken up for treatment
- assess those at risk (using Health Assessments or Type 2 Diabetes Risk Evaluation MBS item numbers) for further services and support to encourage behaviour change which can delay or prevent the development of the disease
- repeat in 6 months to establish if there have been any improvement in the management of this patient group

PGPN has prepared an easy to use step by step guide for GPs interested in undertaking this particular audit. We are also able to assist with audit particularly using the PENCAT clinical audit tool for patient identification (if appropriate). If you would like to complete this audit please contact Cleeve Charles at c.charles@pgpn.org.au for the step by step guide. The RACGP also encourages individual GPs or groups of GPs to develop their own clinical audits to investigate issues of relevance to their practice. (Clinical audit forms are available on the RACGP website)

DIABETES MANAGEMENT IN GENERAL PRACTICE 2011/12



The 2011/12 edition of Diabetes Management in General Practice is now available.

Diabetes Australia in conjunction with the RACGP provide these guidelines for the management of type 2 diabetes in the general practice setting. The guidelines are updated every year.

Type 2 diabetes is a chronic condition which can result in disability and early death. General practitioners continue to provide most of the medical care to people with type 2 diabetes. The complexity of care for this common disease requires systematic care from the practice team and the timely referral to community

and hospital based specialists.

The current guide, in its seventeenth edition, has an important role in providing a readable summary of current guidelines and recommendations from various sources on the management of type 2 diabetes in the general setting.

The aim of this booklet is to provide guidelines for management of type 2 diabetes. It is hoped that general practitioners will consult these guidelines in order to ensure a high standard of care for their patients.

Hard copies of these guidelines can be obtained from resource sponsors, Novartis and Servier, or downloaded electronically from the RACGP website -

<http://www.racgp.org.au/guidelines/diabetes>

GP Psych Support Service

GP Psych Support offers free mental health patient management advice, from a psychiatrist, within 24 hours. This convenient service is available to GPs 24 hours a day, seven days a week, every day of the year.

GP Psych Support's psychiatrists are able to provide advice on all patient mental health issues. Common enquiries include: diagnosis; changes to medications and dosages; management; and referral options, in the areas of: perinatal; child and adolescent; drug and alcohol; general adult; and old age psychiatry.

"I particularly liked the attached documents for further reference and knowledge. This allows me to answer patient queries appropriately and also be more confident in managing similar cases myself after going through the recommended literature." (GP, NSW)

"The psychiatrist replied quickly with a very full and useful report - impressive!" (GP, VIC)

"Very helpful advice when psychiatric appointment here is months away" (GP, SA)

Recent GP feedback from the service includes:

GPs can submit a patient enquiry by telephone (1800200588), facsimile (1800012422) or the using the [secure website](#), and a psychiatrist will respond to their enquiry within 24 hours.

GPs also have the added flexibility of being able to select how the psychiatrist will respond to their enquiry (phone, fax or webmail) and if selecting phone, a particular time that they will be available to discuss the enquiry, with the psychiatrist.

GPs need to register once to access the service; if you have already registered, however misplaced your login details you can request them by contacting the service on 1800 200 588.

For more information, to register, or to see example enquiries and resources please visit the website www.psychsupport.com.au

GP Psych Support:

Visit www.psychsupport.com.au

Telephone: 1800 200 588

Fax: 1800 012 422 (use the faxback form downloadable on the website)

New Narcotic Prescribing Guidelines

By Dr Andrew Taylor

Dr Taylor has submitted this article to inform other GPs of the recent changes that have taken place to the DPU S8 permit processing and current opioid prescribing recommendations. Dr Taylor has been a local GP for many years, who for the past 5 years has been working in Frankston in the area of addiction and pain management.

New guidelines for the prescribing of narcotics in **chronic non cancer pain** were implemented May 1st this year. These can be found at: http://www.health.vic.gov.au/dpu/downloads/policy_issue_of_permits.pdf

In summary the new guidelines set quite reasonable dose limits, such as a maximum dose of morphine of 120 mg daily, and often a duration of less than the usual 12 months. A firm diagnosis is mandatory and **chronic lower back pain is probably going to become a contraindication** to long term opioid therapy. A review by colleagues will usually be required, as per PBS, but more often this review will be required from a specialist colleague.

