



General Practice Highlights

Collaboratives Success

The 5 practices who participated in the 18 month Australian Primary Care Collaboratives Program have achieved some fantastic outcomes. One example is Dr Mark Condon's practice at Albion Park which achieved the following:

- The percent of diabetes patients with an HbA1c <7 measured in the past 12 months increased from 45% to 56%. This compares with an average of 40% for NSW/Qld/ACT. The target for this indicator is having 50% of patients with an HbA1c of <7.
- The percent of diabetes patients with blood pressure <130/80 measured in the past 12 months increased from 22% to 45%. This exceeds the average of 35% for NSW/Qld/ACT.
- The percent of CHD patients prescribed anti-platelet medication increased from 60% to 77%. This exceeds the average of 72% for NSW/Qld/ACT.

The achievements of other Collaboratives practices will be highlighted in the next issue of PS.

Please note - The Practice Support Team can assist any practice on MD or Best Practice to measure their own diabetes and CHD data using the PENCAT tool.

Accreditation Achievements

Two new General Practices, Shellharbour Medical Centre and Bellambi Medical Centre have just completed the Accreditation process for the first time. Both practices have achieved fantastic results and should be extremely proud of their achievements.

WELCOME

2010 is shaping up to be a year of many changes. The industrial relations changes are now in place and will affect most NSW employees. The ten National Employment Standards (NES) are effective from 1st January 2010 whilst for the new Modern Awards there is some variation in transition times depending on whether employees were under a state or federal system. See insert for upcoming free training workshops being run in Kiama and Wollongong by NSW IR.

Changes to Medicare primary care items will be effective from May 1st 2010. These include changes to health assessment and chronic disease items amongst others. Please see page 6 for more information and links. The new Practice Incentives Program (PIP) Indigenous Health Incentive will begin in May 2010. All practices already participating in PIP will be sent an application form in February 2010.

There are imminent changes taking place at the IDGP as well. Kristie-Lee is off to enjoy the world of motherhood with her bundle of joy due in March. Alison Burling will fill her position as Practice Support Admin Officer until Kristie-Lee returns in November. Alison will be working 4 days per week. A new face will also join the team: Kylie Rose will take over from Alison as Administrative Officer – Education and Publications. Kylie joins us with a background in corporate and health sectors, including events management. Welcome Kylie!

There will also be a significant change happening in IDGP senior management in April: Andrew Dalley will be resigning as our CEO to take up the position of Interim Director of the Superclinic and Kellie Marshall will be taking over as acting CEO.

In 2009 The National Health and Hospital Reform Commission released a report which recommended sweeping changes to our health system. One recommendation – the establishment of Primary Health Care Organisations (PHCOs) has been of interest to GPs. CEO Andrew Dalley has summarised of the key points known about the planned PHCOs. See page 2.

Even though we are still enjoying some glorious summer weather the 2010 Flu season will soon be upon us. Pandemic (H1N1) 2009 influenza is now the predominant influenza strain and given the disease activity experience in the northern hemisphere, another severe influenza season is expected in 2010. Please see Dr Philippa Binns' (SESIH Public Health Unit) article on page 3 for how you can get prepared early.

Please look out for the following inserts in this issue:

- » IR laws change in 2010, are you ready?
- » NPS insert.....
- » Medicines Talk insert
- » Refugee Health Newsletter

Chris, Margaret, Alison, Kathy, Linda, Katherine and Kylie.
Your Practice Support Team

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Snippets

Mental Health Skills Training

There has been considerable confusion around when GPs who have completed the Mental Health Skills Training (MHST) are able to claim the 2710 item number.

The GP Mental Health Standards Collaboration (GPMHSC) advises that GPs who completed MHST prior to 31 December and whose details were provided to GPMHSC by the education provider prior to that date, will have had their details sent to Medicare Australia by GPMHSC on 14 and 22 December 2009 and 13 January 2010. Medicare notification of eligibility should be received in early February 2010.

MHST details for courses attended in 2010 will be sent to Medicare by GPMHSC fortnightly until the end of March and then monthly.

