



FRANKSTON – MORNINGTON PENINSULA MEDICARE LOCAL



On 1 January 2012 the Frankston – Mornington Peninsula Medicare Local will become reality.

The Government has decided that Medicare Locals will be rolled out across the country and the funding that previously supported General Practice Divisions will now support Medicare Locals. No one likes the name Medicare Local but the Government has decreed the name – no correspondence will be entered into!

The objectives of the Medicare Locals are:

- Improving the patient journey through developing integrated and coordinated services
- Supporting clinicians and service providers to improve patient care
- Identifying the health needs of local areas and developing locally focused and responsive services,
- Facilitating the implementation and successful performance of primary care initiatives and programs
- Efficient and accountable strong governance and effective management

Whilst these objectives seem reasonable and strike at the very heart of a robust and effective primary health care landscape, the devil may well be in the detail. The area of utmost concern to general practice is the provision of afterhours care. The PIP payment to general practices relating to afterhours care will cease in the near future.

“I would argue that general practice needs to be the lead organisation in a Medicare Local”

“the focus of the FMPML is improving the overall health of our population”

An early task of the FMPML will be to consult with the local general practitioners to establish the issues that relate to afterhours care and how they can be best addressed.

General practice is the keystone of primary care. For this reason, the Peninsula General Practice Network led the successful application to establish the Frankston – Mornington Peninsula Medicare Local. This was done in partnership with Peninsula Health and Primary Care Partnerships together with consultation with several other lead primary care groups in this region.

Given that a Medicare Local was going to be established in this area, the PGPN decided that general practice should lead and be integrally involved.

“I welcome comments from the local general practitioners and look forward to the challenges ahead”

A Board of Governance has been established that has nominees from PGPN, Peninsula Health and PCP together with the option of seconding two further members to ensure that the board has an appropriate understanding of primary care on the Mornington Peninsula and skill mix to lead the fledgling organisation.

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This is a time of change, albeit change that has been forced upon us. Change is often uncomfortable. However, change can lead to opportunity.

It is imperative that general practice, together with other primary care practitioners and organisations, has a strong voice and involvement in the FMPML to ensure the organisation achieves the Government objectives. I would argue that general practice needs to be the lead organisation in a Medicare Local.

“The expectations of Medicare Locals are enormous but the funding is finite”

The initial activities of the FMPML will be centered around the establishment of a robust organisation and the acquisition of key executives that will be able to lead and deliver. Scoping exercises will be carried out to establish the primary care resources available and deficiencies that exist in our region.

“The area of utmost concern to general practice is the provision of afterhours care”

Energies will be put into population health studies as the focus of the FMPML is improving the overall health of our population and that will involve all sectors of the health provision industry – general practitioners, allied health practitioners, hospitals, aged care, mental health, rehabilitation, ambulatory care, all levels of government and others.

The expectations of Medicare Locals are enormous but the funding is finite, in fact, miniscule in proportion to the scope of primary care. The aim of FMPML will be to identify the areas where improvements can be made that will most benefit the overall health of our population.

“It is imperative that general practice, together with other primary care practitioners and organisations, has a strong voice”

Dramatic change is unlikely to be noticed in the early stages. Life in primary care will go on as usual. But the aim of FMPML is to improve the patient journey by improving the integration and co-ordination of primary care on the Mornington Peninsula.

I welcome comments from the local general practitioners and look forward to the challenges ahead.



Michael Cross
Chair, FMPML

Board of Directors & Staff

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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:

25 January 2012



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.

What's new in 2012.....

As you will have noted from the front page and our recent special edition of 'Peninsula GP' the Frankston & Mornington Peninsula Medical Local (FMPML) will be commencing in January 2012. A short term Transition Manager, Reitai Minogue, has been appointed and commences before Christmas; she will be assisting the ML Board to establish the organisation in early 2012. The Board has also commenced the recruitment process to find a suitable CEO.

In the short term you, as members, will see no change to the support services currently offered by PGPN. To ensure continuity of services to our members PGPN will be continuing to provide all existing services to its members until at least the 30 June 2012.

In this edition you will see some of the new opportunities for general practice which our staff can assist you with.

In the staff arena, we have replaced the gap in our mental health role with Jade Stubbs who comes to us with background in mental health and ATAPS; Shareen Pearson has moved to focus on Aged Care.

PGPN is fortunate in having a strong highly professional staff who are continuing to provide services in this changing environment. I would like to thank them all for their forbearance in

these somewhat changing times. Change is an opportunity, but can also be uncomfortable and challenging.

I have just returned from travelling in Vietnam which does not have the luxury of a comprehensive health service such as we enjoy in Australia. There are challenges with integration and accessing services here but overall we enjoy a system which caters for the needs of our community. Certainly, this can be improved and the Medicare Local will be integral to enhancing system integration across the primary care sector.

General Practice is the cornerstone of the primary care sector and we would be delighted to hear from you, our members, any suggestions/solutions/ideas you may have which can assist PGPN currently and the ML in future.

Wishing you and your families all the best for the holiday season and looking forward to seeing you all in 2012.

Happy reading...



KATH FERRY
CEO



The staff at PGPN would like to wish you and your family a happy, safe holiday and a healthy and prosperous 2012.

Over the holiday period the Peninsula GP Network will be closed from the Friday 23 December 2011 returning Tuesday 3 January 2012.



LEISL JACKSON
PGNP Senior Program
Manager

The past 6 – 8 weeks has seen a significant amount of interaction between program staff and many of our general practices.

We thank those of you who were able to attend a number of recent events which aimed to support the varied changes made by the government through the MBS and alterations to some Practice Incentive Programs (PIP). For those of you who were unable to attend, information, resources or a face to face visit by a member of staff can be arranged to catch you up with the key messages delivered.

The new **Practice Nurse Incentive Program** aims to increase access to funding for a practice nurse to a larger number of general practices nationally.

The new model of block payment does however alter the business case for many and practices will need to consider this, however the primary aim of the program is to provide increased capacity, flexibility and scope to the role and utilisation of the nurse working within general practice rather than directing a task oriented model of care delivery through the use of specific item numbers.

The **PEN Clinical Audit Tool** license is due for renewal. PGNP has in the past funded this for all practices wanting to utilise this valuable tool.

And the end of the year draws near.....

A new MoU has been created to formalise this arrangement between PGNP and practices. PGNP will continue to fund this license for general practice in return for the ongoing support with data collection, providing practice staff with access to information, education and resources to facilitate optimal utilisation of the tool.

Practices engaged with PGNP through this practice enhancement program can access the Primary Care Sidebar at no cost also.

PEN CAT Version 3 is now available to upgrade with new preventative health tabs for screening of bowel, breast and cervical cancer. Installation and utilisation of these new tabs will be a focus for our preventative health team in the coming months.

Please contact Rose Burns if you would like assistance with the upgrade.

With the commencement of the **Coordinated Veterans Care (CVC)** program in our region, a number of practices have embraced the opportunity to access additional funds and implemented an improved care coordination model for their patients with chronic disease. PGNP is working closely with a group of nurses and their practices in the development of quality care coordination. Over the coming months, systems, processes and lessons learned will be shared to the broader audience so all practices can benefit from the work being undertaken.

We encourage any practices that have not yet joined the program to consider the benefits and contact Ailsa Gregory if you would like further

information or support to get started.

The **Mental Health program** is always active and we welcome two new team members Jade & Louise.

Significant GP engagement has seen a dramatic increase in the number of referrals to our **Suicide & Self Harm Prevention program**.

Demand management continues in earnest for our **Standard ATAPS** program with patients currently referred receiving an allocation of only 6 sessions. Although this is an unfortunate circumstance, it means an increased number of individuals can receive access to supportive care, rather than a small number and we hope to be able to keep the program running for the entire financial year in this way too.