It transpires that whilst opioids are certainly very effective as a short term treatment of severe pain they are usually not effective in the longer term. Long term use of narcotics is now

known to frequently cause hyperalgesia; often noted as lowering of the pain threshold. (It is actually a hypersensitivity to pain, and a sensation of pain from non noxious stimuli). Other long term problems of opiate use such as dependance, addiction and tolerance are now universally acknowledged to occur much more commonly that was earlier believed; osteoporosis is common, as are the dental ramifications of drug induced xerostomia. Sexual dysfunction, hypopituitarism and urinary bladder irritability are less well known complications of chronic use which are quite disabling and often irreversible.

The message from the pain clinics throughout the 90's and into the new century - that opioids were a safe and effective treatment for most long term pain - **seems fundamentally wrong**. This advice was based on 3 small, underpowered studies purportedly showing efficacy and safety of long term opioid use in chronic pain. Extensive follow up with large, well-controlled and adequately powered studies overwhelmingly contradicts this earlier advice.

Continued overleaf

Increased risk of vitamin D deficiency this winter



SunSmart is warning health professionals that certain population groups face an increased risk of low or deficient vitamin D levels this winter.

Ultraviolet (UV) radiation from the sun is the main cause of skin cancer but also the best natural source of vitamin D, essential for strong bones and overall health.

Population groups at risk include people with naturally very dark skin, those who cover their skin for religious or cultural reasons, babies of vitamin D deficient mothers, older Victorians and people who are housebound or in institutional care.

In Victoria, the UV is below three between May and August and is generally not damaging to the skin. Sun protection is not required unless in Alpine areas, spending extended periods of time outdoors or near highly reflective surfaces such as snow.

For vitamin D, people with fair to olive skin should aim for 2-3 hours of sun exposure to face, arms and hands or equivalent area of skin spread across the week. People with naturally dark skin should aim for 3-6 times this exposure level.

For resources, education and support for health professionals, go to www.sunsmart.com.au/general_practitioners.



Free Telephone Counselling for patients concerned about their drinking

Eastern Health's Turning Point Alcohol & Drug Centre has launched a referral service for general practitioners seeking counselling for patients with concerns about their drinking.

Known as PACT – Portal to Alcohol Counselling & Therapy – the service provides GPs across Victoria with accessible alcohol counselling for patients, including the option of a free telephone-based structured psychological intervention.

Turning Point Director Dan Lubman said the service was of particular importance where face-to-face support cannot be easily accessed.

“GPs can call the service during a patient consultation, allowing them to arrange appropriate referral and treatment options immediately.”

Details: 1800 812 804 Website link for more info - <http://www.dacas.org.au/campaigns/pact.aspx>

From Page 14

Unfortunately we now have a nationwide problem of 'good' and trusting patients on long term, and often high dose, narcotics who still have chronic pain and a poor quality of life. There seems no right answer on how to manage this population- Certainly the DPU solution of applying the addict label and switching patients to methadone programs seems extraordinarily generalist and punitive to patients whom we (collectively) mistreated. An ethical and moral obligation surely exists to manage these 'trapped' patients in a constructive and engaged manner - on a case by case basis with appropriate management plans.

A management pathway is to get a specialist opinion that will support the current medication(s) and participate in the treatment plan the GP has made. Then spend the next 12 months reducing the dose to something more acceptable – **less is better** should be the guiding therapeutic principle.

The National Diabetes Services Scheme (NDSS) is an initiative of the Australia Government administered by Diabetes Australia. The NDSS delivers diabetes-related products at subsidised prices and provides information and support services to people with diabetes. Registration is free and open to all Australians diagnosed with diabetes.

Needle Access for Non-Insulin Injectable Medication - As part of the 2011-2012 Federal budget, access to needles via the NDSS has been granted to Registrants with type 2 diabetes for non-insulin blood glucose lowering medication. Currently the only approved medication in this category is Byetta (exenatide). Registrants will require their NDSS record updated to show they have been prescribed Byetta. This can be done by showing a prescription at an NDSS Access Point (Sub-Agent) or by completing a Change to Medication Request Form - type 2 diabetes. To access this form go to <http://ndss.com.au/Documents/NDSS/NDSS%20Forms/OPS04-02.040%20ChangeToMedication-Type2.pdf>. State Government funding of the co-payment is confirmed in Victoria.

Sub-Agents now known as NDSS Access Points - Diabetes Australia entered a new five year contract with the Australian Department of Health and Ageing to continue administering the NDSS. As part of the new contract NDSS Sub-Agents will now be referred to as NDSS Access Points.