The education provider needs to advise GPMHSC who are then responsible for advising Medicare. GPMHSC can be contacted on 03 86990554.

For Mental Health training dates go to: <http://www.racgp.org.au/gpmhsc/findtraining>

A Season of Health Reforms

In 2009 The National Health and Hospital Reform Commission released a report which recommended sweeping changes to what we call our health system. One recommendation – the establishment of Primary Health Care Organisations (PHCOs) has been of interest to GPs. IDGP CEO Andrew Dalley gives a summary of some of the key points known about the planned PHCOs.

Introduction

The NHHRC report describes the role to be performed by PHCOs as follows: "Primary Health Care Organisations (evolving from or replacing Divisions of General Practice) should provide future service co-ordination and population health planning within local communities."

Defining the differences with Divisions of General Practice

The NHHRC Report is light on detail but recommends PHCOs should be bigger than Divisions of General Practice, serving a population of say 250,000 to 500,000 and with broader clinician membership. It would be similar in function to Divisions apart from having a greater population health capacity. PHCOs would have a service co-ordination role; IDGP has been engaged in the Illawarra Co-ordinated Care Trial, ILUC, headspace and the Clinical Psychology Service so would seem to have some advantage in this area.

Keeping what's worked

If IDGP members choose to move IDGP on into a PHCO, it would be expected that we would insist that existing GP services were transferred. These would include:

1. OTIIs
2. Practice support service
3. Home Medication Review
4. NPS support
5. CPS
6. ILUC (Illawarra leg Ulcer Clinic)

Australian General Practice Network (AGPN) view

AGPN has released their own "Blueprint" for PHCOs emphasising the centrality of general practice to the success of PHCOs. The important additional recommendations to those of the NHHRC include:

1. Services to general practices
2. Services to the community for disadvantaged people
3. Health promotion

4. Workforce support (at present other agencies are funded for this task)
5. Facilitating interdisciplinary education and research in primary care.

At this stage, the AGPN proposal would not mean great changes for Illawarra GPs.

Funding as recommended by AGPN

The NHHRC Report does not make any recommendations on funding for PHCOs but the AGPN Blueprint suggests that funding sources include:

1. Existing Divisions' funding
2. Community Health funding. However, as Community Health is funded by the States, it is unlikely that they will pass their funds on to PHCOs.
3. Other (unspecified) Commonwealth funding that currently goes to NGOs.
4. MBS and PBS are specifically excluded from the funding model.

Governance as recommended by AGPN

The Blueprint refers to two options for Divisions; viz amalgamation or the formation of a new organisation. The Board of each PHCO would be "skills based", meaning that there would be a mix of GPs (and other clinicians) with people with particular skills relating specifically to governance. Membership would be either individual or by representative group. A large PHCO would not only have perhaps 500 – 700 GPs as members (if they chose to join) but many other allied health professionals as well. This is the major risk to GPs but a risk which can be mitigated by appropriate Articles of Association.

Summary

The NHHRC Report is light on detail about PHCOs. AGPN has entered the debate with wider ranging recommendations but which still lack detail. There is no suggestion that PHCOs take over the funding of general practice but there is a recommendation that they do take over Community Health funding. There is no suggestion that GPs will have to belong to a PHCO as indeed a small number are not members of Divisions of General Practice

The most demanding challenge on a PHCO would be making the patient journey through multiple providers easier.

Other significant challenges are to improve access to health care for the general population and marginalised groups and to make general practice an attractive career option for young medical graduates.

Pandemic H1N1 2009 – what can be expected in 2010?

Although mild in most people, pandemic (H1N1) 2009 influenza had a big impact on health services and our community.

What happened in NSW in 2009?

Health-care providers experienced at least 10 weeks of intense activity. What occurred was different in many respects to “normal” seasonal influenza.

Although mostly mild, there was a striking pattern of more severe illness;

- » Young people were disproportionately affected; ≥65 year olds were relatively spared
- » Children 0-4 years had the highest admission rates
- » Pregnant women were admitted 3.2 times the rate of the general population
- » Indigenous Australians were 7 times more likely to be admitted
- » Of 1,214 hospitalisations, 19% required intensive care consuming 15% of ICU capacity. ICU admissions were highest for 50-54 year olds
- » 48 people died of complications; 10% had no underlying risk factors

What is happening in 2010?

