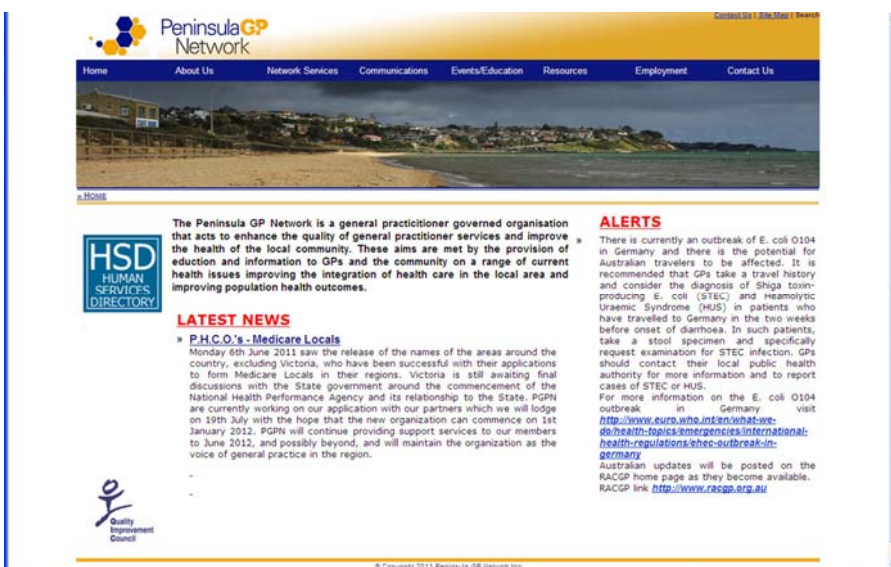




PGPN Launch the New and Improved Website!



PGPN Website coming to you July 1 2011!!

No, not the Ipad 2 but the www.PGPN.org.au 2!

We are launching the new beaut PGPN website at the beginning of July the new financial year.

We have taken your comments into consideration and have made the web content easy to find, clear and concise so that if you need to search for anything you can do this in a quick, efficient and logical manner.

New features of the website

- Register for PGPN events online
- Information on external events
- User friendly jobs online

The website has been created internally by our PGPN staff, very many thanks to Rose and Jacqueline, who have spent a lot of time striving to create a good solid resource available for our PGPN members.

We welcome any feedback on our new look and hope you use and enjoy this local resource.

Kath Ferry
CEO

INSIDE:

Chairs Report

CEO Report

Close the Gap Report

Mental Health

Diabetes in General Practice

Immunisation Update

ASPREE

GP Liaison

GP Feature—Anti-depressant & Young People

PHCHS Waiting Services



Mount Eliza Centre
PO Box 496
Frankston, Vic 3199

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

'Keeping PGPN as an Independent Entity'

DAMIAN FLANAGAN
Chairman, PGPN



As you read this the final details of our Medicare Local submission to the federal government is being written in preparation to be submitted on July 19th. We have delayed our early application to ensure we have the detail of the submission favourable to our members needs.

We are a major foundation partner of the new PENINSULA MEDICARE LOCAL (PML) along with Peninsula Health, Frankston Mornington Peninsula Primary Care Partnership and several other agencies involved in primary health care.

I am proud to announce that the PGPN board have taken a brave and courageous decision to keep the PGPN as an independent entity beyond our official funding term rather than being absorbed into the PML.

Many of you will be asking why bother? Well it's because the board firmly believe GPs still require a strong and clear independent voice of advocacy to represent our craft group within our region to government, to Peninsula Health, to other primary care stakeholders and more importantly to the new PML.

Also many services that the PML will deliver will require the expertise and knowledge the PGPN

board and staff have acquired over the years. GP centric services will most likely be retained and run within the PGPN.

Whilst we realise fully that extending PGPN beyond the PML initiation will be more difficult due to the complexity of and uncertainty of funding, it also allows new opportunities. But as always it can only work with support from GP members. Support both in monetary terms in the way of membership subscriptions but also commitment to programs run by PGPN.

It is plainly clear that for the new PML to be successful the engagement of general practice is key. It seems Medicare Locals may need general practice more than general practice needs it.

However co-operation will see the major objectives of the MLs met, namely better primary health care services for our community of patients. Many many issues remain about the fine detail of the workings of the PML, and this is making many GP networks nervous because of the unknown, however many GP networks see this uncertainty as an opportunity.

Continues overleaf

Board of Directors & Staff

Board

Chairman	Dr Damian Flanagan
Vice Chairman	Peter Brookhouse
Treasurer	Jennifer Johanson
Members	Dr Michael Cross Dr Joanne Newton Dr Peter Crow Dr Shaun Zail

Staff

CEO	Kath Ferry
Senior Program Manager	Leisl Jackson
Administration	Sally Guthrie Rose Burns Jacqueline Martini
Finance	Fiona Clark
Newsletter Design	Sally Guthrie Jacqueline Martini

Program Officers

Shareen Pearson
Kylie Johnson
Cleeve Charles
Jackie Bange
Ailsa Gregory
Suzanne Heppell

NPS Facilitator

Jane Spence

CTG Outreach Workers

Lisa Coppe
Matthew Lloyd

Clinicians

Yolande Maltman
Helen Jarvis
Linda Biddle
Neil Shaw

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:
27 July 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.

Do you know your Practice Liaison Person?

KATH FERRY
CEO PGPN



As I write this article we are still awaiting the Governments decision on the first tranche of Medicare Locals which are due to commence from July this year. Yes, only a matter of weeks away...