NDSS Online Services Directory - On 30th June 2011, the NDSS launched an online services directory (OSD) of Health Professionals and NDSS Access Points around Australia. To access the OSD, your patients can visit <http://osd.ndss.com.au/search/>. If you are a health professional and would like to register to be a part of the OSD, please visit the Register page by visiting <http://osd.ndss.com.au/register/>.

National Gestational Diabetes Register - The National Gestational Diabetes Register was established within the NDSS to help women who have had gestational diabetes to manage their health into the future. Registration with the National Gestational Diabetes Register is free. Women who have been diagnosed with gestational diabetes, reside in Australia and hold or are eligible to hold an Australian Medicare Card are entitled to register. Visit <http://www.ndss.com.au/en/GD/Registration-Form/> for more information on signing up your patients for the National Gestational Diabetes Register.

NDSS Gestational Diabetes Website - The gestational diabetes webpage is now live. Please direct your patients to <http://ndss.com.au/en/GD/> for information and support about gestational diabetes and the new NDSS Gestational Diabetes Register.

NDSS Fact Sheets - The NDSS has translated ten Diabetes Fact Sheets into ten languages. These can be viewed at: www.ndss.com.au/en/Resources/Multilingual/. The Gestational Diabetes: Caring for yourself and your baby booklet has been translated into five languages. This too is available from the NDSS website at: www.ndss.com.au/en/Resources/Brochures--Booklets1

Workforce



Practice Manager

Moorabbin

Medical One owns and operates medical centres throughout metropolitan Melbourne. Our team of dedicated medical professionals is committed to supporting the practice of medicine in the best possible way and as such have developed an outstanding reputation for

quality health care.

A challenging and exciting role has now become available for an experienced Practice Manager to lead our medical centre located in Moorabbin.

You will be responsible for the overall smooth running of the centre, including local decision-making, business planning, team development and financial performance. You will also drive the performance of the centre by a process of continuous improvement and strong leadership.

A remuneration package will be negotiable subject to skills and experience. If you are ready for the next step in your career, please apply by sending your brief cover letter and resume to jobs@medicalone.com.au



We have been very busy at Peninsula Oncology Centre over the past twelve months, continually striving to offer a first class service to GP's, Specialists and patients on the Mornington Peninsula & beyond.

Our Oncologists



Dr Vinod Ganju MBBS, FRACP, Medical Oncologist & Haematologist, is the Medical Director and founder of Peninsula Oncology Centre. Dr Ganju is on the consulting staff at Frankston Hospital, Monash

Medical Centre and Peninsula Private Hospital. He has a particular interest in lung and breast cancer, and is Principal Investigator for the many Clinical Trials running at the Centre.

Dr Sanjeev Sewak BBS,FRACP, Medical Oncologist, has a particular interest in lung, prostate and urological cancers.



Dr Min-Ne Wu MBBS, FRACP, Medical Oncologist, is keenly interested in the management of cancers of the breast, lung, prostate and gastrointestinal tract.

Dr Ben Markman MBBS(Hons), FRACP, Medical Oncologist, has an interest in lung, gastrointestinal and genitourinary cancers.



Dr Jason Licklitter MBBS, PhD, FRACP, Medical Oncologist, has a particular interest in brain tumours, gastrointestinal cancers and melanoma.

Dr Jun Shen MBBS, FRACP, Medical Oncologist, is especially interested in lung, gastrointestinal, breast and urological cancers



Onco-Psychologist

We are delighted to welcome Ms Elle Fitzgerald, Psychologist to our team. Elle has ten years experience in psychology and is a member of the Victorian Cooperative Oncology Group. Elle has a special interest in supporting individuals and families undergoing cancer treatment, recovery and afterwards.

Infusion Service

An infusion service is available for any patients requiring blood products, iron transfusion, venesection, monoclonal antibodies and pain management.

Multidisciplinary Team Meetings

MDT's are held on a regular basis for all the main tumour streams. Individual patient cases are discussed between Oncologists, Radiation Oncologists, Surgeons, Pathologists, Radiologists to provide the optimal treatment plan for the patient. G.P.'s are welcome to attend these meetings at any time.

Website

The Peninsula Oncology Centre website has recently been updated. You can now contact us through the website or download useful forms such as referral forms. There are many useful links including all our current clinical trials. Please take time to have a look at www.poc.com.au

GP Letters

All new patients starting treatment at Peninsula Oncology Centre now have a letter sent to the GP from the nursing staff advising of the treatment regime, the number of cycles required and information on where to find more information should a patient present to you with any issues relating to their treatment.