Pandemic (H1N1) 2009 influenza is now the predominant influenza strain.

In the northern hemisphere, regions with high disease activity levels in April-May 2009 had second waves from November and the unusual patterns have continued. Therefore, another severe influenza season is expected in 2010.

However, we now have the opportunity to mitigate the effect; ready availability of a free and safe vaccine for everyone 6 months of age and older.

To assist understanding influenza like illness in primary care, GPs can also participate in the Australian Sentinel Practices Research Network and gain 40 category 1 CPD points by swabbing and recording information (see www.dmac.adelaide.edu.au/aspren).

Panvax® and Panvax® Junior, the H1N1 vaccines

Panvax® and Panvax® Junior are approved by the Therapeutic Goods Administration and available for GPs to order free of charge for all their patients to assist in preventing a severe second wave in our community.

Although there will be some population immunity, individuals won't know if they are protected unless they had laboratory confirmed infection.

Therefore the best way to protect our vulnerable patients is for them, and their family and carers to be vaccinated.

The backbone of immunisation programs is General Practice. Opportunistic vaccination will occur in some SESIH services.

But GPs are in the best position to provide H1N1 vaccine to their patients and may consider:

- » Holding additional immunisation clinics
- » Posting signage encouraging vaccination
- » Contacting patients at increased risk and encouraging vaccination

Many people have indicated they will wait for the seasonal vaccine but it is a good idea to encourage H1N1 vaccination now because:

- » The seasonal vaccine may be available later than usual due to H1N1 vaccine production
- » Vaccination now will provide protection from an early second wave
- » It is safe to have the H1N1 vaccine, and then have the seasonal vaccine when available

» The seasonal vaccine is available free of charge only to those deemed eligible by the Commonwealth Government:

- » Anyone aged 65 years and over
- » All Indigenous Australians and Torres Strait Islanders aged 15-64 years
- » All pregnant women
- » Anyone aged 6 months to 64 years who is at risk of severe outcomes, such as those with chronic conditions

Conclusion

Although mild in most people, the 2009 pandemic had a big impact on health services and our community.

We can use the lessons learnt to help us manage next season but we also now have the benefit of a free and safe vaccine. The Public Health Unit strongly encourage GPs to promote it in their practices.

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Bio

Philippa's current career is as a public health physician employed as Assistant Director in the SESIH Public Health Unit. Previously she worked as a GP in Victoria, then in remote Northern Territory and Queensland Indigenous communities. She is particularly interested in enhancing the interface between primary care and public health to improve the health and wellbeing of the community.

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SUMMARY

- » As experienced in the Northern Hemisphere, we expect a second severe H1N1 influenza season
- » Vaccination offers the best protection against H1N1 infection
- » GPs can assist in preventing a severe second wave by strongly encouraging and offering free H1N1 immunisation to their patients, especially those at increased risk;
 - » Small children, their families and carers
 - » Pregnant women (Mothersafe, phone 9382 6539, can provide further info)
 - » Aboriginal people
 - » Anyone with a chronic medical condition

See <http://www.emergency.health.nsw.gov.au/swineflu/vaccination/index.asp> for further information and resources. Or call the Public Health Unit on 4221 6700.

Snippets

New Heart Foundation practice tools for managing hypertension – NOW AVAILABLE

(adapted from GPNSW 10 minute update, January 2010)

Based on the Guide to Management of Hypertension 2008, new tools to help busy health professionals treat people with hypertension are now available: a wall chart, quick reference guide & small presentation.

These tools include:

- » BP management algorithms
- » Drug treatment algorithms for BP
- » Treatment targets for BP
- » Australian absolute cardiovascular risk charts

For ordering print copies, contact the Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au.

The slide presentation can be downloaded from: www.heartfoundation.org.au/Professional_Information/Clinical_Practice/Hypertension

Reminder - Usual GP for GP Management Plans and Team Care Arrangements

The IDGP has received feedback from practices who have reported problems with claims for GP Management Plans (721) and Team Care Arrangements (723) as the item numbers have already been claimed by another GP.