Work has continued with our stakeholders on the model and transitional arrangements for the **Peninsula Medicare Local**.

PGPN is keen to ensure that support services to general practice will continue during the transition to the new framework. Our application to be considered will be lodged in July for a proposed start in January 2012.

Many thanks to those GPs who responded to our Medicare Local survey, we did not have a huge response but it was useful for the organisation to assess what's important to you and what structures and services you wish to continue in the brave new world!

It will be important to have general practice input to the development of these new organisations as their impact in the local community will be as good as their aims and partnerships on the ground.

The private Allied Health Professionals have organised themselves into a multidisciplinary group locally to enable them to have a relationship with the new organisation. They have been keen to have a voice in the development of the new structure and hope to see a lot of benefits to the community as a result in the future.

Do you know your **Practice Liaison Person (PLP)** ? If you have not yet met them please call the Network and request a meeting. Your **PLP** will be your individual link to the Network so please use them.
www.pgpn.org.au in its new

form will be with you in July, just ready for the new financial year, we've designed a simple easy to use resource for our Network so please log on and have a look at the new improved version.

Some staff changes this edition; we sadly farewell Kylie Johnson who has been our CTG Aboriginal Health Officer who is moving to pastures greener; she has assisted Network staff and practices locally to have a greater understanding of the local Aboriginal community and how we might 'close the health gap'.

Happy reading.....



Continued from page 2

This opportunity will only materialize however with the support of grass roots general practitioners, educators, local government, Peninsula Health, RDNS, Allied health practitioners and Not for Profit organizations have been incredibly active and enthusiastic in the process of setting up the PML governance and constitution.

PGPN have had GPs interest in mind at all stages of the process. Dr Peter Crow has chaired the PML transition working group and Dr Michael Cross and I have been members of the group. Many other GPs will need involvement when the PML comes into existence. GPs will need to continue to have their voice heard loud and strong. If we don't I know our partners will be heard in our place. I urge you all to be mindful that your voices are required to be heard. Please stay engaged with the process to ensure general practice maintains its central position in primary health care.



Damian Flanagan
Chair

Launch of Cultural Awareness Training

KYLIE JOHNSON
PGPN Program Officer



The long awaited online cultural awareness component of the Practice Incentives Program Indigenous Health Incentive (PIP IHI) has been launched by the RACGP and is now available.

The “Introduction to Aboriginal and Torres Strait Islander Cultural Awareness in General Practice” educational activity aims to improve the health of Aboriginal and Torres Strait Islander peoples by enhancing the cultural awareness of general practitioners (GPs), general practice staff and other health care providers, and assist in practices working toward providing a culturally safe environment for this patient population.

Completion of this training program by one GP and an additional staff member satisfies one of the key requirements of the Practice Incentives Program Indigenous Health Incentive (PIP IHI). Practices participating in the PIP IHI can access the learning activity free of charge at either www.gplearning.com.au (RACGP members) or www.clined.com.au for other interested GPs and health professionals.

Close the Gap Program Update

Over the next 2 – 3 months there will be a continued focus on the promotion of Health Checks within the local Indigenous community.

A suite of community targeted resources around the role of GPs and the importance of such health checks will be launched to compliment this message.

It is anticipated these resources will support Indigenous patients in their engagement with primary health care services and also prove a valuable reference point with regard to the PIP Indigenous Health Incentive and PBS Co-payment measure.

Diabetes Education Day

On Friday 6 of May 75 practice nurses from divisions located within the SMGPA attended a Diabetes Management for Practice Nurses workshop at the Dingley International Hotel.

Presentations throughout the day included an overview of diabetes complications and management goals, the MBS items and PIP cycle of care by Maggie Stewart, the practice nurse program officer and a credentialed diabetes educator from Monash Division of General Practice.

Magali De Castro, a RN and the Prevention and Early Intervention Program Officer at South City GP Services demonstrated some case studies covering typical patients seen in the GP setting.

After lunch Maggie Stewart continued with a practical demonstration of foot assessments giving all participants an opportunity to practice foot assessment on each other using monofilaments donated by Brigatte Medical supplies.

Diabetes educators Christine Crosbie and Vivienne Prestidge from DCGPA and Marg Ryan from the Central Bayside Community Health



service took the participants through a hands on self blood glucose monitoring master class looking at equipment provided by Abbott and Roche.

Jan Rice, a RN Wound Consultant, ended the day with a discussion about wound care for diabetic patients with special thanks to our Gold sponsors Independence Australia and Molnlycke for supporting this presentation.

Other sponsors on the day included Novo Nordisk and Inova and we would like to thank Medicalalert for donating an annual membership to offer as a lucky door prize.

Farewell to David Glasby

by Sally Guthrie

I had the absolute pleasure of being invited to Dr David Glasby's home to chat with him about his retirement on 30 June.

After meeting his lovely wife Janet and his very friendly dog Fred we sat down to discuss what the future may hold for him after 50 years in general practice. David spent 37 years practicing in Vermont and was very involved with Whitehorse Division of General Practice including sitting as a member of their Board for 10 years. David actively participated in the establishment and maintenance of the afterhour's service run by Whitehorse Division.



Six years ago David and Janet made the decision to try a sea change and moved to Mt Martha. The first practice he visited was Mt Martha Village clinic, where he was quickly welcomed and invited to start tomorrow. David decided to begin with locum work making sure this move was the right one. After a mere 7 weeks he knew that Mt Martha was where both he and Janet would like to live.

After 6 wonderful years at Mt Martha Village Clinic, retirement is the next step in David's life journey. He has very fond memories of working as a GP, he feels that he has had the opportunity to make a difference and received a tremendous amount of gratitude from what he calls an 'ordinary days' work'.