Our **Perinatal ATAPS** program has worked tirelessly with maternity services, general practice and Maternal & Child Health and we hope to see a rise in the number of women referred into the program, to date referrals have been very low. In the new year we will undertake further targeted work with our nurse immunisers who engage with a significant number of new mothers up to 4 times in the first 12 months following the birth of the baby through immunisation encounters. We believe this to be a fabulous opportunity to provide nurses with some education and training, increase risk screening and link patients directly with their GP if flagged as potentially at risk within the practice environment.

Continues page 5

Congratulations to all staff at Frankston Healthcare

By Dr Robert Weiss

I think we passed our accreditation at Frankston Healthcare last week, but it was a long road. The floods in Qld early this year wiped AGPAL 's file on us, and we had thought they'd let us know when they were ready to perform the survey, after having registered late in 2010. We realized by April that it wasn't happening, so after a flurry of phone calls, faxes, fees, re-registering, new ID's and passwords we were ready for the challenge.

Our biggest hurdles were getting the infection control and cold chain up to scratch, but as we had always tried to keep up to the RACGP Standard without actually being accredited, it was quite easy to sharpen things up. We had a data logger for the fridge that actually worked (got the USB sorted after the hundredth try), and our nurses have always been pedantic about autoclave procedures to the point of distraction. Editing the practice manual was tedious but set the stage for the practice visit.

"Accreditation day was filled with apprehension and fear, but we got through it and managed to have a normal day consulting"

Andrew Taylor loved the fireman's suit, and insisted on keeping it in his consulting room (the axe is always handy where we work!). We had to stop him dressing up in it all the time and yelling 'Fire, Fire, this is not a drill'. Despite offering immunizations to all our staff, the rate of conscientious objection approached 100% , and was duly recorded – no PIP ACIR dough for that effort! Little things caused great annoyance - a carpet with a bump in it at reception (OHS issue waiting to happen) that no self-respecting carpet layer would go near for under a grand (we're in the wrong game I kept telling myself), tracked curtains around all the beds that took 12 months to measure, order and install. We off-loaded 15 kg of samples from reps that had accumulated over the past 3 weeks to Burundi, Chad, and the Central African Empire.

"Andrew Taylor loved the fireman's suit, and insisted on keeping it in his consulting room"

Accreditation day was filled with apprehension and fear, but we got through it and managed to have a normal day consulting. We were lauded for the electric bed in the treatment room 'nice and wide' – we got it from my partner the beauty therapist who dumped it on me after getting a rotator cuff injury leaning over her clients whilst giving them Brazilians! Our Care Plans were up

with the best of them –Patient with chronic disease, whose goals are treating the chronic disease, to be managed by the nominated chronic disease team...bewdy.

So the keys to accreditation, like other good things in life are to present well, dress up (fireman's been done, you can't have it) and have a good bed to lie in (massage at lunch time by a Balinese beach masseuse, with the rep bringing some sushi...hmm).

Continued from page 4

For those GPs wishing to access **Mental Health Skills Training** a couple of opportunities will be available in the first half of next year locally, so please make contact with the office to express your interest.

After a period of consolidation and quality review we are now looking to recruit and grow the **Mental Health Nurse Incentive Program**. If this is an area your practice could benefit or you would like further information please make contact with Yolande Maltman.

The challenges of the **Close the Gap** program are varied.

We have seen an increase in practices signing on for the PIP IHI predominantly as a result of local Aboriginal community folk identifying themselves to their GP or practice staff and requesting access to the program. Our program team has reviewed their efforts to date and will focus their energies on bolstering identification and providing local access to cultural awareness and safety training for practices to meet the requirements of the PIP Sign On. Online training is available via the RACGP, however if you would prefer a face to face

educational opportunity please notify Karan or Lisa so we can facilitate this on your behalf.

As the silly season hits us and the hoard of tourist descend upon us, on behalf of the program team here at PGPN I wish you a safe, restful and joyous Christmas. Our office will be closed for only the week between Christmas and New Year, we will continue to process ATAPS referrals over this period once a day and I encourage you to make contact over the summer holidays with any requests you may have.

Merry Christmas
Leisl

ATAPS Referrals continue to increase



JADE STUBBS
PGPN Program Officer

Referrals to the ATAPS Program continue to increase with over 50 referrals received each month.

Unfortunately funding for Standard ATAPS is limited and we can only approve 6 sessions for your patient in order to assist as many people in need as possible.

The ATAPS Perinatal Program is not means tested and is available to women during the perinatal period (conception to 1 year of age).

Please consider the ATAPS Suicide Program if you identify a patient at risk of suicide or self harm. Contact the mental health team for more information or visit our website.

ATAPS over Christmas

PGPN will be closed from

Friday 23rd December, reopening on Tuesday 3 January. However we will continue to monitor and process ATAPS referrals during this time.

Please note the ATAPS Suicide Program is not a crisis service. If your patient is in crisis please contact Peninsula Mental Health Services Triage 24 hours a day on 1300 792 977.

- Trained professional counsellors
- Cost of a local call
- Available 5pm—9am on weekdays
- Available 24 Hours on weekends and public



**AFTER HOURS
SUICIDE SUPPORT SERVICE**

1800 859 585



Crisis Support Services is Australia's leading professional telephone and online counselling and training provider.

The ATAPS After Hours Suicide Support Service is operated by qualified mental health professionals, who are there to support your at-risk clients when you can't be.

Call: 1800 859 585

Email: ataps-afterhours@crisissupport.org.au

The **After Hours Suicide Support Service** is now available to help you support any of your clients who are a part of the **ATAPS Additional Support for People at Risk of Suicide and Self Harm Program**.

Our professional counsellors are there to support your client, after hours, ensuring you are able to provide consistent specialist support around the clock. The after-hours service runs from 5pm to 9am Monday to Friday and 24 hours per day on weekends and public holidays.

We can provide support for your clients by:

1. Making initial contact with the client in the first 24 hours when they are referred over the weekend or on public holidays
2. Providing a source of support and crisis counselling to your clients at night or on weekends
3. Making contact with clients you may be concerned about after hours.

Please advise your local GPs and Hospitals to refer to us if you would like us to make the initial contact with clients over the weekend. They can refer directly to us on 1800 859 585 or via email ataps-afterhours@crisissupport.org.au.

They will also need to refer the client to you so that you can follow these clients up during the week.

Contact us directly on the above telephone number or email address if you would like us to follow up with any of your clients at night or on weekends.

**Clients can contact the service directly after-hours on:
1800 859 585.**



Introducing Jade Stubbs

offer. I was previously the Mental Health Program Coordinator at Bayside GP Network where I coordinated ATAPS, MHNIP and had a particular focus on youth including headspace.

I have worked in various roles within Mental Health over the last 10 years and am very passionate about ensuring that patients receive a high standard of care and support.

On a personal note I have a 2 year old son, and have recently completed my graduate diploma and am now a qualified Teacher.

I look forward to meeting and working with all of the practice staff across the Peninsula.

I can be contacted between 8am – 2pm on Tuesdays, Wednesdays and Thursdays on 9708 8019 or by email j.stubbs@pgpn.org.au

Hi, my name is Jade and I am the new Mental Health Program Officer for the PGNP. I will be overseeing the ATAPS program and also be involved in the other programs our team

Introducing Louise Addicoat



Hi my name is Louise Addicoat and I will be responsible for the administration in relation to the ATAPS Program and assisting the Mental Health Team with the delivery of the various programs.

I have worked in administration for nearly 20 years. I have lived in Frankston for the past 12 years, previously living in Scotland.