The Medicare Benefits Schedule states that these items should only be claimed by the patient's usual GP which is defined as 'the GP, or a GP working in the same medical practice, that has provided the majority of care to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months'.

If it is unclear whether a patient has a current 721, 723 or review item (725,727) the patient (or their representative) can, whilst at the practice, ring the Medicare Enquiry Line 13 2011 to verify the date of any previous MBS item.

New child protection legal obligations

(adapted from GPNSW 10 minute update, January 2010)

Keep Them Safe: a shared approach to child wellbeing 2009 -2014 outlines a wide range of actions to be taken over the next five years to improve the safety, welfare and wellbeing of children and young people in NSW.

From 24 January 2010 GPs' legal obligation as a child protection mandatory reporter will change with the commencement of a new reporting threshold. Concerns about possible abuse or neglect of a child or young person and suspicion, on reasonable grounds, that the child or young person is at 'risk of significant harm' is to be reported to the Community Services' Child Protection Helpline, 133 627. This new reporting threshold has replaced 'risk of harm' in the Children and Young Persons (Care and Protection) Act 1998.

The NSW Mandatory Reporter Guide (MRG) is a structured decision making tool to assist mandatory reporters, including GPs, to decide whether or not a child or young person is at risk of significant harm. The MRG and new interagency guidelines, 'Making a Child Protection Report what to do when Children and Young People are at Risk of Significant Harm', are available online at: www.KeepThemSafe.nsw.gov.au

GPs' can also call the Keep Them Safe support line Ph: 1800 772 479. The support line has been established to assist mandatory reporters in NGOs, non-government schools and GPs with the changes under Keep Them Safe.

It will provide assistance in using the new Mandatory Reporter Guide, in determining whether a matter meets the threshold for Risk of Significant Harm and in understanding the changes under Keep Them Safe. It will also assist mandatory reporters with referral pathways for cases that fall below the threshold. The support line is a transitional service for the first six months of the new system.

The Keep Them Safe Support line will operate 8am to 5pm, Monday to Friday (excluding public holidays), from 25 January 2010.



Lifeline South Coast is a local not-for-profit organisation which is run by local people and focuses on our local community. It is one of 42 Lifeline centres across Australia, who, combined, provide a national 24 hour telephone counselling service for the cost of a local call.

This telephone counselling service is operated by trained volunteer telephone counsellors who respect everyone's right to be heard, understood and cared for. Anyone can call Lifeline.

The 13 11 14 service also provides information about other support services that are available in communities around Australia.

The Lifeline South Coast service region runs the coastal strip from Helensburgh in the north to the Victorian border in the south. The organisation is largely self-funded through four Lifeline Shops and two Big Book Fairs each year.

The Illawarra Division of General Practice has been a supporter of Lifeline South Coast for many years.

In collaboration, with the Illawarra Division of General Practice, Lifeline South Coast contributes to a clinical psychology service for people referred by their GP. The service is completely bulk-billed so available to anyone.

Lifeline South Coast is constantly searching for innovative and relevant ways to care for the people in our local community.

The Good Mood Guide was developed by Lifeline South Coast with the assistance of The Illawarra Institute for Mental Health, UOW and the Health Psychology Unit, UTS.

The guide is a self-help manual for people experiencing mild to moderate depression, and is broken down into units complete with activities and worksheets.

The Good Mood Guide is now available on the web. It can be found at goodmoodguide.org.au

Chronic heart failure

Chronic heart failure is a progressive disease mostly affecting people over the age of 65 years. The prevalence increases sharply with age from approximately 1% in people 50 to 59 years to over 10% in those 80 years and older.

Recent notable local cases of heart failure cases include patients who were not limiting fluid intake, patients who were not compliant with diuretic therapy, patients who were taking over the counter anti-inflammatory medications and eating lots and lots of licorice. Licorice causes fluid retention which then worsens heart failure.

An 83 year old lady was drinking more than 2L of water daily on her daughter's insistence apart from the liquid from fruit, vegetables, soup and mild she also consumed daily. After having reduced her fluid intake, her symptoms improved greatly.

