

P.S.

QUARTERLY NEWSLETTER FOR PRACTICE STAFF | NOVEMBER 2011 ISSUE 13

Erminia Pickup 18.12.59 -16.10.2011

After 5 months of battling with cancer Erminia passed away on the 16th October 2011.

It was one of Ernie's aunts that introduced her to General Practice at the age of 18 working as a receptionist for Dr Gansl for 22 years only leaving when he passed away.

She then went to Warilla to work alongside Dr's Mahon, Miller and Haider for 5 years moving with them to Centre health where she stayed for a couple of years.

Erminia started with Shellharbour City General Practice when it opened its doors in 2008 and for the first year fluctuated between our surgery and Dr Gaing's at Cringila. She came to our practice permanently where she became the Practice Manager.

Ernie often talked of the "good old days" at the Warilla surgery saying it was like working with family.

She cared for her patients and would light up the waiting room with her huge smile! There were so many sides to Ernie that one could write a book she was compassionate, diligent, a mentor, and much more. Most of all she was a friend and part of our family at Shellharbour City.

We will greatly miss this beautiful lady who we were privileged to have known. Ernie is survived by Jim and her two children Alysha and Aaron.

Welcome

We are well and truly on the home-stretch to the end of the year and Christmas will be upon us before we know it! We have seen numerous new and exciting changes throughout 2011 and these change will continue through to 2012. We are excited to announce the successful joint bid by the Illawarra and Shoalhaven Divisions of General Practice to become the 'Illawarra Shoalhaven Medicare Local' effective 1 January 2012. We look forward to the challenges this will bring and will endeavor to see our region become the forerunner of primary care service delivery.

On a local level we congratulate those practices who were successful with accreditation or reaccreditation and we recognise that the childhood immunisation coverage rate within the Illawarra continues to increase. We also congratulate those six practices that were successful with their application for funding under the Australian Government's Primary Health Care Infrastructure Grants in the second round. These practice combined received a total of \$1.75m in funding.

Within this edition of PS you will find several articles related to Aboriginal health, in particular local practice achievements, recall and reminder service, automatic annotation of CTG scripts, and much more. You will also find an immunisation update as well as a pull-out information sheet on the changes to mental health item numbers. Information is also provided on a range of internal and external services including Connecting Care, mental health, Antenatal Shared Care, Extended Care Paramedic Program, a new pharmaceutical service, Legal Aid NSW service, locum services and much, much more! Please also don't forget to check out the back page for upcoming educational opportunities.

We have a few staff changes to the Practice Support Team. We welcome our new Closing the Gap Care Coordinator, Carolynne Leon, who has over 10 years of experience working in Aboriginal Health and will make a great addition to the team. We also welcome, Dementia Risk Reduction Project Officer, Nancy Humpel who replaces Katherine Eagleton. After 2 years of dedicated work, Katherine will be relocating to Canberra. Nancy has hit the ground running and has already commenced practice visits. She joins us with 12 years of research experience in a range of fields. We are sad to say goodbye to Practice Support Officer, Beth Bignell, who leaves us in December to go on maternity leave. We know she will be greatly missed by not only the Division, but also many practices. We wish her and her expanding family all the best.

As this is the last edition of PS for the year, the Practice Support Team would like to thank you for all your support and feedback over the past 12 months and wish you a happy and safe Christmas. We look forward to working with you all in 2012.

Please look out for the following inserts in this issue:

- >> FERNHILL BROCHURE
- >> DEMENTIA FLYER

Your Practice Support Team

Linda, Kathy, Nancy, Kristie-Lee, Beth, Melanie, Vanessa, Pam, Estela and Carolynne.

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Extended Care Paramedic (ECP) Program

Did you know that an ECP Program has just commenced in the Illawarra?

ECPs can:

- Administer oral antibiotics
- Do PEG tube replacements
- Relocate dislocations (shoulder, patella, digits)
- IDC replacement
- And much more!!

See the full ECP article on page 9.

MEDICARE LOCALS UPDATE

Successful Bid - Illawarra Shoalhaven Medicare Local

We are very pleased to announce that the joint bid by the Illawarra and Shoalhaven Divisions of General Practice to become the 'Illawarra Shoalhaven Medicare Local' effective 1 January 2012 has been successful with Nicola Roxon announcing all round 2 and 3 Medicare Locals on Friday 4 November.

This announcement followed a successful and timely AGM on the 3 November where members voted to rename the IDGP to Grand Pacific Health. Grand Pacific Drive that links the Illawarra and Shoalhaven is the inspiration that brings together the Shoalhaven Division of General Practice (SDGP) and the Illawarra Division of General Practice (IDGP).

A Medicare Local for our region will continue the first-rate work of our two Divisions in supporting general practice. However, more will be required including extending services to the broader primary care sector, involvement in population health and assessment planning of Afterhours services and improvements in coordination and communication between services.

Our vision is to see our region become the forerunner of primary care service delivery. The organization will achieve this by leading and supporting the primary health care sector to achieve measurable improvements in the health and wellbeing of our community.

If Members have any questions or would like any further information as we transition please contact me **4220 7600** or email me at kmarshall@idgp.org.au.



AWARDS

GP & Practice of the Year Awards

Illawarra GPs and practices have again been recognised for exceptional quality of care, and commitment to patient and community well being.

The selection is based on nominations made by patients and judged by a sub-committee of the Division's Consumer Consultative Committee. Awards were presented at the Illawarra Division of General Practice Annual General Meeting Dinner.

Dr Lawrie Noonan had an outstanding number of excellent nominations and was the unequivocal choice for the 2011 Illawarra GP of the Year.

The following GPs received an exceptional mention:

- **Dr Sajid Azam** from Russell Vale Family Medical and Acupuncture Practice
- **Dr Gary Butler** from Illawarra Family Medical Centre
- **Dr George Albert** from Shellharbour Medical Centre

Winner of the 2011 Illawarra Practice of the Year was **Shellharbour Medical Centre**.

The following practices received an exceptional mention:

- **Illawarra Medical Services**
- **Dapto Medical & Family Practice**

INDIGENOUS HEALTH

Closing the Gap – Local Practice Achievements

Illawarra practices have embraced Closing the Gap with increases in IHI registrations, Indigenous health assessments claimed and patients self-identifying as Aboriginal or Torres Strait Islander!

40 practices across the Illawarra are currently participating in the IHI PIP. That's 64% of accredited practices! And there's more ... the number of Indigenous Health Assessments (MBS 715) claimed by local practices have increased by 40% over the past year.