When asked what the differences were working on the Peninsula to the Melbourne suburbs, he said that 'practicing on the Mornington Peninsula was like practicing in a country town'. He noticed,, however, the difficulties his patients had in being able to access local specialists. The last 12 months however, he has noticed more specialists making the move to the Peninsula, improving this service gap.

He has met a diverse range of people over the years but one 4 year old boy came to mind instantly. The young boy was feeling unwell and his mother reassured him that she would take him to the doctors and he will make him feel better. At the end of the consultation he turned to his mother to quickly let her know that he didn't feel any better.

David is looking forward to spending more time with his wife and 3 sons (2 of whom are doctors) and their families. He has recently joined the Frankston Golf Club deciding that 9 holes these days are more suitable for him. Both David and his wife are members of the Green Party and plan to become more actively involved.

David has a passion for men's health with a keen interest in an organisation called OM:NI. OM:NI's mission is to enhance the health, well being and lifestyle of older men. OM:NI does this through small community-based men's groups which typically meet on a fortnightly basis. David has plans to becoming actively involved with this program for older men.

PGPN would like to wish David a happy and fulfilled retirement.

LIFE! 50+ Diabetes & CVD Prevention Program to Continue!

AILSA GREGORY
PGPN Program Officer



The 2011–2012 State Government Budget was released on Tuesday 3 May. It was announced that funding has been allocated for the next four years (to 2015) to deliver the Life! Diabetes and Cardiovascular Disease Prevention Program.

The budget states that funding is provided to "deliver the Life! program aimed at individuals with a high risk of diabetes and cardiovascular disease. This program offers a six session course over eight months aimed at improving the participant's physical activity and dietary habits over the long-term.

The program also includes social marketing to increase community awareness of the importance of physical activity and dietary habits to reduce the risks of diabetes and cardiovascular disease. The initiative contributes to the Department of Health's Health Advancement output."

Program structure and delivery is yet to be defined by the Victorian Government Department of Health. We will advise you once this is received.

Practices are encouraged to continue referring patients into locally scheduled life programs.

Changes to Better Access: Federal Budget 2011-12

SHAREEN PEARSON
PGPN Program Officer



The key changes to the Better Access Program announced in the Federal Budget 2011-12 include a reduction in the rebate GPs can access for completing a Mental Health Treatment Plan and reducing the cap on sessions provided by Allied Health Professionals from 12 to 10 sessions in a calendar year. These changes will come into effect from November 1, 2011.

GP Rebates

The new fees will be aligned to Level C and D long consultations. There will still be a higher payment for those GPs who have undertaken the Mental Health Skills training.

Level C consultation : 20-39 mins

Level D consultation : 40 mins +

MBS Item	Current	Future
For GPs who have undertaken Mental Health Skills Training	\$163.35 (Item 2710)	Level D: \$126.43 Level C: \$ 85.92
For GPs who have not undertaken Mental Health Skills Training	\$128.20 (Item 2702)	Level D: \$99.55 Level C: \$67.65

Allied Health sessions

The cap for Allied Health sessions has been reduced from 12 to 10 sessions.

As we near the end of this financial year we have limited ATAPS referrals available to 30 June 2011.

Please ensure you fax a completed Mental Health Treatment Plan to PGPN on 9708 8157 for confirmation prior to contacting or engaging a provider for your patient.

HIGH RISK SUICIDE or SELF HARM PATIENT REFER TO: ATAPS SUICIDE

HOW TO ACCESS SERVICE:

**REFERRAL LETTER FAXED TO PGPN: 9708 8157
MENTAL HEALTH TREATMENT PLAN NOT REQUIRED**



SUZANNE HEPELL
PGPN Project Officer



A SUPPORT GROUP FOR CHILDREN BETWEEN 8-12 YRS WHOSE PARENT/S EXPERIENCE MENTAL ILLNESS

CHAMPS is an 8 week support group that incorporates:

- Fun activities and social connections
- Information about mental health disorders
- Helps develop coping strategies
- Helps the children to develop a personal safety plan

Parent Program will run for the parents in parallel.

CHAMPS will be run within the school term for 8 weeks in

FRANKSTON, ROSEBUD, MORNINGTON & HASTINGS from: **3:30pm to 5:00pm**

Transport can be arranged for the participants through prior arrangement

There is **NO COST** to participate in the program

Referral forms can be accessed on the PGPN website: www.pgpn.org.au

Fax referral to: PGPN on 9708 8157 or contact Suzanne Heppell T: 9708 8019

Are you aware that patients at risk of Perinatal Depression without a GP are being identified and linked with a GP locally?

A 'Perinatal Depression Project' facilitated by the ATAPS – Perinatal program, aims to identify women screened at risk of Perinatal mental health issues **who do not have a GP** and connect her with a GP in support of facilitating access to targeted counselling services provided by the Networks ATAPS program.

Jo Gill, midwife with a Graduate Diploma in Mental Health, is based at the Frankston Hospital: Antenatal Outpatients Clinic on Wednesdays. Jo undertakes a thorough assessment of the patient's needs and link the patient with a GP. Jo will then assist the GP in the development of a Mental Health Treatment Plan for the patient's ongoing care.

GPs are encouraged to utilise the ATAPS Perinatal program in support of this plan of care. The mental health team at PGPN is available to provide further information or assistance in facilitating this referral pathway

Dr Naidoo, Beach Street Medical Clinic, Frankston is quoted as saying " it is wonderful to have this assistance, as my time is limited and it is good to have a clinician who specialises in perinatal mental health to provide the support needed for the patient".