I look forward to delivering effective support to the Mental Health Team, and all of our Allied Health Providers.

I can be contacted on 97088019 or via email l.addicoat@pgpn.org.au.



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Patients seen within 1 - 2 weeks of receiving referral

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Written feedback to referring medical practitioner after initial consultation

Doctoral level training and experience in a broad range of treatment modalities that are matched to the patient and presenting problem

Some bulk billing available

Dr Craig Stapleton

B. Appl. Sci., Grad. Dip. (Psych), D. Psych.
M.A.P.S., Assoc M.A.S.H.

Mr Ramsay Dixon

BA(Hons.), D.Psych (Clinical) Candidate
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Team work reduces risk for mothers



SUZANNE HEPPELL
GPN Project Officer

Up to 15% of women suffer from depression, with the majority being diagnosed in the first three months after giving birth.

GPs and Maternal & Child Health Nurses are working together to provide optimal support for women from conception un-

The Peninsula GP Network is facilitating a collaborative venture with the Maternal & Child Health Services in Frankston and the Mornington Peninsula placing a mental health clinician one day a week who will provide access for mothers and their babies to additional care and support.

This initiative is part of the Perinatal Mental Health Project. The partnership group, comprising Maternal & Child Health Services, Maternity Services, Peninsula Health Mental Health Services and the GP Network aims;

- to ensure that service providers in the Frankston

and Mornington Peninsula region work together to provide optimal support for women in the Perinatal period

- to increase the ability of health professionals to pick up early warning signs of depression or anxiety
- to increase the access and linkages between service providers

A Guide for GPs

As part of the initiative, Drs Jo Newton and Susan Boucher have developed a GP guide & referral pathway together with a resource with local and regional care options.



These are: Mental Health Perinatal Assessment Tool
http://www.pgpn.org.au/pdf/MH%20GPAAssessment_CareOptionsForOptimalPerinatal_MH.pdf

Take-home messages from the Update on Perinatal Mental Illness Evening

By Dr Susan J Boucher



Dr Susan J Boucher

On the evening of 9 August 2011, a group of General Practitioners, Nurses, Psychologists and Mental Health Nurses were

educated on the latest developments in Perinatal Mental Illness, by Dr Revi Nair, Consultant Psychiatrist, Austin Hospital, and Senior Lecturer, Monash University.

Pre-existing maternal mental illness as well as that arising during and after pregnancy, was addressed in some detail, and specific treatments and examples were discussed.

The importance of treating the mentally ill mother was emphasised, as the mother's mental health has a direct effect on the quality of attachment with

her child, and thus the child's wellbeing.

Similarly, the mental health of the mother in pregnancy and the postnatal period has a direct effect upon the stress levels in the baby, as measured in the child's serial cortisol levels, with levels higher when the mother is unwell. It has been shown that lower cortisol levels in children correlate with better developmental, social and psychological outcomes for the child; thus the risk of using appropriate medication during pregnancy and breastfeeding was outweighed by the benefits to the baby and its siblings.

Dr Priscilla Yardley, Head of Psychology, Peninsula Health, Senior Psychologist and Coordinator Primary Mental Health at Peninsula Health Mental Health Service, then

launched the General Practice Perinatal Assessment & Referral Guide. This was created as part of a collaboration of Perinatal service providers on the peninsula, including GPs, Psychologists, Maternal & Child Health and Maternity Nurses and Social workers, to clarify available options, pathways, and resources for treatment.

As universal screening for Perinatal depression and anxiety has commenced, GPs may have their patients referred back to them for assessment and management. This guide and the web links it details are very helpful prompts and resources.

I recommend all GPs obtain an electronic or hard copy of the guide, as a valuable resource to optimize treatment of women with Perinatal mental illness.

Moving the Coordinated Veterans Care Program Forward!



AILSA GREGORY
PGNP Project Officer

Our last newsletter explained what the CVC program was how it will assist in the care of your veterans and how to ready yourself to move the program forward.

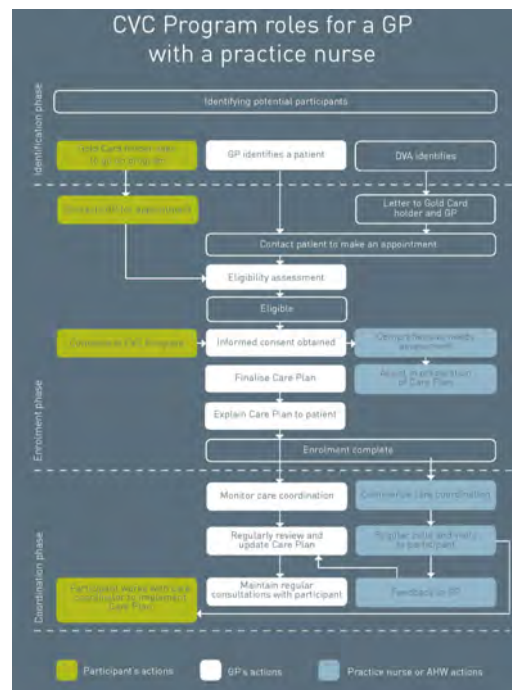
Hopefully you are all ready and can bring the patient in and commence the care coordination process.

So if a patient calls the practice saying they have received a letter what needs to be done?

Don't forget to let your practice staff know whose responsibility it is to support and coordinate these patients care.

To the right is a flowchart to assist the key CVC facilitator to move the patient through the program. This chart can be download online from http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/Documents/CVC_Roles_FlowChart.pdf

Want to know more, please contact: Ailsa Gregory – a.gregory@pgpn.org.au or T:9708 8019.



How do you refer?

Primary Care Integration

Currently I am supporting the primary health care sector in the development of tools to support health professionals and their clients access the most appropriate diabetes services across Frankston & Mornington Peninsula Region.

I encourage all GPs to use the very convenient Victorian State-wide Referral form (VSRF) available on your medical software when referring to all primary care services and providers.

Want to know more, please contact: Ailsa Gregory – a.gregory@pgpn.org.au or 9708 8019.

Do your patients REALLY understand???

General Practice is focusing on self management for their patients to assist in achieving better health outcomes with chronic disease. We must also remember to address the patient's ability to understand the health information that we are giving them.

For some time we have been aware of Health Literacy :

* *"the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions"*

As health professionals it is easy to assume that the patient understands what we are telling them but statistics clearly show that this in fact is often not the case.

Those socially disadvantaged, aged or linguistically challenged are but a few who often do not comprehend the message we are providing. As there is a distinct link between health literacy and good health outcomes we as health professionals need to take time to reflect as to whether we are in fact using the most appropriate props when talking to our patients about their health.

Extract from and further reading: <http://www.phcris.org.au/publications/researchroundup/issues/19.php>

Reference: *Nielsen-Bohman L, Panzer AM, Kindig DA. (2004). Health literacy: A prescription to end confusion. Washington DC: Institute of Medicine.



Yapaneyepuk we can Close the Gap

(Yapaneyepuk means "Together" in Yorta Yorta language)



LISA COPPE
PGPN Outreach Worker

I was invited to Bunjilwarra (meaning Eagle by the Sea) Healing Centre in Hastings along with other workers and community, taken on a tour of the soon to be opened centre.

This is a residential healing centre for Aboriginal & Torres Strait Islander young people who are experiencing alcohol and/or drug related problems.

Bunjilwarra Healing Centre:
Funded by the Victorian Government, the healing centre is the first of its kind in Australia.



The premises Accommodates - 6 females and 6 males from all over Victoria; aged 15 years – 20 years in separate buildings. The centre is located on 5 acres

of bush land, and staffed 24 hours a day, 7 days a week. Along with journey to recovery the residents are encouraged to participate in the various programs and activities, including researching family history, connecting youth to tribal group, totem and language, art, music, dance and storytelling and discussion regarding drug and alcohol issues.