A 79 year old gentleman was given Nurofen Plus by his neighbor to take for his aching knees and within several days his shortness of breath worsened markedly.

A recent collaborative model for ensuring heart failure patients take their medicines properly reduced the rate of hospitalisation of patients with heart failure by 45 percent.

This study was carried out in South Australia and reported recently in the American Heart Association Journal.

This collaborative approach featured house calls with a twist: pharmacists go to patients' homes and ask them to bring out all their prescription and non-prescription medications.

The pharmacists are trained to notice signs of possible medication misuse, including under-dosing, overdosing and hoarding unneeded medicines from old prescriptions — a habit



that increases the chance of accidentally taking the wrong medicine.

The pharmacists also look for over-the-counter medications and vitamins that could interact with the patients' prescription drugs.

The average age of patients in both groups was 81.6 years. This process is identical to a Home Medicines Review. The researchers found that only 5.5 percent of the patients in the collaborative review group were hospitalized within a year, compared to 12 percent of the control group.

Enabling patients with heart failure to play an active role in self-management has been shown to improve clinical outcomes.

Multidisciplinary support such as a regular Home Medicines Review, checking for compliance with medications, information and strategies to monitor and control fluid balance, information about how to make some long term lifestyle changes and mechanisms for intensive follow up have all been shown to improve outcomes in patients with heart failure.

Medications which exacerbate heart failure include anti-arrhythmic drugs, calcium-channel blockers (such as Cardizem or Isoptin), tricyclic antidepressants (such as Endep or Dothep), conventional non-steroidal anti-inflammatory drugs or NSAIDs (Nurofen or Voltaren), COX-2 selective NSAIDs (such as Celebrex), glitazones (such as Avandia or Actos), corticosteroids (such as Panafcort) and oncology drugs.

The IDGP Quality Use of Medicines officer Karina Bronska is available to visit your practice.

Karina can be contacted on Tuesday or Wednesday at IDGP, on 02 4220 7600 or through email at kbronska@idgp.org.au

Diabetes Australia-NSW in Wollongong

Diabetes Australia – NSW has had a base in Wollongong since mid 2008 with the intention of meeting the needs of the local community and liaising more closely with health agencies and professionals in the Illawarra and South Coast region.

The resource centre is situated at Shop 3, Station Street, Wollongong, which is the one way street from the station to Crown Street (situated opposite Mission Australia).

The centre has a comprehensive choice of products for purchase, such as blood glucose meters, hypo treatment products, cookbooks, diabetes identification and sharps containers.

The friendly staff at the resource centre have a good knowledge of all products and will be very happy to assist your patients in finding the right products to meet their needs. Many informative fact sheets and resources relevant to diabetes management, awareness and prevention are also available.

The centre also stocks NDSS products and can process NDSS membership on receiving completed registration forms. Membership applications for Diabetes Australia-NSW can also be processed and members receive a 10% discount on Diabetes Australia-NSW products. We have a sharps disposal bin available for people with diabetes in the Wollongong area to safely dispose of their sharps.

Health professionals are available at the centre on a part-time basis and can assist with any queries posed by customers and their families. Staff at the resource centre direct all inquiries for ongoing education and management for people with diabetes to local diabetes services.

Over the last 18 months the centre has expanded and the hours of business have now been extended to 9am - 4pm Monday to Friday.

Please contact them should you require any further information about the service in the Illawarra (02) 4226 4379.

Snippets

Updating practice details

If your practice has a new GP starting or a GP leaving, please contact Alison Burling at the IDGP Practice Support Team, so that we can update our records with iPM Area Health Service and also Argus.

Cervical screening in the Illawarra

Cervical screening rates for the Illawarra area are consistently below the NSW State average. Those in the Wollongong and Shellharbour LGAs are at greatest risk of developing cervical cancer due to underscreening. Screening rates in the Kiama LGA are better than the NSW average, however at least a third of women who live in the Kiama LGA are still not screened according to guidelines. The most recent data (2004-2005) show the NSW average screening rate was 57.1% compared to the overall Illawarra rate of 56.5%. The screening rate for Wollongong was 55%, Shellharbour 51.9%, and Kiama 61.8%.