Dr Naidoo



An exciting opportunity exists for a health professional looking at expanding their business. A purpose built medical clinic located in Rye is available for lease by an allied health professional.

The building is located in the central shopping precinct, close to all public transport and is able to accommodate two health practitioners with a main reception area. Generous on site parking is available.

Reasonable rent options are available. For further information contact Lisa on ph 5986 4426 or email lisa@scmc.com.au.

Sally Supports Practice Participation in Landmark Study

by Trish Nichols

Communications Co-ordinator, ASPREE



Local RN, Sally Rawson looks forward to joining forces with general practices in an historic international study about to commence in the Mornington Peninsula. The good news, Sally assures, is that the trial involves little to no work for clinic staff. Even better, ageing Peninsula residents will reap the rewards.

ASPREE (ASPIrin In Reducing Events in the Elderly) is a large, Monash University led study that will determine if aspirin can help maintain good physical and mental health in older Australians. GPs widely prescribe the drug for secondary prevention, however it is not known whether aspirin can prolong a healthy lifespan by preventing AMIs, CVAs, dementia and some cancers, such as bowel cancer, in the elderly.

ASPREE, which is currently recruiting 12,500 people aged 70 and over in Victoria, Tasmania and the ACT, is the first trial to consider both primary prevention as well as the risk/benefit analysis of aspirin in this, or indeed any, age group.

“I am confident practice managers will see the benefits of ASPREE for the clinic, the staff and for the community,” says Sally, who is based at the Peninsula GP Network in Mt Eliza.

“It will finally give GPs the evidence on whether to routinely prescribe aspirin for healthy older people.”
“Aspirin is such a common and affordable drug and given our population is ageing, this study could potentially have an enormous impact on clinical care here, in Australia and internationally.”

GPs, who sign on as co-investigators to the trial, can be eligible for 40 Cat 1 QACPD points, without time-consuming reports. Clinics will also receive a one-off administration payment of \$100 for every randomised participant.

In Australia, over 900 GP co-investigators and 2300 participants are already enrolled in ASPREE.



Sally will recruit participants from the Mornington Peninsula and conduct ASPREE health checks throughout the trial, a process which encourages general practice involvement in this international study.

“We work with practice staff to cause minimal interruption to busy clinical practice,” she says.

“It would be brilliant if Practice Managers were aware of ASPREE and could help set up meetings with GPs when it is most convenient.”

ASPREE is a collaborative effort by Monash University, the University of Melbourne, the Australian National University, the Menzies Research Institute (TAS) and the University of Minnesota (USA). Visit www.aspree.org, ring **1800 728 745** or email aspree@monash.edu for more information.

For further information please contact Sally Rawson on 0459 151 858

Research in general practice - an overview By Prof Mark Nelson

Why do research in GP? To paraphrase the bank robber Willy Sutton ‘because that is where the patients are’. For general practice to continue to be recognised as a specialty it needs its own body of knowledge relevant to our and our patients’ needs. Too often research is done elsewhere and we are just asked to apply it without any attempt to demonstrate that it works in general practice. Too often we are asked to do pharmaceutical research that is clinically unimportant, demanding on our time, and is simply a post marketing exercise. This session will cover the rationale of research in general practice, types of research, study design, and how to pick a worthy study to participate in or simply judge the evidence that is presented to you. Importantly we will discuss examples of research that has made a difference in general practice and a new public good study called ASPREE as an exemplar of what general practice research can achieve.

The Stroke Care Strategy for Victoria

Dr Joanne Newton and Jennifer Sidwell
GP Liaison Consultants



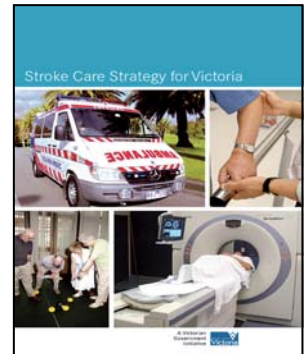
The Stroke Care Strategy for Victoria (2007) provides a framework for the delivery of public acute and sub-acute stroke services.

The aim is to deliver a more streamlined and effective system for the delivery of stroke care. At Peninsula Health, the Department of Health through the Victorian Stroke Clinical Network has had a Stroke Network Facilitator to co-ordinate the implementation of the Strategy and additional clinical guidelines pertaining to stroke management.

Through a mix of commitment, hard work and enthusiasm, various staff throughout Peninsula Health has succeeded in improving stroke services in all settings.

Some key successes have been:

- 8 bed Acute Stroke Unit at Frankston Hospital
- TIA outpatient clinic (not currently open to external GP referral-discussion around expanding this service is continuing)
- 11.3% of patients with Acute Ischaemic Stroke receiving thrombolytic treatment in 2010
- Decreased time of delivery within ED of time critical thrombolytic therapy
- Appointment of Stroke Nurse Coordinator for the Acute Stroke Unit
- Implementation of consistent Patient Education protocol and resources across the continuum
- Workforce Education initiatives including “Clinical Guidelines Road Show” and “FAST Fridays”, both involving training on evidence based stroke practice.
- Obtaining funding for an Enhancing Stroke Care Project—“Community Circuit Training, The Next Step in Stroke Rehabilitation”.



The Stroke Care Strategy project, due for completion in June 2011, is now looking at options for sustainability. While many gains have been made, the process of improvement is ongoing with dedicated staff continuing to roll out initiatives within all stroke services. If you would like to be part of improving stroke services within Peninsula Health please contact, Alison Lunt, Senior OT, on alunt@phcn.vic.gov.au or 9788 8628.