PenCAT practices have also achieved a 21% increase in the number of Aboriginal and Torres Strait Islander patients identifying at their practice! And we are not alone. Across Australia one third of all General Practices have signed on to the Indigenous Practice Incentive Payment (~2,200) as part of the COAG initiative. Over 450,000 scripts have been filled, with 72,000 Aboriginal and Torres Strait Islander Australians participating. The most common scripts relate to chronic disease, cardio-vascular disease and diabetes.

If you would like to find out more about the program please contact:

Estela Gimenez- Indigenous Health Project Officer Ph: **4220 7600**.

Illawarra Koori Knockout – Sponsorship and CTG Promotions

The IDGP was a proud sponsor of the Illawarra Titans football team in this year's Koori Knockout.

At the IDGP stall children enjoyed art activities while adults and young people choose from a variety of health resources and Closing the Gap (CTG) information.

The Titans were among many regional teams competing in the annual Koori Knockout, held in Bathurst this year. The Illawarra Knockout provided a chance for local teams to compete prior to the big event and a wonderful opportunity for the Illawarra Aboriginal community to come together. The Titans reached the semi – finals only to lose by just 2 points to the Shoalhaven Sharks 23 v 26!

Save time! – Automatic GP Annotation of CTG Scripts

Automatic annotation is available through Medical Director and Best Practice Software. A one off set up for each patient ensures scripts for CTG registered patients are always annotated.

For Medical Director (3.11.7 and future versions) (MD):

1/ Set up MD for CTG Co-Payment Measure once your practice has submitted your practice registration form. In Tools/ Options/ Practice tab tick box 'Participation in the CTG'.

2/ When a patient gives consent to participate in the Co-payment Measure:

in 'Patient Details' screen tool box 'Registered for CTG Co-Payment Relief'.

For Best Practice:

1/ In 'Open Patient' screen click on view details to edit the patient file.

2/ From 'Ethnicity' tab select either 'Aboriginal' or 'Torres Strait Islander' or 'Aboriginal/Torres Strait Islander' from the drop down box.

3/ Tick 'Registered for CTG Co-Payment Relief'.

For manual annotations GPs are instructed to write 'CTG' and their initials on the top right hand side of the script. **Please Note: As only generic PBS medications are covered under the CTG PBS Co-Payment Measure, advise your CTG registered patient if you recommend a branded medication.** Discussing cost barriers for medications, and generic substitutes (if available), is an important step towards ensuring scripts are filled and a suitable treatment is completed.

For further information on the PBS Co-Payment Measure contact Estela Gimenez: Closing the Gap - Health Project Officer Ph: **4220 7600**.



FREE Recall and Reminder Service for Aboriginal Patients

Pam Toomey, Aboriginal Outreach Worker for the CTG program is available to contact your Aboriginal and Torres Strait Islander patients listed with your practice to:

- Re-register with CTG at your practice
- Promote annual health checks, free follow up practice nurse visits and subsidised allied health visits, and support patients to make an appointment to see their doctor
- Promote the AOW service available for assistance with arranging transport, and other support to attend medical appointments.

From November each year CTG registered practices are encouraged to send all Aboriginal and Torres Strait Islander patients a recall letter asking them to register with the CTG program at their practice. The AOW is able to attend your practice for a morning or afternoon to contact your patients following a recall letter.

Contact Pam Toomey (Aboriginal Outreach Worker) Ph: **4220 7600**.

Are your CTG Indigenous Health Incentive payments being rejected?

Simple steps such as checking patient age and calling the Medicare hotline can help.

Two common reasons for rejected Indigenous Health Incentive (IHI) Medicare payments include patient ineligibility for the IHI and the patient being registered with the IHI at another practice.

If a patient is under 15, they are only able to register for the PBS Co-Payment Measure. Tick Q14 'b' on the patient registration form and do not tick Q14 'a'.

The IHI PIP Medicare hotline is also available to routinely check patient Medicare numbers and advise if a patient has registered for the current calendar year at another practice. Call toll free on 1800 556 955 during business hours. Don't forget if a patient is registered elsewhere, your practice is still able to provide the PBS Co-Payment Measure, and recall the patient for IHI PIP re-registration at your practice from November each year.

For further information about IHI PIP payments and patient recall requirements contact Estela Gimenez – Closing the Gap Health Project Officer Ph: **4220 7600**.

INDIGENOUS HEALTH

In2health graduates available for medical reception traineeships!

10 graduates recently completed the In2health 4 week pre-employment program, including initial modules of the Business Administration Certificate III. Training was provided by Division staff, the College of Business and Management and a variety of industry guest presenters.

The In2health program provides traineeship workforce opportunities for Aboriginal people to work in general practices. Both practices and trainees are well supported, and each training program is designed to meet the needs of your practice. Generous wage subsidies are also available.

In2health is a partnership between In2Careers, IDGP, University of Wollongong Graduate School of Medicine and State Training Services.

If your practice needs staff why not consider an In2Health graduate!

For more information contact Estela Gimenez – Closing the Gap - Health Project Officer Ph: **4220 7600**.



In2health graduates including Annelies (In2Careers) and Uncle Ruben.

Interested in an Aboriginal Health Worker for your practice?

In2health in partnership with Illawarra TAFE Institute (Shellharbour TAFE) and the Division, have initiated a 5 week pre-employment course for local Aboriginal people studying for the Aboriginal Health Worker (AHW) Certificate III. Traineeships for AHW students will be available from December, 2011.

To receive an information pack about the benefits of an Aboriginal Health Worker in your practice team contact Estela Gimenez Ph: **4220 7600**.

NSW Health Aunty Jeans Chronic and Complex Care Groups: 8th Anniversary Mini – Olympics Celebration!

The NSW Health Aunty Jean's Chronic and Complex Care program celebrated its 8th anniversary at this year's annual Aunty Jean's Mini-Olympics, held in Shellharbour Stadium, Albion Park. Over 200 participants and carers received Closing the Gap information and healthy lifestyle packs from Illawarra and Shoalhaven Closing the Gap and Connecting Care staff over two days.

Group participants from the Shoalhaven, Eden, Wagga, Bega, La Perouse and Illawarra came together at the Shellharbour Stadium, Albion Park to compete in activities and earn team points. Participants have been training during the year with the support of their carers and Aunty Jean's group leaders.

Over 50 Aunty Jean's group members also participated in opportunistic blood pressure, blood glucose and weight checks by Illawarra Division Connecting Care nurses, Liz and Karen, on the social day before the Mini-Olympics. Participants went into the draw for a delicious fruit and vegetable hamper and encouraged to visit their nominated GP for a health assessment.