Once the young person exits the centre they receive ongoing support from Bunjiwarra, including but not limited to Housing, Legal, Welfare,



Financial & Medical services and support
Referrals to can be made by:
G.P, Individual, Family member, YSAS Community Program, Community Alcohol & other Drug Services, Mental Health Services, Homelessness Services and Youth Justice.



KARAN KENT
PGPN Program Officer

It's been a busy time for the Close the Gap team with excitement of giving Prize giveaways to two lucky residents, attending a women's health day and the privilege of attending the Springvale Elder luncheon. Not to mention the usual contacts, connections and support continued to be made with GPs in relation to encouraging sign up to the Practice Incentive Program Indigenous Health Incentive (PIP IHI) that collectively will close the gap between Aboriginal and non Aboriginal health inequalities

At the recent Bay Mob Health and Education Expo and the Ageing Well Expo residents who underwent a health check were invited to go into a lucky prize draw.

PGPN Close the Gap team had pleasure in giving the two lucky winners Patricia Beamish and Gisela Krupse their Prize certificate. The prize is a three month membership to a Gym of their choice.



Patricia & Bemo Beamish, Aunty Ruth, Aunty Nester



Aunty Ruth, Aunty Caroline and Aunty Nester

Kangoo Bambadin Indigenous Family Violence Action Group hosted an Elders Luncheon in Springvale and it was with privilege to sit amongst our Elders, listen to their stories, hear their laughter, feel their strength, watch their love and walk away proud of be an indigenous women.

An inspiring day that supports identity strengthens our communities' culture and belonging and develops better health for us all.

Women's Health & Wellbeing Day

Karan and I were invited by the Close the Gap Healthy Lifestyle Team to attend a Women's wellbeing day.

As we are all aware, stress on anyone's wellbeing has many negative health impacts; mentally, physically, emotionally and spiritually. The day out was designed to motivate and encourage community to Eat Well, Live Well and Stay Well.

The day started off at Peninsula Hot Springs in Rye, where the ladies roamed freely to soak and relax in the hot springs and sauna baths.

Next stop! Red Hill's Hummingbird Eco Retreat where we enjoyed a healthy three course lunch of organically grown food.

After lunch the ladies had the choice of strolling around the beautiful gardens of the retreat or attending Wu Tao workshop. Wu Tao is a dance-based therapy that balances and harmonises the flow of life-force energy in the body and is



CTG Healthy Lifestyle worker (L) Sylvia Kassing & CTG Tobacco Action Worker(R) Pushpa Austin.

similar to Tai Chi and Yoga. This form of exercise tones the body whilst also being the ultimate in stress management which heals the body, mind and emotions. A total of 40 women from Dandenong, Hastings and Frankston attended and a great day was had by all.

I would like to take this opportunity to thank the Healthy Lifestyle team for a wonderful, relaxing day.

These sorts of activities compliment networking between workers and give the worker an introduction to community members that may not attend other Koori activities, like the Frankston Koori Kitchen.

I would like to wish everyone a safe and joyful Christmas and let's keep working on Closing the Gap.

Bad Bon Bon Jokes to get you in the Christmas Spirit

What do you call a man with a pole through his leg?

A Rodney

What disease can you get when putting up too many Christmas decorations?

A Tinselitis

Why do Christmas elves wear seat belts?

A For Elf and Safety

How do you know that santa claus has to be a man?

A No woman would wear the same outfit year after year

If athletes get athletes foot. What do Astronauts get?

A Missile toe

Is your Practice ready for Workplace Law changes?



JACKIE BANGE
PGNP Program Officer

Changes began in January 2010 and are expected to be completed by January 2014 staged at different times across states & territories.

New laws for occupational health and safety will impact how practices prevent injury and ensure wellbeing in the workplace, including a nominated & designated OH &S person on staff and minuted regular OH&S meetings.

A new system of federal awards which govern the pay rates and entitlements of all non-GP employees will fall under two awards; the Nurses Award & Health Professionals Support Services Award.

This change was introduced last year and is to be completed by July 2014. Changes can be hard to interpret and adapt to, having two changes coming into effect around the same time and as an employer not having a full understanding of these could be problematic for your practice.

The following summaries provide an overview of the changes being made and links to organisations practices can consult, to provide clarity and assistance as required.

1. Federal pay awards

Change: New federal awards system governing pay rates and entitlements of employees.

Dates: This started on 1st January 2010, and is due to be completed by 1st July 2014

What does it mean for your practice?

This is a change to the awards governing pay for nurses, health professionals and support services staff during the above period the pay rates and entitlements will gradually modernize.

Where can you get advice, help and more information to ensure you are doing the right thing?

To be sure you are accurately calculating wages for your staff, if you are a member you can obtain more information from either, VECCI: <http://www.vecci.org.au/Pages/Home.aspx> or AMA: <http://ama.com.au/> Or by contacting the Fair Work Ombudsman at www.fairwork.gov.au or by phoning 131394. The Fair Work Ombudsman website has available a pay rates calculator for you to calculate your rates.

2. Occupational Health & Safety Laws

Change: New national laws will replace state and territory laws governing safety in the workplace.

Dates: In Victoria the start has been deferred until January 2013, however for other states the laws come into effect January 2012.

What does it mean for your practice? The purpose of the changes is to harmonise the health and safety laws across states and territory.

Where can you get advice, help and more information to ensure you are doing the right thing?

If you are a member of the AMA contact them or contact the following authorities:

- SafeWork Australia www.safeworkaustralia.gov.au
02 61215317
- WorkSafe Victoria www.worksafe.vic.gov.au
03 9641 1444

Personally Controlled Electronic Health Record (PCEHR) in July 2012.

Early preparation for PCEHR is recommended to ensure your practice is ready, understands the changes and provides time to action any changes you may need to make to your current electronic record systems. A brief list of initial considerations for your practice may include:

- e-health manager role and responsibilities
- Software upgrade requirements
- Identify how informed your IT provider is
- The ability of your system to integrate data between electronic records and the PCEHR
- Education and training for staff
- Your practice data security

More information can be found at:

www.ehealth.gov.au/ , www.healthbeyond.org.au , www.nehta.gov.au/images/flipbooks/big-picture/index.html , www.yourhealth.gov.au/ , www.pulseitmagazine.com.au , <http://www.racgp.org.au/>

Superannuation Clearing House

Superannuation can be made with one single electronic payment using the Australian Governments Clearing House if you have a practice with 19 or fewer employees. This is a free online service, which is easy to use. Benefits to a small practice include:

- Saves you time
- Reduces paperwork
- Superannuation obligations are met
- Accepted payments are processed in 2 working days
- Once entered employees preferences are pre populated so you only need to enter contribution amounts when you make a payment
- Ability to access a record of your contribution history whenever you need it
- Have a reminder email sent to you when you are due to make a payment
- No paper forms to complete
- 24 hour access 7 days a week

To find out more go to: www.medicareaustralia.gov.au/superor

email SBSCHenquiries@medicareaustralia.gov.au or phoning 1300660048

Workforce

Locum Work

GP, Dr Jonathan Lowther is returning to work on the Mornington Peninsula in the new year & is offering to provide locum /holiday relief services to local general practice. 4 week stints, seeing patients over 40 hours per week.

Off Wednesdays, possibly one Sat morning per month. Available late January 2012 until August 2012 in the first instance. Contact:

elanvin@alphalink.com.au

advertisement

For Lease

Recently renovated room for lease in a dental practice

Mornington Peninsula area .

Would suit Allied Health. Close to main road, public transport and shops.