Overview of the Stroke Care Strategy recommendations:

http://www.health.vic.gov.au/clinicalnetworks/downloads/stroke_overview.pdf

Clinical Guidelines for Stroke Management 2010:

<http://www.strokefoundation.com.au/news/welcome/clinical-guidelines-for-acute-stroke-management>

Are you confident about your role in the National Bowel Cancer Screening Program?

An easy on-line learning module can provide you with the answers, and is now available to RACGP members AND non-members. After logging in, simply type ‘bowel’ into the search criteria. Please note, non-members will need to click on ‘FREE 30 day trial’ and create a username and password first.

After completing the module, you will better understand:

- Your role as a GP in the Program.
- The duty of care linked to GPs.
- How to manage people eligible and ineligible for free screening with the Program.
- How to complete the paperwork for the Program.

Implementation of the Program in your practice.

Members will also receive 2 RACGP QA&CPD points for completing the module

For more information, please contact the Bowel Cancer Education Coordinator at the Cancer Council WA on (08) 9388 4376 today.

Anti-depressants & Young People

GP Feature

By Dr Julie Van Andel & Dr Hannah Mendelson



So, you have made the decision to prescribe an anti-depressant for the young person in front of you. Which agent should you choose? How is your prescribing going to be different for a young person as opposed to an adult patient?

The juvenile brain is different to the adult brain – this is true of many animals including humans. Even though the human brain does not fully mature until the mid-20's, by young person I mean anyone aged 15 and above, ie from mid-adolescence to young adulthood. The decision to prescribe an anti-depressant for a child or someone in early adolescence is probably best reserved for specialists.

Young people can suffer from organic conditions that may mimic signs of clinical depression – don't forget to screen for these just as you would for an adult patient.

Most drug companies' studies are done on "adults", ie people aged over 18 years. The only agent that has specific evidence in the teenage population is fluoxetine. However, being an agent with a long half-life and significant side-effects, it is not usually the SSRI of first choice in adults, let alone youth.

An independent review of newer anti-depressant agents concluded that sertraline and escitalopram were ideal first line SSRI's when balancing effectiveness with side effects (and risk of non-compliance.) Both of these medications would be a reasonable choice for young people.

Common side effects that appear early on are nausea, headaches, irritability and agitation, and nightmares. When starting an anti-depressant, the young person should be reviewed 10-14 days later to check for side effects, and then another 10-14 days later to monitor if there has been any shift in the underlying illness.

It can be easy for young people to be lost to follow up once the initial crisis has passed – using SMS reminders and other forms of technology can help prevent this.

Mood disorders in young people are a complex situation – if there has been no response to a reasonable trial of the first choice SSRI, do not hesitate to get a second opinion from a specialist.

If there has been a response, it is ideal for the young person to remain on treatment for at least 12 months following clinical improvement.

Adolescents and young adults - as a developmental rule - tend to be more impulsive than the general population. For this reason, using tricyclic anti-depressants (TCA's) in this population should be avoided because of the very real risk of lethal overdose.

Have more questions? Need some help? You are welcome to contact Peninsula Headspace staff on 9769 6419.

Our Intake Team (Geoff, Phil & Vanessa) are all experienced in mental health and are happy to provide phone discussion, as well as assist with linking young people in with the many resources that are available.

Our three GP's (Dr Julie Van Andel, Dr Brad Grey and Dr John Giannakakis) are all happy to accept referrals and discuss cases. Our Psychiatry Registrar (Dr Hannah Mendelson) is happy to discuss cases or see patients for a once-off second opinion.

All new cases taken on by Headspace are discussed at case conference with the consultant psychiatrist (Dr Denis O'Loughlin) and the extended team.

Take Home Messages

- prescribing anti-depressants in children and early-adolescents is better done by specialists given the paucity of evidence on which to base clinical decisions
- organic screens for conditions that may mimic clinical depression should be performed in this age group
- fluoxetine, sertraline and escitalopram are a reasonable choice as first line anti-depressant medications in the adolescent-young adult population
- if there has been no response to the use of an SSRI, get a second opinion sooner rather than later
- TCA's should be avoided in this population – the risk of impulsive overdose is too high
- Young people with mood disorders benefit from a multi-disciplinary approach – Headspace can help you with this

World No Tobacco Day

Launch of the Frankston Mornington Peninsula Smoke Free Charter

World No Tobacco Day on 31st May saw the launch of the “Frankston Mornington Peninsula Smoke Free Charter” at Hastings Community Health. Kath Ferry, PGPN CEO, was proud to be presented with the PGPN Smoke Free Charter on behalf of the 78 practices across our region.

The Charter is part of the Frankston and Mornington Peninsula Smoking Prevention and Cessation Strategy and has now been signed by 20 organisations as a clear public expression of their commitment to reducing the harm tobacco causes in our local community.

The PGPN, Peninsula Health and Quit Victoria have supported 101 local health professionals to become trained in smoking cessation strategies by using opportunities to provide brief intervention or running local Quit groups.