The Aunty Jean's program is designed to support Aboriginal people aged 15 years and over with chronic and complex health problems to stay fit, strong and independent. The Program includes a specialised exercise routine, guest speakers and team events.

For further information about the Aunty Jean's Chronic and Complex Program or to refer your patients contact:

- Kay Stewart Ph: **4295 8218** (Illawarra) or/

- Jean Turner Ph: **4424 6388** (Shoalhaven) Aboriginal Health Education Officers (Illawarra Local Health Services District)



CTG PBS Co-Payment and Health Check follow up items for Nursing Home patients!

Did you know that Aboriginal and Torres Strait Islander patients in aged care facilities are eligible for the PBS Co-Payment Measure and MBS 715 Indigenous Health Checks and follow up items?

The MBS Item 715 Indigenous Health Check and free practice nurse follow up and subsidised allied health follow-up visits are available for all nursing home patients.

Unfortunately the PBS Co-Payment measure is not available for prescriptions received at hospital discharge.

For more information on Indigenous Health Check MBS 715 visit:

http://nwsdgp.org.au/assets/documents/Health_Assessment_Item_715_Fact_Sheet.pdf

NEW! 2012 Closing the Gap Calendars – featuring Local Aboriginal Artwork !

Pre-order your copy now for \$15. Original A4 artwork displayed each month featuring local Aboriginal artists.

Advertise your practice to community members and staff. Advertisement packages start from \$65.

To order your copy or find out more about advertising options contact:

Louise Lawler or Narelle Petrovelli - Indigenous Health Team Graduate School of Medicine- University of Wollongong Ph: **4221 5629**

FREE Women's Koori Aqua Classes at Mc Keons!

Great for chronic conditions, mental health and weight management!

When: Every Thursday 1.30pm – 2.30pm
Where: Mc Keons Swim Centre. Cnr Marley Place and Five Islands Rd, Unanderra
Enquiries: Kay Stewart – Aboriginal Health Officer (Warilla Community Health Centre) Ph: **4296 4200**

IMMUNISATION

Prevenar 13 Supplementary Dose Program

From 1 October 2011, Australian children who are 12 – 35 months old, may receive a single supplementary dose of the updated vaccine against pneumococcal disease, Prevenar 13. This vaccine will be provided FREE through a government-funded program and is available for 1 year only from 1 October 2011–30 September 2012.

This new vaccine, Prevenar 13 (13vPCV), provides protection against 13 strains of pneumococcal disease and replaces the existing pneumococcal vaccine, Prevenar (7vPCV), that provides protection against only 7 strains of pneumococcal disease. In 2007, these six additional serotypes caused 50% of invasive pneumococcal disease in children under 2 years of age.

Children eligible for the FREE supplementary dose of Prevenar 13:

- 12–35 months of age on the day the vaccine is given
- have completed their primary vaccination course against pneumococcal disease with the previous pneumococcal vaccine, Prevenar 7
- have not already received Prevenar 13, or an alternative (Synflorix).

Eligible children are those who have received a “primary course” of Prevenar 7 and include those who may have only received one or two doses due to starting vaccination late (i.e. those over 7 months of age who therefore only require two doses and those aged 18 – 23 months who only require one dose).

Medically at risk children: Children with underlying medical conditions who have received a booster dose of Prevenar (7vPCV) at 12 months of age are also eligible to receive a supplementary dose of Prevenar 13 at least 2 months later.

Letters to parents: The Government will be sending letters to parents of eligible children about the supplementary dose of Prevenar 13 as determined by ACIR. As the Supplementary Program will be in place for 12 months only, the letters are being sent out in two batches with the older children first and younger later in the year/January 2012.

A sample recall letter has been developed that your Practice can use to recall eligible children. Please contact the Practice Support Team for a copy of this template (available as Medical Software templates also) or for any further information, Ph: **4220 7600** or email: practicesupport@idgp.org.au

Prevenar 13 supplementary to be reported as ‘dose 4’

There have been some issues concerning the lodging of data to the Australian Childhood Immunisation Register (ACIR) for the supplementary dose of Prevenar 13. This dose is to be recorded as dose 4 of Prevenar irrespective of how many Prevenar 7 doses the child has had.

The Prevenar 13 supplementary dose should be reported to the ACIR as dose 4 to enable accurate reporting against the catch up program. For children who are on a catch up schedule for their primary course of pneumococcal vaccination (eg. they may have received less than three doses), if they are eligible for the supplementary program, the supplementary dose still needs to be recorded as dose 4 on the ACIR

Rotavirus Vaccination

GPs can now directly order RotaTeq® vaccine using the above revised NSW Health GP Vaccine Order Form. When ordering vaccine, GPs should be aware that:

- In NSW, Rotarix® is provided for use as a 2-dose course of vaccine at 2 months (or as early as 6 weeks) and 4 months of age
- RotaTeq® is available in some other states/territories as a 3-dose vaccine course at 2 months (or as early as 6 weeks), 4 months and 6 months of age
- RotaTeq® is only provided in NSW to complete a course commenced in other states/territories

New Immunisation Schedule

NSW Health has recently released a revised version of the NSW Immunisation Schedule: http://www.health.nsw.gov.au/resources/publichealth/immunisation/pdf/nsw_schedule_sept_2011.pdf

Indigenous Immunisation Schedule Poster is now available

A new Indigenous Immunisation Schedule poster, which provides information on the correct timing of vaccinations, Healthy Kids check and health assessments for Aboriginal and Torres Strait Islander children is now available (produced by GPNSW). This resource is useful in all immunisation settings because all NSW children receive the same vaccination schedule whether they identify as Indigenous or not. If you would like some copies of this poster please contact the IDGP Practice Support team Ph: **4220 7600** or email: practicesupport@idgp.org.au

Revised NSW Health Vaccine Order Forms

NSW Health has revised the vaccine order forms for GPs to facilitate access to free vaccines for eligible children, adolescents and adults:

1. GP Vaccine Order Form – now includes hepatitis B (paediatric & adult), Ipol and RotaTeq for specified patients
2. GP Influenza Vaccine Order Form – now includes all eligible groups for free influenza vaccine

The order forms are available on the NSW Health website at www.health.nsw.gov.au/immunisation (under the heading ‘Order Forms and GP Resources’).

Do you have a new nurse working in your practice?

The IDGP Practice Support Team is available to provide a range of services to those nurses who are new to nursing in general practice.