The IDGP has funding from the Cancer Institute NSW to work with general practices to improve practice systems for cervical screening for underscreened groups. Through the project, we have provided 1,069 Pap tests. 81% of women were classified as underscreened and 6% as unscreened (1 April to 30 September 2009). If you would like some assistance, please contact Katherine van Putten, Cervical Screening Project Officer, Tuesday – Thursday, on 4220 7600 or e-mail kvanputten@idgp.org.au.

H1N1 posters

NSW Health has created some new posters encouraging H1N1 vaccination for young children and families (both generic and ATSI). Please go to <http://www.emergency.health.nsw.gov.au/swineflu/vaccination/index.asp> to download your copy.

Tongarra Medical Services

Tongarra Medical Services located in Albion Park have expanded their surgery into the house next door, starting Monday 8th February 2010. There will now be 4 GPs available at the surgery - Dr Mark Condon, Dr Vera Stojkowska, Dr Gabrielle De Giorgio and Dr Steffan Eriksson together with their admin staff and team of 3 practice nurses.

(PIP) Indigenous Health Incentive

The new Indigenous Health Incentive will commence in May. The aim of the incentive will be to support General Practices to provide better care to Indigenous Australians.

To access this incentive you will need to be participating in PIP and meet specific sign on requirements. The first payment will be made in May.

There will be 3 types of payments available:

1. Sign on Payment – A one-off sign on payment \$1000 will be made to practices that agree;

- » to seek consent to register their Aboriginal and/or Torres Straight patients over the age of 15 who have or are at risk of developing a chronic disease to Medicare Australia.
- » Establish a mechanism to ensure Aboriginal and Torres Straight Islander patients aged over 15 with a Chronic Disease are followed up on.
- » staff undertake cultural awareness training within 12 months of signing up.
- » to annotate the PBS prescriptions for Aboriginal and Torres Straight Islander patients.

2. Annual Patient Registration Payment - \$250 annual payment will be paid to the practice for each Aboriginal and Torres Straight Islander patients who;

- » are aged over 15
- » have a Chronic Disease
- » have been offered the appropriate health check
- » have provided consent to be registered for the PIP Indigenous Health Incentive

3. Outcomes Payment – Two outcomes payments are available to practices each calendar year. These payments will be made to practices who meet particular targets developed by Medicare.

- » Tier 1 – A payment of \$100 per patient/ calendar year will be made to the practices that:
 - » Develop a GP Management Plan (GPMP) or coordinate the development of Team Care Arrangement (TCA).

- » Undertake 2 reviews of a patient's GPMP or TCA.

- » Contribute to or review a multidisciplinary care plan for a patient in residential aged care facility.

- » Tier 2 – A payment of \$150 per patient/ calendar year will be made to practices that provide the majority of MBS services for patient in the registration period.

For further information please contact the PIP inquiry line at 1800 022 032 or email pip@medicareaustralia.gov.au

The Practice Support Team will pass on new information as we receive it. A factsheet is also available at <http://www.medicareaustralia.gov.au/provider/incentives/pip/files/pip-indigenous-health-incentive-questions-answered.pdf>

Changes to the MBS Primary Care Items

In December, a number of changes to the Medicare Benefits Schedule (MBS) were announced. The changes are intended to streamline the MBS schedule and will be effective from 1st May 2010.

The most notable change is to the descriptors for long consultation items (Level C and Level D) where the content requirement of the consultation has been relaxed to apply "where clinically relevant".

The changes appear to allow the use of these items where a consultation comprises multiple items regardless of their complexity, and for preventive care. There will also be some small increases in the rebates for these items.

Most of the other changes involve reducing the number of categories of some items such as the various forms of health assessments, and replacing them with time based assessment items.

A full overview of these changes along with a 7 page factsheet can be found at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-changes-to-medicare-primary-care-items-for-gps>. More information will become available soon at www.health.gov.au/mbsonline

Snippets

Free Nurse Utilisation and Business Case Modeling Service available

The IDGP Practice Support Service would like to extend an invitation to local practices to take advantage of an innovative new service focusing on supporting small or solo general practices to access nursing services. While many smaller practices understand the benefits a nurse could bring to their practice in terms of assisting with GP workload, practices often feel uncertain about the financial viability of either employing a nurse, or contracting their services.