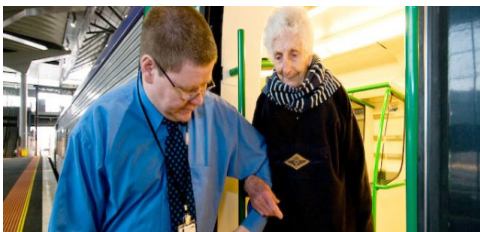
Kath Ferry PGPN CEO & Rob Macindoe, GM PH Community Health

Commitment to the principles of the Smoke Free Charter has also seen:

- The development of many Smoke Free policies promoting supportive Smoke Free environments
- A Smoke Free Public Spaces trial in Frankston
- Routine screening for smoking through local Maternal Child & Health Services
- The highest number of referrals by any service in Victoria to Quitline from Peninsula Health Maternity Ward

Advice from GPs and health professionals increases a person’s chance of attempting to quit smoking and to stay quit. If a patient would like to be supported by trained staff in smoking cessation, please refer to the Quit programs or individual counselling available through Peninsula Health Community Health. To refer patients: fax or phone your patient’s name & contact details to Peninsula Health Access Frankston 9784 8100 or Mornington Peninsula 5986 9250. Alternatively, refer your patients to the Quitline 13 7848 (13 QUIT).

Melbourne Medical Appointments? Free Help For Travellers..



***Travellers’ Aid** – a Non Profit organisation that has been helping travellers ‘at the point of need’ since 1916 – and the Vic Government’s cross-government **Transport Connections Program** that aims to help communities work together to improve local transport, are organising free assistance.*

Medical Companion Pilot Project Launch :A new pilot project to help regional and rural Victorian travellers get to their medical appointments in Melbourne safely and confidently was launched on 8 March 2011. The Medical Companion Project is a valuable new resource for regional people who would like to be able to travel to Melbourne for appointments independently using public transport, but feel anxious or nervous about using transport services alone.

Why Is This Necessary?:It is estimated that 50,000 people from rural and regional Victoria travel into Melbourne each year to seek medical treatment that is not available in the area that they live. Many of these travellers are frail, aged, or people living with a disability who otherwise rely on family members, friends, or community transport services to drive or accompany them to Melbourne. When this assistance is not available, many people risk their health, delay their appointments, or don’t come at all.

About The New Service: The service will run from March to December 2011 and is **FREE**. People wishing to use the service can call 1300 700 399. Bookings are essential and 24 hours notice is required.

Any questions relating to this service from the Mornington Peninsula district can be directed to Rita Kontos – Transport Connections Project Coordinator Rita.Kontos@mornpen.vic.gov.au or to the Program Coordinator at Travellers Aid, Fran Henry fran@travellersaid.org.au .

What do you think of when you consider cold chain management?

We often think of preventing vaccines from getting too hot but we also need to prevent freezing. The World Health Organisation explains that keeping vaccines too cold can be just as harmful as keeping them too warm, since many vaccines may be damaged by freezing. Freezing of vaccines can cause loss of potency which can never be restored. As a result, the vaccine's effectiveness can be diminished and the risk of adverse events following immunization—such as sterile abscesses—may increase.

“Although reports from many countries document inadvertent freezing temperatures at all levels of the cold chain, protecting vaccines from freeze damage remains one of the most poorly addressed problems in vaccine management. Vaccine susceptibility to loss of potency from out-of range temperatures depends on several factors including the presence of an adjuvant in the vaccine, whether the vaccine is live or inactivated, and whether the vaccine preparation is liquid or lyophilized” (World Health Organisation).

Heat sensitive vaccines include live attenuated vaccines that are stable at freezing temperatures but lose potency after exposure to temperatures above the targeted range of 2°C – 8°C.

Freeze sensitive vaccines contain aluminium adjuvants and irreversibly lose potency when exposed to freezing temperatures (without visible signs that freezing has occurred). These vaccines have a more predictable and gradual loss in potency if exposed to temperatures above the recommended range. Practices are reminded to contact the Immunisation Branch at the Victorian Department of Health before disposing of vaccines exposed to temperatures above 8°C.

Why is it a problem?

Using freeze-damaged vaccines will make it harder to achieve disease-prevention goals and the cost associated with wastage of vaccines damaged by freezing is high and increases with the introduction of expensive, freeze-sensitive combination vaccines. (World Health Organisation)

Common causes of vaccine freezing include:

- cold rooms or refrigerator thermostats that are adjusted improperly or too frequently;
- vaccines that are incorrectly positioned in cold rooms or refrigerators;
- Inadequate temperature monitoring of cold chain equipment.

To reduce the risk of freeze damage to vaccines, practices should:

- I. follow the best practices outlined in the World Health Organization's aide-memoire, http://whqlibdoc.who.int/hq/2007/WHO_IVB_07.09_eng.pdf
- II. increase awareness about the issue, and implement clear operational guidelines and training for staff working at all levels of the cold chain.

Vaccines damaged by freezing are:

(World Health Organisation)

- Diphtheria toxoid
- Hepatitis A
- Hepatitis B
- Influenza
- Liquid Hib conjugate
- Pertussis
- Pneumococcal conjugate
- Poliovirus (inactivated)
- Tetanus toxoid
- Typhoid (inactivated)
- Combinations containing these vaccines



In addition, vaccine diluents should not be frozen, as the ampoules may crack or break.

What are the responsibilities of the practice?

The responsibilities of practices are outlined in the RACGP Standards for general practices, 4th Edition under Criterion 5.3.2 Vaccine potency.

The practice need to demonstrate that:

- I. The practice team can identify the person with primary responsibility for cold chain management within the practice;
 - The person with primary responsibility for cold chain management has this responsibility defined in their position description and can describe how the process used for cold chain management complies with the current edition of the National Vaccine Storage Guidelines; and
- II. The practice can demonstrate how it reviews the following processes to ensure potency of our vaccine stock:
 - ordering and stock rotation protocols;
 - maintenance of equipment;
 - annual audit of our vaccine storage procedures;
 - continuum of cold chain management, including the handover process between designated members of the practice team; and
 - accuracy of the digital vaccine refrigerator thermometer.