For genuine enquiries please call 0412794502.



Up-skilling your staff is as easy as 1,2,3.

In **1** day: You can complete an: *ECG/Holter Monitor Short Course*

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Courses run:

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- Ease the pressure in your practice
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- Small class sizes

Contact **CTA** to enrol or enquire about any of our **Pathology Short Courses**, or for further information visit:

www.ctaonline.com.au



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ph 9571 8611 email info@ctaonline.com.au

Alcoholics Anonymous

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety. A.A. Frankston & Bayside District: 0439 182 320

A.A. Mornington Peninsula District: 1300 880 390 Website: www.aavictoria.org.au/





Dr Joanne Newton
& Jennifer Sidwell
GP Liaison Consultants



Each year Jenny and I write an annual plan to help us try and keep track of the directions our work is going and follow this up with an annual report. Read on if you dare for a brief summary of last year's report and this year's plan.

Highlights of achievements from 2010-2011 include:

Our major work in 2010-2011 was with Women's Health and the Shared Maternity Care Program.

- Development and launch of the new Shared Maternity Care program and guidelines. 57 GPs are now involved in the program and GPs are involved in well over 50 per cent of deliveries at Peninsula Health.
- Establishment of an education program for Shared Maternity Care Affiliates with regular forums and a quarterly

e-newsletter focussed on important maternity services updates.

- Rollout of an updated 'Find Yourself a GP' campaign for patients attending hospital.
- Improvements and updating of the GPLU webpage. Hits are recorded monthly and we are getting 500-1000 hits per month. We try and keep all pages updated regularly (we do this ourselves) but please let us know if you find any errors



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/>

In 2011-2012 our work will be a little broader and will include:

Discharge Summaries:

Promotion of high quality and timely discharge summaries in association with other hospital staff. We are involved in undertaking a review of the current Discharge Summary Working Group. The GPLU is undertaking small monthly audits of discharge summaries to assess the quality of the content. The results of these audits will be communicated to appropriate Head Of Units as well as the Discharge Summary Working Group.

Results to GPs:

We will continue to highlight to clinicians the importance of including a named GP on investigations (including important negative test results) and discharge documents. We have almost finished developing

a "Contact the Local GP-Tips and Tricks for Hospital Staff" poster which we will use as an education aid for hospital staff. This also contains some information on how to organise timely follow up in the community.

Education for GPs:

As well as the maternity forums (which all GPs -not just shared carers- are welcome to attend), we plan to explore the possibility of running further education forums for GPs at PH. We are assessing the feasibility of GPs attending education sessions already run by PH at the Simulation Centre and will investigate the feasibility of the development of a CPR education session specifically for GPs in the simulation centre. What education would you like from PH? Let us know.

Other Issues:

HSD: <http://humanservicesdirectory.vic.gov.au/>

The Human Services Directory (HSD) is an accurate health practitioner listing supported by DoH in Victoria. As well as being useful for to search for GPs, it can be used to search for medical specialists and other health service contact details.

PH Electronic Update:

Someone from PH Clover team may contact you if they are having particular problems sending discharge information to your practice to see if there is a way to facilitate sending information to you electronically via Health-link or autofax.

The new Cerner electronic system at PH uses the Human Services Directory (HSD) to find GP contact details. Most GPs are enrolled with HSD but if you aren't give them a call.

Continues page 15



The Interprofessional Student Led Clinic is now underway

By Fiona Kent



Sharing the paperwork! A physiotherapy, dietetic and medical student team

There is a shortage of clinical placements for medical, nursing and allied health students in Victoria.

To expand opportunities for clinical placements, the Peninsula Clinical Placement Network elected to investigate the feasibility of a student led clinic.

Midway educator and student qualitative feedback from this pilot study has been outstanding

Patient care could be delivered by mixed discipline student teams working under the supervision of a general practitioner and an educator from one of nursing, nutrition and dietetics, physiotherapy, podiatry, occupational therapy, social work and speech therapy.

With funding from the DoH and

support from Peninsula Health, Monash University, Peninsula GP Network and the Peninsula CPN, an interprofessional student led clinic pilot is now underway at Frankston Community Rehabilitation Centre.

This eight week pilot involves mixed discipline teams of fourth year students screening the physical, functional and social health of older clients after acute hospital admissions.

This 'Post Discharge Screening Program', although only in operation for 6 weeks, has to date received 48 patient referrals and has provided an interprofessional clinical education opportunity for 18 volunteer students from a mixture of disciplines (dietetics, medicine, nursing, occupational therapy, physiotherapy and social work).

At each consultation, the screening tool interview focuses on independence at home since hospital discharge, falls risk, activities of daily living, nutrition and foot care. A summary letter that includes recommendations for additional services such as home help is written to the client's general practitioner after each consultation.

Midway educator and student qualitative feedback from this pilot study has been outstanding, revealing that the student teams are working very well together to provide a useful service to a population with complex health care needs. Student feedback is overwhelmingly positive, reporting improved understanding of the role of other disciplines, and importantly, an appreciation for the need for teamwork to provide comprehensive patient care and support.

Early patient feedback

Student teams are working very well together to provide a useful service

questionnaires have indicated satisfied consumers, with the key finding of appreciation of the time offered by the student teams to listen to their health care needs.

If you have any comments, questions or suggestions about this program, I would be delighted to hear from you.

Fiona Kent,
fkent@phcn.vic.gov.au

Continued from Page 14



Peninsula Health Update:

GP Liaison

Referral forms for Women's Health Ambulatory Clinic:

Referrals forms for this clinic can be printed off from the GP Liaison Unit webpage in the Maternity Services and Outpatients sections.

If you would like a paper referral ad sent to you please contact Amber Stuart Ph: 97848292 astuart@phcn.vic.gov.au.

This clinic 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 ED.

*The clinic is also suitable for women who require follow up post Peninsula Health gynaecological admission. Referral requests should be made by phone on **0417 340 535** and the patient should be given a referral letter to take to the clinic.*

Telehealth Initiative, what's in it for your practice?

Telehealth Initiative

Introduced in July 2011 by Medicare Australia, telehealth is an initiative that aims to address some of the barriers to accessing medical services for Australians.

Financial incentives are now available to eligible practitioners and aged care services that enable patients to participate in a video consultation called a telehealth consultation with a specialist, consultant physician or consultant psychiatrist.



Video Consultation

This consultation involves the patient with an eligible specialist, consultant physician or psychiatrist undertaken a consultation via a video link. To be able to claim the telehealth rebate there must be an audio and visual link between the patient and eligible medical practitioner (not payable for telephone consultation)

Telehealth services can be provided by:

- Medical Practitioners
- Practice Nurses and Aboriginal health workers (providing service on behalf of medical practitioner)
- Nurse practitioner
- Midwives

Initiative Sign On

The initiative is instigated through the successful lodgment of the first telehealth item number claimed by and linked to the GP Medicare provider number. The MBS item claim will inform Medicare Australia that you are a participating telehealth practitioner. No paperwork is required to be completed to participate in this initiative.

Regional Eligibility:

Designated areas of eligibility are determined based on the "More Doctors For Outer Metropolitan Program" and include outer metro, regional and remote locations. The PGPN catchment boundaries are included within this designated area. Residential aged care facilities and Aboriginal medical services throughout Australia are also eligible to participate.

Onboard Incentive Payment:

Is available as a one off lump sum payment to practitioners for providing at least one telehealth service and successful lodgment of their first hosted telehealth consultation claim. The incentives are linked to the practitioners provider number, not the practice itself. The practice does not have to be accredited to access incentive. A practice nurse or Aboriginal health worker can represent the GP for part of the consultation.

