



IDGP Highlights

Accreditation Success

We would like to extend our congratulations to Dr Gaing's Surgery who have received news that their practice was among the winners of the AGPAL Practice Excellence Award in 2009

Accreditation Education

The Practice Support Team has run 3 accreditation preparation workshops for practices with accreditation upcoming. These workshops which were run in February, March and May, were attended by 27 representatives from 15 practices.

Antenatal Shared Care

The Antenatal Shared Care Program tracks women who choose to see their GP through their pregnancy. Here are some interesting facts regarding ANSC women for Jan-March 2010:

- 177 women were referred to the ANSC program – that figure represents 27% of all women booked into Wollongong Hospital to have their babies.
- 186 women birthed and had live babies, this represents 32% of babies born in Wollongong Hospital.
- 75% of mothers who go through the Antenatal Shared Care program report breastfeeding their child.
- 18 % of women indicated they smoke when booking into the clinic
- 51% of women attending the clinic have BMI in a healthy weight range
- 2.5% required an interpreter

WELCOME

Hi All

The cooler weather brings with it the 2010 flu season. With the expanded eligibility for the flu vaccine I am sure you are all busy running flu clinics. With the added threat of a potential second outbreak it essential that best practice infection control standards are maintained.

As has been widely reported the Australian Government has temporarily halted the national seasonal influenza vaccination program for children aged 5 and under. Seasonal flu vaccination for people 6 years and over continues to be recommended. There does not appear to be any implication for the H1N1 Vaccinations.

May 1 has bought a number of changes to the Medicare Primary Care Items . These changes will influence individual item numbers and item descriptors for various attendance items.

May sees the introduction of the new PIP Indigenous Health Incentive as part of the Closing the Gap Program. This new incentive has been developed to support general practices to provide best practice healthcare for Indigenous Australians. To be eligible for the incentive practices must be eligible to join PIP and meet the specific sign on requirements. See an outline of the eligibility requirements inside.

Brendon Fitzgerald, the Practice Support Team's newest member has been employed as the IDGP's Indigenous Health Project Officer. Brendon has been funded under the Closing the Gap Program and his role will be to improve Indigenous Australians' access to mainstream primary health care.

The Practice Support Team is proud to announce that the Benchmark group will partner with the Illawarra Division of General Practice to run a series of Nationally Accredited Courses in June this year. The courses will be run from the 16th to 18th of June and will encompass Ear Irrigation, IV Cannulation, and CPR. To register in one of these courses please log onto www.benchmarkgroup.com.au and register online.

For all of you who were wondering Kristie-Lee is now a proud mother of a gorgeous, bouncing boy. Zac was born on Friday the 12th of March and was a very healthy 8.6 pounds. Mum has made a very successful transition into motherhood.

Within this issue of PS.. we have provided an overview of the Closing the Gap program, an outline of your Work Cover responsibilities and a first look into what the 4th edition standards may contain.

From your Practice Support Team
Chris, Margaret, Kathy, Linda, Brendon, Katherine and Alison.

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Snippets

Indigenous Health Facts

It is evidenced that Aboriginal and Torres Strait Islander people experience a burden of disease two and half times that of non-Indigenous Australians. Vos et al 2007. Burden of disease and injury in Aboriginal and Torres Strait Islander people 2003, Queensland University.

Chronic diseases and associated risk factors are responsible for about two-thirds of the life expectancy gap between Indigenous and non-Indigenous Australians. ABS, AIHW. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008. ABS cat no. 404.0 AIHW cat no. IHW21

Blindness was around one-and-a-half times more common for Indigenous than for non-Indigenous people. Australian Bureau of Statistics, 2006, National Aboriginal and Torres Strait Islander Health Survey: Australia, 2004 – 05 Canberra: Australian Bureau of Statistics

Draft 4th edition of the RACGP Standards for general practices

The draft 4th edition standards are now available for review and comment. Please see the following link to download your draft copy. www.racgp.org.au/standards.