To aid this transition into general practice, the Practice Support Team provides assistance with:

- Understanding Medicare nurse item numbers
- Health Assessments and Care Plans
- Medical Director training
- Cold Chain
- Clinical software training

If you are interested in this service, contact the Practice Support Team on 4220 7600 or at practicesupport@idgp.org.au.

MENTAL HEALTH

Mental Health Nurse Service – Case Study

Julie a 28yr old female diagnosed with Schizophrenia was referred by her workplace for mental health nurse input.

As highlighted in our last issue. We are continuing to support both Julie and the family and we are facing some difficulties in providing care for all concerned.

As Julie's medication continues to be monitored and changed accordingly we are finding that there are changes in Julie's behaviour that are becoming difficult to manage.

When we sat with the family and asked how we can continue to help, it was very clear that her parents were requesting some respite for a few days. They had seen a respite house that they would like us to research. We did this but unfortunately it was not something we could negotiate. However we did find another suitable home and Julie had a look at it and agreed to have a few days there. Julie had identified things she liked to do and staff were prepared for her visit. The day before the respite Julie no longer wanted to go and had no reasons for this.

Julie's behaviour has changed in the last couple of months and she is now refusing to be involved in most of the activities she used to participate in. We do not have a reason for this and although we keep asking what she would like to do she is unable to identify anything at present.

Next month the client and family are going to meet with the Family and Carers service to explore any other options that could be available.

This case study does reflect the difficulties faced by both client and family. Sometimes there are no solutions to the complex issues we are working with. As the mental health nurse it is important to be available to assist and support both client and family in their journey.

The IDGP Mental Health Nurse Service will update Julie's progress in the next PS issue.

Do you have a client in your practice that could benefit from our Mental Health Nurse Service? If so please contact Kim or Helen at IDGP on **4220 7600**.

ANSC UPDATE

Antenatal Shared Care in the Illawarra

Welcome to the 28 new GPs who have become affiliated with the Shared Care program through an induction in 2011.

We now have 234 GPs across the Illawarra on the Shared Care program across 82 surgeries. There are only 14 surgeries without GPs affiliated with ANSC.

As of August 2011, 26.9% of all births at TWH were seen by a GP for their pregnancy care.

Current Antenatal Item Numbers

- 16500 Antenatal attendance number \$40.45
- 16591 Pregnancy > 20 weeks Planning Management X1 occasion only \$122.50.

Medicare item number 4001

(non-directive pregnancy counselling) Active Learning Modules - If you have completed the "assessment" module RACGP will have a record and Medicare will be notified. The "spec code" for claiming the item will be added to your provider number. If you are interested in this module or for any further advice please contact the GP learning help desk on **1800 284 789**
ANSC GPs should claim 16591 and not 16590.

Recent changes to the pathway

All women presenting to the Antenatal Clinic should now have a fasting BGL result.

All women with a fasting BGL \geq 5.1 should be referred directly to the Diabetes Service regardless of gestation. No GTT will be attended at 28wks if the woman is already being seen by the Diabetes Service.

ANSC Educational Updates for 2012:

Wed 13th June 5-9pm and Sat 18th Aug 1-5pm.

Please add one of these dates to your diary for 2012.

Contact ANSC Coordinator (Leanne) on **4253 4271** for more information.

FOOD SAFETY

Free Resources on Food Safety during Pregnancy

The NSW Food Authority has available free resources on food safety during pregnancy.

The Authority provides information about how to enjoy foods safely and has identified higher risk foods that may contain bacteria which could be harmful to pregnant women and their unborn babies.

Recent research conducted by the NSW Food Authority has found:

- Over 50% of pregnant women are unsure about which foods to avoid during pregnancy
- 26% of pregnant women have never heard of Listeria infection
- 52% of pregnant women have never heard of Toxoplasmosis

This research also found that the large majority of pregnant women turn to their doctor or midwife to find information on food and diet during pregnancy.

Resources, including the Food Safety During Pregnancy booklet and the Healthy Food message wallet card, provide advice and tips on these issues. The information aligns with advice provided by NSW Health and Food Standards Australia New Zealand.

The Authority's website: www.foodauthority.nsw.gov.au/pregnancy includes a detailed pregnancy and food section and also provides information on food allergy, food labeling and food safety in general.

The Authority can provide bulk quantities at no charge for distribution to patients. To order copies of these resources go to: www.foodauthority.nsw.gov.au/pregnancyorders or Ph: **1300 552 406**.

PS EDUCATION

*What topics would you like to see included in the IDGP education calendar for 2012? If you have any suggestions please let us know by contacting the Practice Support Team on **4220 7600** or at practicesupport@idgp.org.au.*

SERVICES AND PROGRAMS

CONNECTING CARE PROGRAM

The Connecting Care Program is funded by NSW Health and represents a partnership program between the Illawarra Shoalhaven Local Health District and the Illawarra and Shoalhaven Divisions of General Practice.

This program provides case management and care coordination to people in the primary health care sector who have chronic diseases. The targeted chronic diseases are: Diabetes, Congestive Cardiac Failure (CCF), Chronic Obstructive Pulmonary Disease (COPD), Hypertension and Coronary Heart Disease (CHD).

The Illawarra and Shoalhaven Divisions of General Practice have employed 3 Registered Nurses who can assist your patients by visiting them in their homes to assess their psychosocial support networks and functional management in the home environment. Appropriate referrals and linkages can then be made with various community, private or Area based services including ACAT, Community Transport, Neighbour Aide, Homecare, Community OT services.

This information is conveyed to GPs by means of an official report, and the findings can be incorporated into GPMPs or TCAs if appropriate.

This program is not Medicare funded and does not include any Medicare item numbers. It is a complimentary service aimed at supporting the GP Practice by addressing some of the psychosocial aspects of the patient's care that may not have otherwise been uncovered during a clinic consultation.

The following case study provides an example of what can be achieved through Connecting Care intervention.

For more information please phone

4220 7600

Liz Lucas (Southern Suburbs Illawarra)

Karen Sanders (Northern Suburbs Illawarra)

or **4423 6233**

Karin Robinson (Shoalhaven).

CASE STUDY JULY 2011

Connecting Care

Background:

David is a 64 year old male with a H/O haemorrhagic stroke in 2001 with residual dense left sided weakness and visual impairment. Recently diagnosed with cardiomyopathy and severe left ventricular dysfunction. Had had several admissions due to increased SOB and decreased mobility. David was first seen by the Connecting Care Coordinator in March 2011.