Explanatory notes can be found in the Standards at <http://www.racgp.org.au/standards/53>

What to do if freezing occurs?

- Do not use or discard any vaccine prior to receiving advice from the Immunisation Branch of the Victorian Department of Human Services for Advice;
- Place a large sign on the fridge to alert others not to open the door or use vaccine;
- Identify the cause of the breach and address this;
- Complete cold chain breach notification and action forms which can be downloaded from the Immunisation Program website at www.health.vic.gov.au/immunisation ;
- Fax completed forms to the Immunisation Program on 1300 768 088;
- For phone advice call 1300 882 008.



Do you know your fridge?

PGPN can provide independent data logging to validate the accuracy of digital vaccine refrigerator thermometers and identify variations in temperatures between shelves (particularly relevant for domestic fridges). Data logging should be undertaken annually, but at a minimum, in line with Accreditation processes ever 3 years. To book data logging of your vaccine fridge contact Leisl Jackson on 9708 8019, alternatively at l.jackson@pgpn.org.au

References:

World Health Organisation: http://whqlibdoc.who.int/hq/2007/WHO_IVB_07.09_eng.pdf

National Vaccines Storage Guidelines: Strive for 5:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/provider-store>

RACGP Standards for general practices, 4th Edition: <http://www.racgp.org.au/standards/532>

Influenza Vaccine Safety Surveillance 2011

Flu-Safe Study

Following the 2010 increase in adverse events following immunisation (AEFI) in young children after receiving CSL's trivalent influenza vaccine [2010 formulation: Fluvax or Fluvax junior], a prospective observational study for the 2011 influenza vaccine season has been established.

In an investigator-led study, SAEFVIC at the Murdoch Children's Research Institute (MCRI), Melbourne and NCIRS at the Children's Hospital Westmead, Sydney are collecting adverse event data in a real-time scenario, to help detail the safety profile of the 2011 influenza vaccines.

Children 5-18 years of age who are receiving this season's influenza vaccine (regardless of brand) are invited to take part. The study is funded by CSL.

Participation is for a total of 4 days (including day of vaccination). During this period, participants keep a diary recording an evening temperature (more often if they have a fever),

systemic observations such as headache, irritability, malaise & lethargy, and any local reactions such as erythema, induration or swelling. Each evening the participants are contacted by the study team to collect each day's observations.

Participants are currently recruited from The Royal Children's Hospital Melbourne Immunisation Drop-In centre, The Children's Hospital at Westmead and three General Practice Clinics in Victoria.

The study is aiming for a total of 600 participants. To date we have had 171 children who have completed the study. Results of the study will be made available toward the end of this year.

For more information regarding this study please contact the study team on (03) 9345 5066 or saefvic@mcri.edu.au



Screening Older Adults for Risky Alcohol



By Stephen Bright, Psychologist, *Risky Drinking Project Coordinator - Older Wiser Lifestyles (OWL)*

Studies consistently show (for review, see Kaner et al., 2007) that GPs can help their patients by screening for alcohol-related problems and giving advice to their patients. While Australian GPs have successfully incorporated screening for alcohol consumption into clinical practice with younger populations, screening for hazardous and harmful alcohol consumption among older adults appears to have been neglected. This lack of adequate screening is particularly concerning given that 33% of alcohol use disorders among older adults do not develop until later in life (Liberto et al., 1992). If these individuals can be identified as being 'at-risk' of developing an alcohol-related problem, then early intervention can be provided that has been found to reduce their risk (Bright, 2010). Such early interventions have the potential to additionally provide significant economic savings.

There are a number of reasons why screening for alcohol consumption among older adults has been unsatisfactory, including:

- healthcare professions finding it difficult to conceive that the 'nice' old man or lady sitting across from them could have alcohol-related problems;
- a perception that older adults do not respond to treatment (i.e., "you can't teach an old dog new tricks");
- the assumption that the patient's symptoms are age-related rather than alcohol-related, and;
- an absence adequate screening tools in Australia for older adults.

With regard to the latter, the Alcohol Use Disorders Identification Test (AUDIT), which is perhaps the most widely used alcohol screening tool in Australia, has been found to have low sensitivity among older adult populations (for review, see Berks & McCormick, 2008). Put simply, the AUDIT fails to identify a number of older adults who are at risk of experiencing alcohol-related harm because it does not take into account the person's medical history or the medications that he or she might be taking – both factors that can moderate the risk of an older adult experiencing alcohol-related harm.

The only age-specific screening tools available in Australia are the two versions of the Michigan Alcoholism Screening Test – Geriatric Form (MAST-G); however, the MAST-G only identifies individuals experiencing alcohol abuse or alcohol dependence, and does not identify individuals who are 'at-risk' of experiencing problems associated with their alcohol use (Blow et al., 1992).

The Alcohol-Related Problems Survey (ARPS) is an age-specific instrument that has been recently designed in the US and considers the person's medical history and the medications that he or she might be taking, in addition to the amount of alcohol that he or she consumes, in determining the person's risk of experiencing alcohol-related harm. As such, the ARPS is much better at identifying older adults who are at risk of experiencing alcohol-related harms (Fink et al., 2005; Fink et al., 2002; Moore et al., 2002).

However, since a US standard drink (which contains 14 grams of alcohol) and an Australian standard drink (which contains 10 grams of alcohol) are quite different, the ARPS has not previously been valid to use within Australia. Consequently, Bright et al. (2011) are recalibrating the ARPS to make it valid to use within an Australian context. A free version of the Australian ARPS will be accessible online in late June. References listed with article, contact PGPN.