SurvivorCare Clinical Study

We are currently involved in a randomised clinical study which seeks to examine the effectiveness of an innovative supportive care program for patients with potentially curative colorectal cancer. The GP of any patient randomised to the intervention arm will receive a copy of the tailored survivorship care plan for that patient along with an explanatory letter from the SurvivorCare Nurse.

Coastal Conference Centre

With multiple configurations and state-of-the-art audio visual equipment the Coastal Conference Centre is an ideal venue for small to medium sized medical conferences or meetings. Please go to www.poc.com.au for further information

If you would like any other information please contact us on 9771 8900 (Peninsula Oncology Centre) or 9781 5244 (Consulting Suites) or online at www.poc.com.au



New resource to support older people to be physically active.

Older people in Frankston and on the Mornington Peninsula have even more reason to keep physically active thanks to the launch of the Physical Activity Directory for Older People. The directory lists over 200 physical activity options suitable for older people.

Each listing includes the cost, day & time, venue and description of activities. The directory is designed to assist health professionals and community members to find suitable physical activity options.

For additional copies or more information contact Ageing Well, Peninsula Health on 9784 8320 or ageingwell@phcn.vic.gov.au. PGPN recently circulated a hard copy to each practice.

The directories can be viewed online or downloaded at <http://www.pgpn.org.au/resources.html#ServiceAccess>

Agestrong - A strength and balance program for older people.

Agestrong is an evidence based strength and balance program that has been designed specifically for older people and those with chronic health conditions.

Run in partnership by Peninsula Health, Mornington Peninsula Shire and Frankston City Council, all groups are run by trained leaders in safe, accessible venues.

Agestrong uses weights and resistance to work the major muscle groups of the body. It is particularly suitable for those who:

- Are aged over 60
- Have ceased exercise
- Have a sedentary lifestyle
- Have a high risk of falls
- Have low confidence to exercise
- Have chronic health conditions



Agestrong is offered at 15 venues across Frankston & the Mornington Peninsula. Chair-based groups are also available at some venues for frailer members.

Participants have reported increased strength and balance as a result of participating in Agestrong. Many also reported that their social connection was improved since joining Agestrong.

Fliers with class times and venues have been sent to your practice and can be found online at www.peninsulahealth.org.au/agestrong



LOCATION! LOCATION! LOCATION!

Medical rooms available for rent at 3 Hastings Road, Frankston
(across the road from Frankston Hospital)

Rooms fully furnished, ready for immediate occupation, suitable for specialists, GP interested in mole scanning, weight management, women and men's health, sleep apnoea studies, travel medicine, cosmetic medicine etc and allied health practitioner.

Flexible terms and conditions
Contact Olivier on 0407 865 327 for enquiries

Balancing benefits and harms of antipsychotic therapy



JANE SPENCE
NPS Facilitator



The August issue of NPS RADAR provides an independent review of dabigatran (Pradaxa) —a direct thrombin inhibitor oral anticoagulant — for preventing stroke or systemic embolism in people with non-valvular atrial fibrillation. Dabigatran is currently only available on private prescription for this indication in Australia, but is being promoted through a 'patient familiarisation program'. NPS is providing this RADAR review in light of the need for independent information about this drug. Dabigatran is currently only PBS listed for short-term prophylaxis of venous thromboembolism after hip or knee replacement surgery.

Also in this issue:

- Varenicline (Champix) safety update: possible increase in serious cardiovascular events
- 13-Valent pneumococcal polysaccharide conjugate vaccine (Prevenar 13) listed on the National Immunisation Program
- Saxagliptin (Onglyza) tablets PBS listed for type 2 diabetes
- Dutasteride with tamsulosin (Duodart) PBS listed for benign prostatic hyperplasia
- Telmisartan with amlodipine (Twynsta) PBS listed
- Generic fentanyl patches (Denpax) PBS listed.

Australian Prescriber August 2011 – Vol. 34, No. 4

In this issue...

Patients, particularly those with chronic illnesses, need patience. The work of being a patient, discussed by Victor Montori, will be increased by having to manage adverse effects, such as those mentioned by Tim Lambert in his review of antipsychotic drugs. Some frustrated patients can become agitated and Gordian Fulde advises how to help them.

Atrial fibrillation is a common chronic condition. With alternatives to warfarin therapy now emerging, Himabindu Simardhi and colleagues review the treatment of the arrhythmia.