Social history:

David lived with his wife Dawn. He was an ex accountant and both he and his wife were quite health literate. She was his official carer but was struggling with this role as she had her own health issues (CML & Fibromyalgia) and tired very easily. David had previously been attending day care each Friday but was currently not well enough to go. ACAT approval was in place for Low Level residential respite care. Dawn used this for approx 1 week every 3 months so that she could have a break. The home had previously been reviewed by an OT and home modifications and assistive equipment were in place.

ADLs/ service support:

David had a huge amount of support from Homecare. They attended 7 days/week for approx 14 hrs in total, providing personal care, domestic and respite. No other service providers were able to provide anything further than what he already had.

Main issues on assessment:

David had become very deconditioned and was at high risk for falls.

Neither were coping and both were in need of emotional support.

David wasn't yet linked in with the Heart Failure Service.

David craved more stimulation, so we explored what interests he had and how we could foster these (loved chess and computer work)

The situation was at breaking point.

Connecting care intervention:

- David was referred to the Heart Failure Service (HFS) where he attended their weekly multidisciplinary education program. He continues with the weekly maintenance program which he enjoys.
- He was referred to Neighbour Aide. They visit him for 2 hrs / week and play chess with him (one of his greatest passions).
- He was referred to Vision Australia who have provided him with assisted technology devices so that he could recommence using his computer.
- David was referred to a physiotherapist who would provide Home visits. She sees him weekly to facilitate his home exercise program (HEP) in conjunction with the program provided to him by the HFS.
- David was referred to a counsellor who he sees on a regular basis.
- Dawn was referred for carer support counselling which she regularly attends. She declined support groups.
- Referred to Wollongong City Council community transport as this was often difficult for Dawn.
- Discussion was held re advanced care directives. David was agreeable to this, but wanted to consult with his priest first. He contacted him to arrange for this.

Outcomes:

- Nil further presentations to hospital.
- Significant improvements in mobility. No longer a high risk for falls. No longer in a wheelchair, now mobilizes with a stick.
- Functional capacity greatly improved by the end of the HFS program.
- Confident with flexible diuretic regime (FDR) and HFS self management strategies.
- Attends mass regularly now.
- Advanced Care Directive attended with support from the local priest.
- Both attend regular counselling and are feeling the benefits of this.
- He has recommenced the weekly day care activities.
- He is loving the weekly chess sessions and feels useful again when doing programs on the computer.

AUSTRALIAN POINT OF CARE PRACTITIONER'S NETWORK (APPN)

The Australian Point of Care Practitioner's Network (APPN) provides on-line training, certification and professional development for all Point of Care Testing (PoCT) operators. Visit our website at www.appn.net.au and register (free), to gain access to useful resources. The APPN also provides a telephone help line to assist you with any queries you may have on PoCT. Phone **(08) 8201 7843** or **(08) 8201 7845** between 9:00am–5:00pm (CST).

MBS ITEMS

HPOS - MBS Items Online Checker

A new service, MBS Items Online Checker, is now available in Health Professional Online Services (HPOS) on the Medicare website.

This lets health professionals and their authorised practice staff assess their eligibility to claim particular services based on the patient's Medicare history. The online checker conducts a real time assessment to determine if a patient is eligible for an MBS item and if the item can be claimed under Medicare.

The MBS Items Online Checker will:

- provide information to help in your patient care and billing decisions
- save you time and minimise claim rejections
- make sure you have access to the information you need to assess eligibility.

The item numbers initially available through the online checker are items 104, 116, 721, 723, 729, 731, 732 and 10900.

To access the full range of HPOS services—including the MBS Items Online Checker—you need a PKI individual certificate.

If you already have a PKI individual certificate simply logon to HPOS, select MBS Items Online Checker from the navigation menu and enter the required information.

For more information on the Health Professional Online Services (HPOS) go to: www.medicare.gov.au then For health professionals > HPOS

Medical Specialists and PBS Co-Payment Measure

Medical specialists are eligible to annotate 'CTG' (Closing the Gap) prescriptions for eligible Aboriginal and Torres Strait Islander patients under the measure.

This includes:

- providing services at a non-remote (urban or rural) Indigenous Health Service; or
- treating an eligible patient that has been referred by a GP from a PIP Indigenous

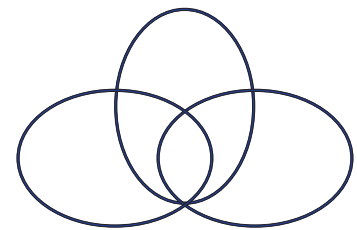
Health Incentive practice or participating Indigenous Health Service.

When referring eligible patients, GPs are asked to indicate to the medical specialist that the patient is eligible to receive more affordable PBS medicines under the measure, and instructions on how to annotate PBS scripts.

For example, a GP may use the following words or similar in their referral:

"John Citizen is eligible for extra assistance with the cost of medicines. To ensure he is able to access this, please annotate the top of any prescriptions with the letters 'CTG' and initial or signature".

Visit the IDGP website – Closing the Gap page to download a Medicare fact sheet.



NSW PHARMACEUTICAL SERVICES

New 'Frequently Asked Questions' - NSW Pharmaceutical Services website

A new 'Frequently Asked Questions' section has been included on the NSW Department of Health Pharmaceutical Services website which provides answers to questions commonly asked about requirements to comply with NSW legislation for the prescribing and supply of medicines, and most particularly drugs of addiction (Schedule 8 drugs). For example, the website includes answers to the following questions:

- How long is a pharmacist or medical practitioner required to keep records concerning the emergency supply of Schedule 4 (S4) and Schedule 8 (S8) medicines?
- Can a medical practitioner write a prescription in his or her own name to obtain supplies of scheduled medicines for surgery use from a community pharmacy?

• Does a medical practitioner need an authority from NSW Department of Health to prescribe a Schedule 8 (S8) medicine? Go to http://www.health.nsw.gov.au/PublicHealth/pharmaceutical/pharmaceutical_services_faq.asp.

It is planned to expand the 'Frequently Asked Questions' website in the near future to include more answers to questions that are commonly asked by medical practitioners and pharmacists.

To recommend questions for the website or to provide any feedback, please email pharmserv@doh.health.nsw.gov.au.



Healthy Kids Check

The Commonwealth government has announced the Healthy Kids Check scheme is being reformed.

The Government will bring forward the Healthy Kids Check from four year olds to three year olds and for the first time, the check will cover a child's social and emotional wellbeing. A national expert group to be chaired by leading child health expert Professor Frank Oberklaid will advise the Government on the content of the check and how it should be carried out. Together, the expert group will also map the nation's child mental health services ensuring that health professionals and families have a better understanding of what services are available. The Gillard Labor Government has allocated \$11 million over five years to introduce the universal voluntary health check for three-year olds. The new check will be implemented from 2012-13.