The IDGP Nurse Utilisation and Business Case Modeling Service allows practices to 'have a look' at how a nurse could be utilised within their practice, and have a simple business case developed to support the proposed model of nurse utilisation. A short practice needs assessment, either conducted by the practice or IDGP staff on request, allows the modeling to be tailored to real practice needs.

If you would like more information on the IDGP Nurse Utilisation and Business Case Modeling Service, or would like to register to access the service, please contact the IDGP Practice Support Service on phone: 4220 7600 or email practicesupport@idgp.org.au

NiGP – Nurse led clinics for CHD

The IDGP is conducting a project to assist local general practices to develop nurse led clinics for patients with CHD. The project will work with practices interested in establishing a nurse-led clinic to enhance their capacity to provide efficient, integrated, multidisciplinary care for patients with CHD.

Practices involved will receive intensive support from the IDGP to design the appropriate clinical model, based on individual practice needs. The evidence suggests that a nurse-led clinic for the self management of chronic disease such as CHD has positive outcomes for the GP, the practice nurse, the administration staff and ultimately, the patient.

If you would like more information about the nurse-led clinics for CHD, please contact Katherine van Putten, NiGP Project Officer: 4220 7644.

Setting new standards for general practice

(Adapted from RACGP Media Release November 2009)

The RACGP Standards for general practices (revised 3rd edition), against which general practices are surveyed for accreditation, are under revision by the Royal Australian College of General Practitioners (RACGP).

The RACGP National Expert Committee on Standards for General Practices (NECSGP) will oversee the review and develop processes to complete the RACGP Standards for general practices (4th edition) during 2010. It is anticipated that the revised Standards will be launched in October at the college's annual conference, GP'10, in Cairns.

A new element of the document will be an emphasis on information management standards and their relevance and usefulness for general practice. This may address issues such as the content and structure of electronic health records, maintaining databases and the security of electronic information.

Practices will have 12 months' breathing space after the launch of the revised Standards in which they can still choose to be accredited against the 3rd edition of the Standards, or against the 4th edition.

The consultation process, involving a review of the current standards, took place in the latter half of 2009. GPs, practice nurses, practice managers, reception staff and division staff were asked to comment via an online survey. The draft edition will be available for comment during February 2010.

Please contact Practice Support if you would like assistance with your upcoming accreditation.

Get Healthy Information and Coaching Service

The Get Healthy Information and Coaching Service, is a free telephone and web based service staffed by qualified health coaches

and aimed at supporting adults at risk of developing chronic disease to make lifestyle changes regarding:

- » Healthy eating
- » Physical activity
- » Reaching and maintaining a healthy weight

The service provides information and ongoing coaching support, individually tailored to the participant's needs.

Participants will receive up to 10 telephone based coaching calls over six month period and will be supported through printed materials, emails and access to a secure website where they can keep track of their goals and monitor their progress.

The Service will help maintain motivation, identify problem areas and create solutions for successful lifestyle change. The Service operates within the parameters of the National Physical Activity Guidelines and the Australian Guide to Healthy Eating.

This screening and assessment process asks about any recent hospitalisations, chronic conditions, illnesses relating to the heart, lungs or brain, physical conditions, pregnancy or breast feeding, mental health considerations and special dietary considerations. If these questions highlight any relevant issue, the participant is referred to their GP to obtain medical clearance prior to taking part in the program.

GPs are also being encouraged to refer any client they think would benefit, to the Get Healthy Service. All you need to do is complete a referral form and email or fax it to the Get Healthy Service.

The form is available from the Get Healthy website. A medical director template of this referral form has also been developed by GPNSW. <http://www.gpnsw.com.au/programs/australian-better-health-initiative-primary-care-integration-programs/nsw-health-initiatives-updates>

With the permission of the participant, the General Practitioner will be kept informed of their patient's progress with the provision of regular reports from the Service.