You can bill another consultation with the same patient on the same day however you must annotate the times the patient seen.

A GP videoconference consultation of 25 minutes duration.

Level C (item 2143) telehealth consult	\$93.20
Telehealth bulk bill incentive	\$20.00 (accrued quarterly payment)
Telehealth service incentive	\$40.00 (accrued quarterly payment)
Total:	<u>\$153.20</u>

Continues page 17

On Board Incentive payment - amount decreases each year.

2011-2012	2012-2013	2013-2014	2014-2015
\$6000	\$4800	\$3900	\$3300

Telehealth Service Incentive- ongoing payment based on number of telehealth consultations hosted during a quarterly period, accrues each time GP provides a service and paid quarterly.

Incentive	2011-2012	2012-2013	2013-2014	2014-2015
Telehealth Service Incentive (patient-end)	\$40	\$32	\$26	\$22

Telehealth Bulk Billing Incentive- accrues each time a GP bulk bills the service and is paid each quarter.

The below incentive does not require submission of an application or claim form.

Medicare Australia will automatically determine eligibility based on Medicare claiming information (once a Telehealth MBS Item is bulk billed), and make incentive payments to the bank account listed for the relevant provider number. Telehealth Bulk Billing Incentives accrue to a practitioner each time a Telehealth MBS Item is bulk billed and a single payment will be made once per Quarter.

Incentive	2011-2012	2012-2013	2013-2014	2014-2015
Telehealth Service Incentive (patient-end)	\$20	\$16	\$13	\$11

Exclusions to Telehealth MBS Items: may not be billed where the patient is an admitted patient in a public or private hospital.

Practices considering implementing telehealth into their practice are encouraged to view the implementation guidelines & standards available on the RACGP website.

Go to: <http://www.racgp.org.au/telehealth>

For further information on MBS Items and Financial Incentives for telehealth go to <http://www.mbsonline.gov.au/telehealth>

Enquiries regarding incentives eligibility, payments and Aged care facility registration can be directed to Medicare Australia: T: 1800 222 032 F: 1300 587 696 Enquiries regarding Telehealth MBS Items can be directed to the Medicare provider enquiry line: Tel: 132 150



NBVLL

**Nurses Board of Victoria
Legacy Limited**

Investing in Victoria's
nurses and midwives

GRANTS AND FELLOWSHIPS NOW OPEN

The purpose of the Nurses Board of Victoria Legacy Limited (NBVLL) grants and fellowships is to advance and foster the practice of nursing and midwifery in Victoria, through research and education, to improve patient outcomes. There are nine grants available under the scheme, each with a different area of focus.

APPLY NOW FOR THE 2012 ROUND OF FUNDING

Applications close 4pm Friday 3 February 2012.

Click [here](#) for more information or to download an application form.



Trust management and administration

RCNA

freecall 1800 061 660
trusts@rcna.org.au

Pulmonary Rehabilitation starting at Hastings Community Health – your referrals needed!

Pulmonary Rehabilitation Programs (PRP) are “one of the most effective interventions in COPD”. (Lung

Foundation COPDX Guidelines)

Peninsula Health has been working to improve the delivery of Pulmonary Rehabilitation Programs (PRP) to the local community for a while now.

We are very excited to let you know coverage of the PGNP catchment has now been extended with a waiting list available for clients to start PRP at Hastings Community Health. Clients with COPD living around the Westernport area can now access high quality evidence based Pulmonary Rehabilitation. This adds to the PRPs at Frankston, Mornington, Rosebud and Chelsea. Your help as General Practitioners and Practice

We are very excited to let you know coverage of the PGNP catchment has now been extended.

Nurses is vital to ensure referrals continue to flow to all the PRPs, but especially the new Hastings program.

Referrals need a lung function test less than one year old.

Pulmonary Rehabilitation is a 2 hour sessions twice a week for 6 weeks and is only \$70 all up.

Pulmonary Rehab will help your patients maintain or improve fitness and muscle strength, feel better and stay well.

Amongst its benefits Pulmonary Rehab is shown to help

- Reduce breathlessness and increase the ability to take part in more activities
- Develop cardiovascular fitness and assist with weight control
- Improve mood and feelings of being in control
- Improve muscle strength, and improve balance
- Increase independence

The patient receives an hour of safe and gentle monitored exercise and an hour of education. Topics covered include

- Medications & Puffers
- Breathing techniques / managing breathlessness
- Physical exercise
- Nutrition / healthy eating
- Information on diseases
- Coping with chronic lung conditions
- Managing feelings of being sad or anxious

Families, carers & partners welcome!



Community Health

Pulmonary Rehabilitation Programs



For people with chronic lung conditions

IN PARTNERSHIP.
Building a Healthy Community



Fax referrals for Pulmonary Rehab Program (PRP) to:

Hastings	5971 9106
Mornington	5975 8257
Frankston	9784 8149
Rosebud	5986 9251
Chelsea	9787 9954



Upcoming CPD Event for 2012

Mental Health Conference - May 2012 TBC

Sharing the Load'

Suicide/Self-harm through the Ages and Stages of Life'

RACV Cape Schanck Resort

For further information contact Suzanne Heppell on 9708 8019 or email s.heppell@pgpn.org.au

We can help you increase your Practice Bowel Cancer Screening rates



PGPN has recently received some funds from GPV to run a program which aims to raise the level of screening for Bowel Cancer by encouraging GPs to offer the Faecal Occult Blood test. This is a state initiative funded by the Victorian Government Department of Health

Faecal Occult Blood Tests (FOBT) is the first line of defence for this disease which is one of the most prevalent cancers within our community.

Research shows that the most effective way of reducing the morbidities associated with the cancer is by screening at age 50 and over every two years.

This is a simple test that can be conducted in the home, with kits available from Chemists, Pathology Centres and possibly some of our general practices. PGPN has been tasked to map where test kits are available to access across our catchment as a part of the program.

The Commonwealth Government has been running a national program where tests are offered to Australians who are age 50, 55, and 65. This goes some way towards tackling the problem, but is not in accordance with the RACGP guidelines.

PGPN, through this new program can offer and provide interested practices with support to bring about an increase in the rate of screening with your patients in the 50 – 75 year age range.

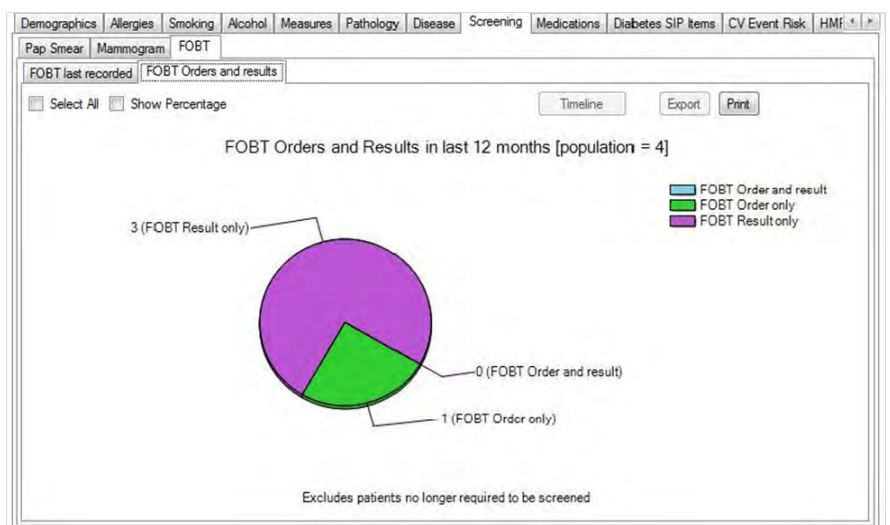
The ordering and completion of tests can be tracked using software tools, and the GP will also be provided with a decision making tool, that will

made available through this program having been successfully utilised by a variety of programs previously.