[http://www.health.gov.au/internet/ministers/publishing.nsf/Content/FEEA7279E7A9A16FCA25791B00C0806/\\$File/MB116.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/FEEA7279E7A9A16FCA25791B00C0806/$File/MB116.pdf)

EXTENDED CARE PARAMEDIC PROGRAM IN ILLAWARRA

Commencement of an Extended Care Paramedic Program - Reducing Demand on ED and Ambulances for low-risk patients.

The NSW Ambulance Service has introduced the Extended Care Paramedics (ECP) Service to the Illawarra. The service will cover the area from Helensburgh to Kiama. The Shoalhaven program is not currently staffed and a review is being undertaken.

Some patients who access health care through calling 000 do not necessarily require transport to hospital. The ECP Service aims to increase the choices available to low risk patients who have minor illness or injury or who require low acuity care or advice and to provide alternative pathways to emergency department presentation.

WHO ARE EXTENDED CARE PARAMEDICS (ECPs)

ECPs are experienced paramedics who receive additional training at the Nepean Campus of the University of Sydney in enhanced patient assessment and clinical decision making processes.

OPERATIONAL ASPECTS

ECPs are available from 7.00am to 7.00pm (but will usually not respond to calls after 6.30pm). Triage is initially performed electronically at the call centre, where triggers in the computerized system identify cases commonly mitigated by ECPs. The ECP is contacted and will either proceed directly to the case or will contact the caller direct via telephone to obtain further information. The response time varies. If a delay in response is considered appropriate due to low acuity, the patient is contacted, usually by the ECP via mobile phone from the vehicle. If an extended delay is likely, the low acuity patient is attended to by standard

Ambulance response.

ECPs assess patients, provide certain types of medical care (see below) and refer the patient to GPs, hospital based or community based services.

ECPs communicate with the patient's GP to discuss presenting symptoms and treatment options and to obtain advice as to the most appropriate pathway, or to request an x-ray referral for relocation x-ray. All patients are referred back to their GP.

ECPs currently respond in a VW Caddy which seats two people. ECPs can transport ambulant patients to the ED or GP should their condition warrant it and the transport is deemed clinically safe.

BENEFITS

The GP is actively involved in the care of his/her patient. Additional benefits of the service include: Reduced visits to the GP, reduced visits to ED, reduced use of ambulances, enhanced available emergency resources, reduced hospital admissions and faster patient access to medical services.

PROBLEMS THAT CAN BE TREATED AT THE SCENE

These include minor allergic reactions, asthma, back pain, mammal bites, stings, haemorrhage/lacerations, minor burns, catheter problems, dislocations, falls in the elderly, urinary retention, back pain (non traumatic), urinary tract infections and wounds.

SKILLS THAT ECPs CAN PERFORM

These include wound care including glue and sutures; catheterization including supra-pubic & IDC; replacing PEG tubes; back slab plasters for immobilisation of upper & lower limb injuries; reduction of dislocations; digital nerve blocks; otoscopy; Quick Screen

falls assessments; urinalysis and pregnancy tests.

MEDICATIONS THAT ECPs CAN GIVE

In addition to standard Ambulance pharmacology, ECPs can administer:

- Amethocaine for non-penetrating eye injuries.
- ADT vaccine for tetanus prone wounds
- Antibiotics for mammal bite, UTIs, & community acquired pneumonia
- Paracetamol, ibuprofen and oxycodone for pain
- Oral and intravenous steroids for moderate to severe asthma & anaphylaxis
- Telfast for minor allergic reactions

CASE STUDY 1

ECPs attended a man who lived on a rural property, who had sustained an anterior dislocated shoulder. ECPs provided mild analgesia (Methoxyflurane), relocated the shoulder, rang the man's GP for an x-ray request. The patient presented at the x-ray facility (a relative provided transport), then proceeded to the GP with the x-ray & result.

GPs can contact the service on **131233** for ECP appropriate cases (low acuity) or 000 for emergency cases. The direct mobile number to the ECP is **0409097810**.

Further details about this service and further case studies are available on the IDGP website at <http://www.idgp.org.au/latest-news/commencement-of-extended-care-paramedic-program-in-illawarra.html>.



DEPT OF HUMAN SERVICES

The new federal Department of Human Services

On 1 July 2011, Medicare Australia was integrated into the federal Department of Human Services (DHS).

The Medicare program within DHS will continue to look after programs like Medicare, Pharmaceutical Benefits Scheme,

Australian Childhood Immunisation Register and Australian Organ Donor Register, as well as a range of incentives and allowances for health professionals. The new department will also incorporate Centrelink, Child Support and CRS Australia brands.

How will this affect you?

All of the Medicare services will be delivered without disruption and there will be minimal impact on health professionals. Where you will notice a change is that Medicare

Australia as an entity no longer exists, so the term 'Department of Human Services' will be used in its place. There will also be a gradual change to the look and feel of communication products.

For more information about the Dept Human Services go to: <http://www.humanservices.gov.au/corporate/about-us/index>.

APNA ONLINE COURSES

APNA Online Courses for Nurses in General Practice

APNA Online Learning delivers interactive learning in a flexible online format, with courses designed specifically for nurses working in the primary health care setting. They offer courses that are both free and also at a cost (with discounts for APNA members).

Courses available:

Diabetes Management in the Primary Care Setting Unit 1

- Introduction to Diabetes: Provides a basic understanding of the disease and its impact on the individual and the broader community. It provides the minimum diabetes specific knowledge needed to support provision of quality care to the person with diabetes and their families and carers.

Duration: Course comprises of 7 modules with each module approx 2 hours. Nurse CPD hours: 16

Cost: Non-APNA Members \$375 / APNA Members \$320

An Introduction to Eyes - Program covers anatomy and function of the eye, the five main eye conditions and an introduction to eye health and vision care.

Duration: approx 1 hour. Nurse CPD hours: 1

Cost: Non-APNA Members \$22.00 / APNA Members \$16.50

Influenza Prevention - Course designed to provide GPs and nurses with concise, practice-based information to support the safe administration of influenza vaccines to individuals greater or equal to 6 months of age.

Duration: approx 1.5 hours. Nurse CPD hours: 1.5

Cost: FREE

Mental Health 1 - Develop the mental health literacy of nurses so they can undertake basic risk assessment with clients who have mental health problems, communicate with patients who may be mentally ill and make the appropriate referrals to a GP or mental health service.