Drug treatment is delivered in different formulations. These formulations often contain several substances apart from the active ingredient. Alison Haywood and Beverley Glass briefly review the common excipients and the adverse reactions they can cause.

Some excipients can cause anaphylaxis so it is appropriate that this issue is accompanied by the latest version of the *Australian Prescriber* wall chart. This has been produced with the assistance of several specialist colleges and should enable health professionals to deal with most cases of anaphylaxis.

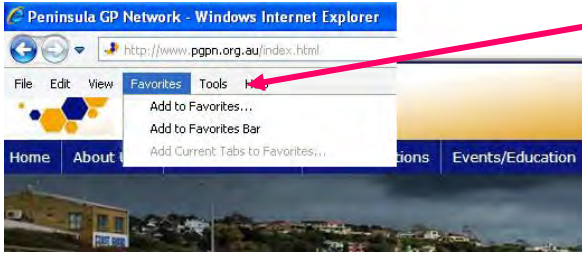


Masquerade Ball Cancellation

Unfortunately, we will have to cancel PGP's Masquerade Ball that was to be held on Friday 16 September due to lack of response.

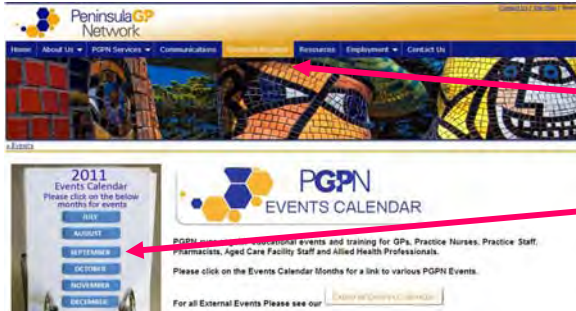
Thank you to those who expressed their interest and enthusiasm in attending.

How to set PGN website as a "favourite" on your taskbar



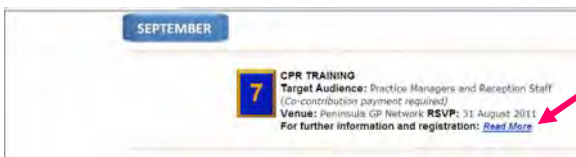
Open the PGN website: <http://www.pgn.org.au> and click on on [Favorites] and [Add to Favorites Bar]

How to register for an event on PGN website

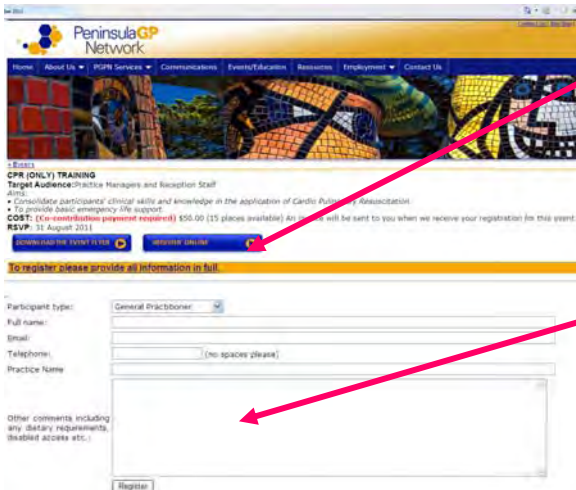


Click on [Events/Education]. Events are split into PGN events and External events. To see PGN events, click on the relevant month on the calendar.

For example click on [September], to register for the CPR Training on the 7 September,



and [Read More].



Click on [Register Online].

Fill in your details and click on [Register]. You will receive a confirmation email.



WINNERS ARE GRINNERS!!

RESULTS OF OUR WEBSITE LAUNCH COMPETITION

First Prize of a \$50 Myer Voucher are as follows;
 GP Winner- Dr Andrew Karamesinis Ti-Tree Family Doctors
 Practice Manager – Janet Gledhill Mornington Medical Group
 Practice Nurse– Jacque Oakley Hastings Central Medical Centre
 Receptionist– Andrea Watts Family Doctor

Second prize of a \$30 Hoyts Movie Vouchers are as follows;
 GP Winner - Dr Hamish Turnbull Baxter & Somerville Medical Centres P/L
 Practice Manager - Desi Jon Select Medical Group
 Practice Nurse – Karen Vanderuit The Hastings Clinic
 Receptionist – Maxine Selzer Eramosa Family Medical Centre

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