Continues overleaf

GPs and BreastScreen helping to reduce breast cancer deaths

A BreastScreen Australia program review found that it has successfully reduced deaths in women aged 50–69 years by 21% to 28%. More than half of cancers detected by BreastScreen are small (≤ 15 mm in diameter). Smaller cancers require less invasive surgery, less aggressive adjuvant treatments and result in improved survival rates.

GPs are encouraged to continue to help reduce breast cancer mortality rates by reminding women of the importance of mammography screening. Appointments can be made by calling **13 20 50**. Electronic and hard copy request forms are available. These can be given to your patients and act as a prompt for women. Contact Monash BreastScreen on 992 88760.

Seeking Expressions of Interest to Participate in a Category One CPD Activity

Alcohol and Other Drug (AOD) issues are different for older adults than younger adults. This rationale underpinned the establishment of the Older Wiser Lifestyles (OWL) program at Peninsula Health, which is Australia's first older adult-specific Alcohol and Other Drug (AOD) service.

The OWL program has partnered with UCLA in the USA and the PGPN to develop Australia's first older adult-specific screen for alcohol-related harms – the Australian Alcohol Related Problems Survey (A-ARPS). Unlike

traditional screening tools like the Alcohol Use Disorders Identification Test (AUDIT), the ARPS takes into consideration the potential for alcohol to negatively interact with some medications and certain health conditions. In turn, this makes the ARPS much better than the AUDIT in identifying older adults who are at-risk of experiencing alcohol-related harms.

We are currently seeking expressions of interests from GPs, clinics, and practice nurses, who would like to be the first in Australia to use the A-ARPS in clinical practice. Free training will be provided to interested parties in the use of the A-ARPS, and the implementation process will form a Category One CPD activity.

For further information, contact Stephen Bright from the OWL program on 9784 7108, or Leisl Jackson from the PGPN on 9708 8019



Voices heard: Queer community advise health service

“Everyone has the right to the highest attainable standards of physical and mental health without discrimination on the basis of sexual orientation or gender identity” (Yogyakarta principles 2007)

In 2010 Peninsula Health (PH) identified a need for a GLBTI CAG (Gay, Lesbian, Bisexual, Transgender and Intersex Community Advisory Group) through its attendance at the Midsumma festival and the Well Proud Ministerial Report.

Expressions of interest were sought from the community to contribute to their local Health Service, and improve the health provisions for GLBTI consumers. The CAG was established from 30 respondents.

Membership of this CAG is diverse. It covers all GLBTI interest groups, persons from different socio-economic and education levels, varying interests and health status; and some service providers. Members raised numerous concerns that the group is now working to resolve. These include working with the Peninsula GP Network to facilitate access to community perceived ‘GLBTI friendly’ general practice, get HIV S100 prescribing services on the Peninsula, increase awareness of GLBTI issues for GP’s, health care workers and the community, improved services for Youth, hold a GLBTI Health forum, Ageing concerns including end of life decision making/ advanced care planning and Peninsula Health Policy Development

In partnership with Peninsula Health we have influenced change in a number of practices across the organisation of significance to GLBTI Consumers. The CAG seeks to influence the whole of the health service as we look at the wellbeing of all of the community with special focus on GLBTI.

The CAG members see themselves as the voice of those who otherwise may be silent and “unrepresented in the community.

This article was created from the abstract submitted by the GLBTI CAG for the Consumers Reforming Health Conference.

Workforce

Receptionist required to fill a Permanent/Part time position at Red Hill Medical Centre.

Must be experienced and have medical computer skills.

Apply in writing to: The Manager, Red Hill Medical Centre, PO Box 27, Red Hill South 3937

Or email: admin@rhmc.net.au

Peninsula Health Community Health Service Waiting Times

Service	Average Waiting Time
Cardiac Rehabilitation	1-2 weeks
Counselling	2 weeks
Diabetes Education (Group)	Monthly
Diabetes Education (Individual)	2-4 weeks
Dietetics	3-4 weeks
Occupational Therapy (Adult)	2 weeks
PENDAP Withdrawal	1-2 weeks
PENDAP Counselling	4-5 weeks
Physiotherapy	2-6 weeks
Podiatry	3 weeks
Strength Training assessment	2-3 weeks
Water Exercise assessment	6 weeks

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 childrens' service appointments.

Contact CH Access for more information:

Hastings CH – 5971 9100

Frankston CH – 9784 8100

Mornington CH – 5970 2000

Rosebud CH – 5986 9250

Could your patient benefit from specialised exercise?



My name is Jarrod Middleton and I am the newly appointed Exercise Physiologist to the Early Intervention in Chronic Disease Program at the Frankston Community Health Service.

As an Exercise Physiologist we specialise in exercise, lifestyle and behavioural interventions to prevent and manage chronic injuries and diseases. Our emphasis is on restoring function (rehabilitation), maintaining function (return to work, activities of daily living), prevention of chronic disease (primary prevention) or progression of disease (secondary prevention).

Peninsula Health Community Health currently offers Exercise Physiology services at our Mornington, Rosebud, and Frankston sites.

If you would like more information about referring your patients to any of our Community Health Exercise Physiology services please contact our access services staff on (03) 9784 8100.

Attention: All GPs & PMs —PGPN General Meeting June 2011

- Topic:** Research in General Practice on the Peninsula
- Presenters:** Professor Mark Nelson and Assoc Professor David Langton
- Date:** Wednesday 22 June
- Time:** 7.00pm
- Venue:** Salix Restaurant at Willow Creek
166 Balnarring Road, Merricks North

To register for this event, please email events@pgpn.org.au or contact Sally on 9708 8019 with registration details.