Duration: approx 2 hours. Nurse CPD hours: 2

Cost: Non-APNA Members \$32.00 / APNA Members \$24.00

Mental Health 2 - Focuses on the role of the various members of the mental health team, mental disorders, mental health problems and issues of early intervention – assisting clients to achieve and maintain good mental health.

Duration: approx 2 hours. Nurse CPD hours: 2

Cost: Non-APNA Members \$32.00 / APNA Members \$24.00

National Bowel Screening Program

- Course provides an understanding of the risk factors and symptoms of bowel cancer, different screening tests for bowel cancer, features of the National Bowel Cancer Screening Program (NBCSP) and duty of care associated with the management of NBCSP participants.

Duration: approx 1 hour. Nurse CPD hours: 1

Cost: Non-APNA Members \$22.00 / APNA Members \$16.50

Palliative Care - Information and knowledge in understanding a palliative approach, practical strategies for implementing a palliative approach within a general practice and identifying where a palliative approach fits within the Advanced Nursing Competencies.

Duration: approx 2 hours. Nurse CPD hours: 2

Cost: Non-APNA Members \$32.00 / APNA Members \$24.00 (There are a limited number of FREE enrolments for primary health care nurses through an educational grant supplied by GP NSW. To register for free enrolment please email education@apna.asn.au).

STI and blood borne virus - Covers management of STIs and blood borne viruses such as HIV and viral hepatitis; and raise awareness of the importance of STI testing, contact tracing and discussing safe sex and prevention with their clients.

Duration: approx 1.5 hours. Nurse CPD hours: 1.5

Cost: Non-APNA Members \$28.00 / APNA Members \$21.00

Solar damage, prevention and screening

- Provides knowledge and skills for managing patients who are susceptible to solar damage and skin cancer. Learn how ultraviolet radiation affects the structures and function of the skin, develop skills in identifying high-risk patients, and find out how you can implement preventive strategies in your practice.

Duration: approx 1 hours. Nurse CPD hours: 1

Cost: FREE

Ulceration of the Lower Legs - Course provides information and knowledge to understand, assess, and provide a practical approach to the management of lower leg ulcers.

Duration: approx 1 hour. Nurse CPD hours: 1

Cost: Non-APNA Members \$22.00 / APNA Members \$16.50

Other Courses coming soon include:

- Immunisation
- General Practice financing
- Basic Pharmacology
- IV Cannulation

For more information on all these courses and to register please go to:

<http://apna.e3learning.com.au/>

NURSE LED CLINICS

Case Study: Nurse Led Clinics

A PN in our area has recently requested training in using PenCAT, as it had been installed at the practice in which the nurse works. Initially unsure of the benefits, the nurse slowly took in the information and said that they would “just play around with it for a while”.

In the nurse’s own time, they took the initiative to start looking at the diabetes cycle of care information extracted by PenCAT. They noticed that many of their

diabetic patients were not completing their cycle of care and therefore were not receiving the best possible diabetes care. This also meant the practice was not receiving the SIP payments. After consulting with the GP, the nurse requested some information/advice from the Practice Support Team regarding setting up a clinic to focus on diabetes.

The clinics are now up and running, and the nurse is starting to see patients. Within these clinics, the nurse has also utilised some of the Division’s projects by referring suitable diabetic patients to LMP, taking blood pressures and talking to patients about dementia risk reduction as part of the Dementia and Hypertension project.

LEGAL ASSISTANCE

Free Legal Assistance for Patients

The Wollongong Office of Legal Aid NSW offers free legal advice on a range of civil law problems including credit and debt, social security and housing law issues.

Stress associated with legal and/or financial problems may contribute to a patient's ill health and be associated with depression and other forms of mental illness.

Legal Aid Wollongong has noticed a significant increase in clients suffering depression. Many of these clients have serious financial problems and have only sought legal assistance at the last moment, often when the sheriff is at their door seeking repossession of their homes or goods. Many of these clients have lost employment and are struggling with repayments for credit cards and mortgages. Failure to deal with legal issues as soon as they arise makes it harder to deal with the problem and increases the costs incurred.

We would like to encourage health care professionals to question patients about any legal or financial issues that may be creating stress for them, and to refer patients for legal advice at the earliest opportunity.

Legal Aid provides face to face advice in Wollongong and several other community locations every week. The number in Wollongong to call for an appointment is Ph: **4228 8299**.

Matt Turner, Solicitor
Legal Aid NSW, Wollongong

Refugee Health Special Interest Group

A Refugee Health Special Interest Group is now formally recognised and endorsed by the Royal Australian College of General Practitioners (RACGP).

The network will focus on expanding its membership with GPs involved and interested in refugee health, both nationally and at state/regional levels. Interested GPs could contact Dr Christine Boyce christine.boyce@quince.com.au or Dr Joanne Griggs on joaneg@labyrinth.net.au.

LOCUM SERVICES

Locum Services provided by RDN

NSW Rural Doctors Network (RDN) has streamlined the way a rural GP can access the full range of locum options on offer through RDN.

In the first instance the RDN Locum Team finds a suitable GP Locum, and where possible offers the appropriate subsidy. The following information applies to rural Practice in NSW in RA 2 - 5 locations (Kiama, Gerringong, all Shoalhaven practices).

RDN Locum Service

Depending on the available locums, an RDN-employed Locum may be offered. RDN charges a set fee to a Practice of \$4500 +GST per week for a minimum of a fortnight, plus \$300+GST travel fee, with any VMO earnings going to the Locum. An individual Host GP has access to subsidised locums for up to 4 weeks per annum, after which time full fee recovery is charged. RDN pays our Locums and ensures they are job-ready with provider numbers and credentialling.

Rural GP Locum Program

The national rural GP locum program (RGPLP) is pool of locums across Australia, many of who have expressed interest in rural NSW locum work.

Locums must be Fellowed or VR'd to register. Should an RGPLP Locum be matched to a practice, RDN may also offer subsidies. Towns with fewer than 3 GPs and remote towns are program priorities. Where a match is approved for a subsidy, a Host GP may claim \$500 per day for up to 14 days per annum. A Locum may claim reasonable travel expenses and possibly a travel time subsidy of \$500. A Host GP is responsible for determining locum suitability, and must negotiate terms and conditions with any RGPLP Locums. Provider numbers and credentialling remain the responsibility of the two parties, facilitated by RDN.

Where a locum is matched and no subsidy is offered, the service provided by RDN is complimentary.