How to contact the Service?

Email: contact@gethealthynsw.com.au

Phone: 1300 806 258

Fax: 1300 013 242

Web: www.gethealthynsw.com.au

Education Events

Mental Health Skills Training

If you still need to complete your Mental Health Skills Training (MHST) the Black Dog Institute (BDI) currently has two courses that offer this accreditation; Demystifying Depression and Troubled Teens. They are both 6 hour programs.

Upcoming course dates are:

February

- » 27th Troubled Teens: Black Dog Institute, Randwick

May

- » 1st Demystifying Depression: Black Dog Institute, Randwick

The BDI are also in the process of upgrading their Bipolar program to 6 hours and are hoping to register it for MHST accreditation by the time they run the program on:

March

- » 27th Ups and Downs (Bipolar Disorder): Black Dog Institute, Randwick

To register for a program visit the BDI website on: blackdoginstitute.org.au or for further information please email Katie at k.denton@blackdog.org.au or call 02 9382 8518

Free information session – Practice Management

Date: February 23rd 2010

Time: 6.00pm for 6.30pm start

Venue: AMA NSW, Ground Floor, 69 Christie Street, St Leonards NSW

RSVP by: Monday 15th February 2010

Please visit the below link and register online or call 1800 288 622 to register for this session. http://www.practicemanagement.edu.au/PracticeManagement_InfoSessions.htm

Complete your CPR requirement for the current triennium - Wollongong course

RACGP CPR Certification Courses are being held in March 2010 throughout NSW (including North Sydney, Parramatta, Dubbo, Newcastle, Coffs Harbour, Albury and Wollongong).

This 2 hour course is designed to provide participants with the necessary CPR knowledge and skills as required by the 2008-2010 RACGP QA&CPD Program. Places are limited, so register now and get in before the end of the triennium!

For more info, go to: http://www.racgp.org.au/facultyeventlinks/NSW0910_26.pdf or contact William or Lucy on 02 9886-4700 or nswact.events@racgp.org.au

Also note that the IDGP will be running CPR training on the 18th August 2010 for all practice staff including GPs.

Practice Managers' Forum Events

The Practice Support Team will be running quarterly events for practice managers during 2010.

The first event will be held on 10 March 2010. Please see the 2010 Education events calendar (next column) for all the dates of these events and other education sessions.

The forum events are focused on bringing together practice managers for an informative session of approximately 1 hour and then for those who choose to, a social evening over a meal at a local Wollongong restaurant.

The topic for the first event this year will be a presentation from Jane Anderson from WorkCover, the presentation will be focused on the employers' obligations around OH&S issues.

Afterwards we will be heading off to a local restaurant for a relaxing social evening.

Refugee Health Information Evening

The IDGP is coordinating a Refugee Health Information Evening for GPs and Practice Nurses on 17 March 2010. The evening will focus on topics of clinical relevance to those working with refugee families.

If you have any further information please contact Kylie Rose on 4220 7600.

2010 Education Events

In 2010 the Practice Support Team will be offering a range of education opportunities for practice managers, practice nurses and practice staff.

Dates for 2010 are as follows:

Practice nurse workshops

- » Infection Control – March tba
 - » Ear Syringing – 21 April 2010
 - » Practice Nurse Seminar – 29 May 2010 - topics tba
 - » Wound Care – 21 July 2010
 - » CPR – 18 August 2010
 - » Asthma – 23 September 2010
 - » Immunisation with PHU – 4 November 2010
 - » Practice Nurse Orientation – 17 November 2010
- (please be advised that these dates can be subject to change)

Practice managers & practice staff workshops

- » Accreditation – 24 February 2010
 - » Accreditation – 17 March 2010
 - » Accreditation – 16 June 2010
 - » Accreditation – 23 June 2010
 - » CPR – 18 August 2010
- (please be advised that these dates can be subject to change)

Practice managers forum meetings

- » Workcover session - 10 March 2010
- » 9 June 2010
- » 8 September 2010
- » 8 December 2010

Each practice managers forum meeting will have a guest speaker followed by dinner at a Wollongong restaurant.