The updated version of Pen CAT includes additional functionality for clinical screening support of breast, bowel and cervical cancers.

The Cancer Council of Victoria is assisting this program by developing program resources and contributing towards a change management strategy for clinical staff.

A CPD event program will be rolled out across the state over the next 6 months for GPs and nurses to access.



Pen Tool Sidebar

assist in identifying eligible patients and prompt the GP to consider offering testing.

Changes to the rate of testing will be monitored over the duration of the program to 30 June 2012.

These software tools are in many cases already familiar to practice staff, the Pen CAT has been widely adopted across our practices and the Sidebar is

We will advise all practices when the PGPN event is scheduled.

For more information or to express your interest in participating in the program please contact

T:97088019

or email Jackie Bange:

j.bange@pgpn.org.au or

Rose Burns:

r.burns@pgpn.org.au

PGPN Supports Strengthening Immunisation for Children



LYNDA FRENCH
PGPN Project Officer

The Government is introducing reforms to Australia's childhood immunisation arrangements that aim to increase the immunisation rates of Australian children over time.

These changes mean:

- Families will now need to have their children fully immunised to receive the existing \$726 per child Family Tax Benefit Part A supplement, replacing the Maternity Immunisation Allowance from 1 July 2012.
- A new immunisation check will be introduced for one year olds to supplement the existing focus on immunisation at two and five years of age from 1 July 2012.
- The meningococcal C, pneumococcal and varicella ('chickenpox') vaccines will be included in the list of immunisations that are needed for a child to be fully immunised from 1 July 2013.
- A combination vaccine for measles, mumps, rubella and varicella 'Chickenpox' for children aged 18 months will be added to the National Immunisation Program Schedule from 1 July 2013.

Why is the Government acting?

Immunisation is the safest and most effective way of giving protection against a disease.

Vaccination not only protects individuals, but also others in the community, by reducing the spread of disease. Increasing the level of immunity in the community protects those people who cannot be vaccinated because they are too young or because of medical reasons.

Immunisation rates in Australia

are now the highest on record and, as a result, notification rates of vaccine-preventable diseases are low. However, they still exist. For example, in 2010 there were 66 cases of measles in children aged less than 10 years in Australia, a disease that can have serious consequences including death.

Most families immunise their children but some children are not vaccinated on time or as recommended in accordance with the National Immunisation Program Schedule, risking their child's health and the health of other children.



What changes will be made? *Stronger incentives*

From 1 July 2012, parents will need to have had their children fully vaccinated during the financial years that each child turns one, two and five years of age to receive the \$726 Family Tax Benefit Part A supplement (for each child each year). Immunisation is already a condition for Australian Government child care payments.



These new requirements will replace the Maternity Immunisation Allowance, which provided \$129 when a child was immunised between 18 months and 24 months of age and between four and five years of age. Immunisations after 1 July 2012 will no longer attract the allowance.

The addition of a third age checkpoint (at one year) will help make sure important early vaccinations are received at the medically recommended times (two, four and six months of age).

The new arrangements will create a stronger financial incentive for parents. Over three immunisation check points, families will have a \$2,100 incentive to ensure their child is fully immunised.

To meet the immunisation requirements children will need to be fully immunised, be on a recognised immunisation catch up schedule or have an approved exemption.

<http://www.health.vic.gov.au/immunisation>

The National HPV Vaccination Program Register



National HPV Vaccination
Program Register

The National HPV Vaccination Program Register is a confidential database that collects details about HPV vaccinations given in Australia. The HPV Register supports the National HPV Vaccination Program funded by the Commonwealth Government.

The HPV Register plays an essential role in monitoring and evaluating the program by recording information about HPV vaccine doses administered in Australia.

Because the Australian Childhood Immunisation Register only accepts vaccination data for children aged up to seven years, the HPV Register has been established as a separate entity. Information about HPV vaccination doses can only be notified to the HPV Register and it is important to remember that HPV dose records are not automatically extracted and transmitted electronically from your practice management software.

How to notify Gardasil® doses to the HPV Register

There are a few ways you can notify doses to the HPV Register:

1. Complete the HPV Register single dose notification form that was enclosed with the vaccine. Post the printed report to PO Box 725, Sunshine, VIC 3020, or fax to (03) 83608699
2. Generate and print a report from your practice management software. Instructions are provided on the AGPN website at www.agpn.com.au/programs/immunisation/hot-topics/hpv-register
3. Post the printed report to PO Box 725, Sunshine, VIC 3020, or fax to (03) 83608699
Enter vaccination details online by logging onto the HPV Register's secure web site at www.hpvregister.org.au

For assistance with HPV dose notifications, please phone the HPV Register on 1800 478 734 (1800 HPV REG).

Services provided by the HPV Register and the benefits of notification:

- Girls/women will receive a Completion Statement once all three vaccinations have been administered and notified to the Register.
- Girls in the school program, with incomplete courses, will receive a History Statement to remind them to complete their three dose course.
- The Register will provide online Overdue Dose reports to GPs and local council immunisation providers who have registered for online access with the HPV Register.
- Providers can contact the Register's Telephone Information Service or view the vaccination status of their patients online.
- If in the future a booster dose is required, the HPV Register will contact consumers to provide appropriate advice.
- Participation in the HPV Register will assist in monitoring how the HPV Vaccination Program is working and measure the effect of the vaccine on cervical cancer.

Please contact the HPV Register on 1800 478 734 (1800 HPV REG) for assistance in submitting Gardasil vaccination notifications, or to check the vaccination status of patients. Providers registered for online access with the HPV Register can use the search facility to check the vaccination status of their patients.



Cancer Council Australia new online resource

Cancer Council Australia has launched a new online resource designed to increase uptake of the vaccine:

www.cervicalcancervaccine.org.au

The website contains tailored information about HPV and the vaccine for girls and their parents or guardians, schools and health professionals, including videos and printable resources.

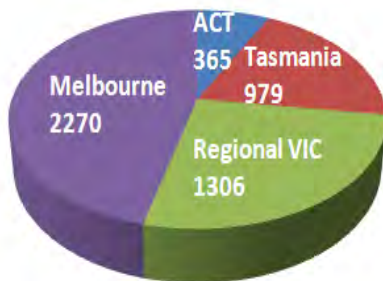


Australia's largest aspirin trial in the elderly about to hit 5,000 participants



Almost 5,000 healthy Australians aged 70 years and over are enrolled in the ASPREE (ASPirin in Reducing Events in the Elderly) study – the largest ever primary prevention trial to take place in Australia.

Number of randomised ASPREE participants by region as of 22/11/2011:



Australian Total = 4,920
Australian Target = 12,500

ASPREE is a public good study which focuses on diseases that are common and likely to be co-morbid in old age such as dementia, stroke, heart attack and some cancers.

It is also the first trial to weigh the risks versus benefits of daily low dose aspirin in the healthy elderly.

ASPREE participants are primarily recruited via their GPs, who become co-investigators to the study.

Led by Monash University in Australia, ASPREE participants are randomised to either 100mg of enteric coated aspirin or a placebo and followed for five years. After five years of treatment, a comparison will be made to determine which of the groups has lived longer, while free of significant physical or mental impairment.

Co-investigating GPs can be eligible to earn 40 Cat 1 QA&CPD points without lengthy reports. Trained ASPREE research staff undertake study activity and report abnormal findings to the GP.