To request a GP Locum online, please go to <http://www.nswrdn.com.au/site/index.cfm?display=69820>
For further information contact the Locum Program Manager on **4924 8060** or email locums@nswrdn.com.au.

NEW SERVICES

Renal physician in the Illawarra

Dr. KM Murali has recently commenced as a Renal physician in the Illawarra Local Health District and works in Shellharbour and Wollongong hospitals.

He currently holds two renal clinics every week at Shellharbour Renal Centre and accepts new referrals with relatively short waiting times. He has admitting rights to both Wollongong and Shellharbour hospitals and see patients in consultations at both locations.

New referrals for out-patients can be made by contacting the Wollongong Renal Unit at **4222 5443** (Tel) / **4227 6284** (Fax) or Shellharbour Renal Unit at **4295 2800** (Tel) / **4295 2816** (Fax) during weekdays working hours. He can be contacted through the same contact numbers during working hours or through Wollongong Hospital switchboard at **4222 5000** after-hours.

Change to Dr Sharat Lal's Contact Details

If practices or your patients have any trouble getting in contact with Dr Sharat Lal, Consultant Psychiatrist, please use the following mobile number, **0429 474 600**. Alternatively, if you need to speak to Dr Lal directly, please use his mobile, **0407 724 069**.

Hip and Knee surgeon in Wollongong

Dr Matt Lyons, a Hip & Knee surgeon from North Sydney Orthopaedic & Sports Medicine Centre, will be consulting from BaiMed Physiotherapy and Sports Clinic every Tuesday. For appointments please call **9409 0500**.



Kathy's Korner

For practices that are now using Best Practice and are wondering how to do an archive on patients that haven't been to the surgery for several years – give me a call.
If any practices are interested in information on the Pen Clinical Audit Tool – please give the Practice Support Team a call for an in-surgery demonstration.

IDGP EDUCATION

- Triage - 7th December (Wollongong)
- 6th December (Nowra)
- Ear Irrigation - 17th December (WGong)
- Cold Chain - 7th February (Wollongong)
- 8th February (Nowra)
- Mind the Gap, Mental Health Skills Training - 17th March (Wollongong)
- Mind the Gap, Mental Health Skills Training - 25th March (Nowra)

For further information, contact the Practice Support Team **4220 7600**

EDUCATION

FREE Closing the Gap Online Training

All about IHI PIP, MBS Items and Patient Self-Identification. GP NSW has commissioned Think GP to develop a free online educational activity for GPs. The training can be accessed at <http://thinkgp.com.au/education/content/6846>.

This is not cultural awareness or competency training. This education is about why it is important to identify Aboriginal and Torres Strait Islander clients, and a brief explanation of what item numbers and incentives are available.

Topics include:

- reasons why systems need to be in place to encourage patients to identify
- specific Medicare item numbers applicable to Aboriginal patients
- implementing the IHI PIP in your practice
- common barriers to accessing care experienced by these patients

This Activity attracts:

- 2 RACGP Category 2 QI&CPD points
- RCNA: 1 CNE point (1 hour)
- ACRRM: 1 PD point

The Prevention and Early Detection of Skin Cancer in General Practice

This ALM will guide GPs through the epidemiology of skin cancers in Australia, skin cancer prevention, balanced approach to UV and vitamin D awareness and the diagnosis and management of melanoma and the most common non-melanoma skin cancers. This education is also available as three separate 2 hour activities. The separate activities may be applicable to you if you do not want to complete the ALM, and are only interested in one or two of the topics.

For more details and to register please visit the following website, <http://thinkgp.com.au/education/content/5930>.

STUDIES

Assistance requested for the INSPIRED study of early onset dementia

The University of NSW is seek your assistance in identifying and contacting patients with early onset dementia (onset of symptoms before 65) for an NH&MRC funded study led by Professor Brian Draper.

This study aims to determine the prevalence and clinical features of the different types of dementia and to interview patients and/or their families about their needs for services in South East Sydney, the Illawarra and Shoalhaven regions. The first phase involves a survey of clinicians to identify any patients they have seen this year. The survey and more information about the study is found at <http://www.inspiredstudy.org/>.

Nutrition support group for the elderly.

GP participation is invited in a research project being conducted to determine the need for a community based nutrition and lifestyle social support group for the elderly (education, food preparation and purchasing skills) and the best way to conduct such a group locally. Findings will be published in a peer-reviewed journal.

Email Tegan tegan.dalla@sesiahs.health.nsw.gov.au for more information.

CVC PROGRAM

Coordinated Veterans Care Program

The Department of Veterans Affairs program targets Gold Card holders with a chronic condition and complex care needs who are at risk of hospitalisation. The program is intended to improve the health of participants by:

- providing ongoing planned and coordinated care from a GP and nurse;
- educating and empowering participants to self-manage their conditions; and
- encouraging the most socially isolated to participate in community activities.

The program will pay General Practitioners and nursing providers to coordinate care.

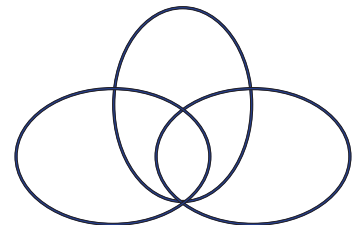
Investigating the relationship between resilience, burnout and intention to quit among Australian GPs.

Findings from this study will help to understand the experience of stress and inform the development of appropriate support programs. In order to participate in this study, just follow this link to fill in a confidential online survey: <http://www.surveymonkey.com/s/gpintentiontoquit>. If you require additional information or a paper based form, please contact Huntley Evans via email: 16132274@student.uws.edu.au or telephone: **9685 9616**.

Community Nursing Team seeks GP views on service

The Illawarra Shoalhaven LHD Community Nursing Team are reviewing their service and would greatly appreciate feedback from GPs regarding their service. The survey can be accessed at <http://www.surveymonkey.com/s/JDX2BS6>.

An overview of the survey results and how they will be utilised in the Community Nursing Team's improvement project, will be made available to us. Shoalhaven GPs have already participated in this survey and do not need to do anything further.



GPs will be paid to enrol participants in the program and provide ongoing quarterly periods of coordinated care.

In the first year, payments to GPs may amount to \$2070 (\$1000 if not using a practice nurse) per participant and \$1670 (\$750 if not using a practice nurse) for subsequent years. This is in addition to consultation items and chronic disease management items.

Free training via online resources, DVD and face to face, is available.

For further information contact the Practice Support Team on **4220 7600** or go to the website http://www.dva.gov.au/health_and_wellbeing/health_programs/cvc/Pages/default.aspx.