To be involved call **1800 728 745**, email aspreegp@monash.edu or visit www.aspree.org

Issued on behalf of ASPREE: 23/11/11 Jonathan Hall Communications, ASPREE Phone: +61 3 9903 0975 Mobile: 0400 266 052
Fax: +61 3 9903 0979 E-mail jonathan.hall@monash.edu

Helping patients getting back to work after injury and illness - have your say



As a general practitioner you play a central role when it comes to ill or injured people getting back to work after they've had time off.

The Health Services Group (HSG) – a collaboration of the TAC and WorkSafe Victoria – know this, and that's why they've been in partnership with General Practice Victoria (GPV) since 2010 to explore and implement ways to support the GP's role in returning injured Victorians to the workplace.

Right now GPV and HSG are seeking to better understand doctors' knowledge about and experiences with injured workers and TAC clients returning to work. Part of this includes a survey that will be conducted by independent research company Sweeney Research.

The results of the survey will help to inform the work GPV and the Divisions of General Practice/Medicare Locals are doing with HSG, including the development and implementation of a 12 month GP Professional Development Pilot Program.

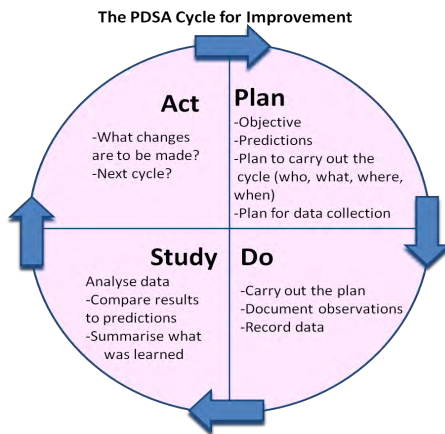
In the coming weeks you may receive a phone call from a Sweeney Research representative asking you to participate in the survey. If you agree to participate, you will be sent a link to an online survey. The survey will take about 20 minutes for which you will receive a \$120 cheque on completion. Medical Practitioner contact details will be sourced from the Human Services Directory.

For queries please contact Dan Miles at GPV on 9341 5252 (Tues-Thurs) or d.miles@gpv.org.au

HSG was established in October 2007 to simplify processes and implement initiatives that support healthcare providers to achieve optimal rehabilitation and return to work outcomes for injured Victorians. HSG believe that working together with health care organisations provides a solid foundation for the development of necessary health and disability services to ensure injured Victorians receive the best health care treatment available to maximise their recovery

WorkSafe is a trading name of the Victorian WorkCover Authority

PDSAs and your practice



The RACGP has a new focus on quality improvement with the current CPD triennium.

One of the Category 1 options is the Rapid plan, do, study, act” (PDSA) cycle which can assist general practice in making systematic improvements. Either the GP or the practice team can implement a planned improvement by breaking it down into manageable chunks and testing each small change.

The 2011-2013 triennium requires a minimum of three

rapid PDSA cycles to be completed within a three month period to gain 40 Category 1 points. GPs can choose to do PDSA cycles related to practice improvements or an improvement in individual clinical knowledge and skills. There is evidence that this PDSA model can lead to improved practice and patient outcomes.

The model also aligns with emerging team based practice and supports quality improvement and behaviour change. Areas where PDSA can be applied are - building the practice team, changing your business, being proactive and systematic in managing care, involving patients in their own care and identifying effective links with local partners.

Some of our local practices have taken part in the Australian Primary Care Collaborative Program which introduced the PDSA model to practices. For several examples of how

practices have made specific changes go to - http://www.apcc.org.au/sharing_ideas/

Examples of areas where PDSAs can be developed are:

- Providing smoking cessation advice to pregnant women
- Recording allergy status
- Privacy- reducing the amount of speech patients can overhear at the reception desk
- Consistent recording across the practice of various groups of patients eg those with diabetes

If you would like further information on PDSAs, please see “A quick guide to the quality improvement and the PDSA cycle’ and ‘A quick guide to QI & CPD activities’ located on the RACGP’s QI & CPD webpage <http://qicpd.racgp.org.au/> or contact Cleeve Charles at PGNP.



A premature birth resource for GP’s and patients.

Preemiehelp.com is an internet-based information and community resource created by qualified preemie experts for healthcare professionals, parents, friends, and family interested in, or affected by, premature birth. Our primary objectives are to increase awareness about the important issues surrounding preterm birth and to provide expert, recent, and relevant scientific information in an easy to access, easy to understand format for all involved.

With an incidence of over 8%, preterm birth is a major public health issue; the emotional, financial, and physical burden associated with preterm birth is enormous.

Although much is known about the consequences of preterm birth the dissemination of plain language information to families affected by it, is clearly lacking. Additionally, there is a conspicuous lack of attention granted to parents needs following preterm birth, both financially and psychologically, and even less resource are afforded prevention strategies targeting known risk factors of preterm birth.

Preemie Help have also

produced an ebook to help parents understand more about the neonatal intensive care unit (NICU): <http://ebooks.preemiehelp.com> which may also be of some value to GPs.

Please visit: <http://preemiehelp.com>

and become an active part of the Preemie Awareness chain



Peninsula Health Community Health Service Waiting Times

Service	Estimated Waiting Time
Cardiac Rehabilitation	3-4 weeks
Counselling	3 weeks
Diabetes Education (Group)	Monthly
Diabetes Education (Individual)	2-4 weeks
Dietetics	3-4 weeks
PENDAP Withdrawal	2-3 weeks
PENDAP Counselling	6 weeks
Physiotherapy	2-6 weeks
Podiatry	3 weeks
Strength Training assessment	2-3 weeks
<i>Peninsula Health Community Health Service Estimated waiting times November 2011 *Please note clients are prioritized according to need and risk</i>	

These waiting times are estimates only and can vary depending on the location of service. These waiting times apply to routine service enquiries only.

All service requests are prioritized and earlier appointments are available for category 1 and urgent referrals.

We are currently experiencing heavy demand and long delays for children's' service appointments.

Contact CH via their new number for further information : 1300 665 781.

Calls will be directed according to your closest geographic location but services for **all sites** can be booked from any of the below numbers.

Hastings CH – 5971 9100
Frankston CH – 9784 8100
Mornington CH – 5970 2000
Rosebud CH – 5986 9250



Christmas Changes to Services

Service	Changes to Services
Community Health Services	The Community Health Services over the Christmas period Monday, 26 December to Monday, 2nd January inclusive, will be closed except for the following services: SHARPS Needle syringe program, Mt Eliza Access Sub Acute Services, M.I. (Mobile Integrated) Health, HARP Services - Clinical response which will respond to both Residential Aged Care and Ambulance Victoria, RAD - Responsive Assessment Discharge Team
Frankston Medicentre	Christmas Eve Saturday 24-12 midday-6pm Christmas Day Sunday 25 -10am-3pm All other days are "business as usual" including the Monday and Tuesday Public Holidays (9am-10.30pm)
Rosebud Rehab Unit	Closes on Friday 23/12/2011, scheduled to re-open on 30/1/2012
Rosebud Mother Baby Unit	Closes from Friday 23/12/2011 for 4 weeks
Rosebud Hospital Theatre	Closes from Monday 19/12/2011 scheduled to reopen 30/01/2012 Otherwise all Rosebud Hospital services full steam ahead.
Hydrotherapy and Frankston Community Rehab Program	Closes on Friday 16/12/2011 (for outpatients) and will re-open on Monday 9/1/2012.
Specialist Clinics	CADAMS, Continence & Falls will close on Friday 23/12/2011 scheduled to re-open on Tuesday 3/1/2012
Movement Disorders program at Rosebud Community rehab program (CRP)	Will only close on public holidays
Rosebud CRP teams	Close public holidays only but will close the last week of January so the re-location to Rosebud Hospital site can occur assuming building etc is on schedule.