Some of the draft changes include:

- The terms “practice team” and clinical team” are used in place of GPs, staff and practice.
- Fewer criteria and indicators - overall number of indicators reduced by 39.
- Explanatory material has been summarized.
- The documents suggests that consideration needs to be given to the great diversity in size and location of practices in Australia and that the work involved in accreditation is disproportionately large for solo and remote practices. Keeping this in mind the “formal assessment process against the Standards needs to be based on common sense and needs not seek to penalize or exclude practices on the basis of technicalities”.
- The 3rd edition prescribed the way a practice needed to meet an indicator eg. record review, interview, document review whereas the draft 4th edition has removed the descriptors and changed the process so that a practice has more choice in demonstrating how they meet an indicator. The end result may be that the same method is actually used as was before but it is up to the practice rather than prescribed for them.
- There is a strong emphasis on practices acquiring valid and reliable feedback that is of an adequate quality from patients. The patient satisfaction survey will need to be approved by the RACGP.
- General Practice is required to comply with State and Federal legislation in areas such as medical indemnity insurance, non-discriminatory care and management of dangerous drugs. Some of these areas have not been included in the draft 4th edition (eg Management of Dangerous Drugs (S8s) because general practices are presumed to comply with the overarching Commonwealth and State laws.
- E-Health: included in the draft standards is information around maintaining the confidentiality and security of a patients’ medical information. It is in accordance with the National Privacy Principles as well as

the RACGP's Handbook for the Management of Health Information in Private Medical Practice. The area of electronic communication and data transfer is one of rapid change and will affect the process of acquiring, storing and transmitting personal health information.

The NEW indicators are as follows:

1.5.2 Clinical Handover – Our practice has an effective handover system that ensures safe and continuing health care delivery for patients.

3.1.3 Clinical Leadership – Our practice has clear lines of accountability and responsibility for creating an environment of excellence in safety and quality of clinical care.

3.1.4 Patient identification – Our patients are correctly identified at each encounter with our practice team

5.3.1 Safe and quality use of medicine – Our clinical team prescribes, dispenses and administers appropriate medicines safely to informed patients.

For a more detailed list of the key changes by indicator please contact the Practice Support Team on 4220 7600 or practicesupport@idgp.org.au

The RACGP is inviting comment on the draft standards. You can email your comments to standards@racgp.org.au, or by post to National Expert Committee on Standards for General Practices, RACGP, 1 Palmerston Crescent, South Melbourne 3205 VIC. **The deadline for submissions is 30th June 2010.**

Keep us up to date

If you have recently acquired an email account or changed your email/fax details please advise the Practice Support Team so we can add you to our e-list to ensure that you receive our updates.

Snippets

Aboriginal and Torres Strait Islander people are more likely to die from chronic conditions than non-Indigenous Australians: 1.5 times more likely to die from cancer; and 12 times more likely to die from diabetes. ABS, AIHW. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008. ABS cat no. 404.0, AIHW cat. No. IHW 21.

Tobacco smoking alone is responsible for 20% of all deaths for Aboriginal and Torres Strait Islander people. ABS, AIHW. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008. ABS cat no. 404.0, AIHW cat. No. IHW 21.

Despite these statistics, Medicare Benefits Schedule (MBS) per capita expenditure for indigenous Australians is estimated to be 45% of the non-Indigenous average, and Pharmaceutical Benefits Scheme (PBS) per capita expenditure is estimated at 51% of the non-Indigenous average. AIHW 2008. Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004–05. Health and welfare expenditure series no. 32. Cat. no. HWE 40. Canberra: AIHW.

Closing the Gap Web Links:

<http://www.health.gov.au/tackling-chronic-disease>
<http://www.medicareaustralia.gov.au/provider/incentives/pip/forms-guides.jsp>
http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit



Closing the Gap

Hello to All: My name is **Brendon Fitzgerald** and I have been recruited to the role of **Indigenous Health: Project Officer** under the **Closing the Gap** project within the Illawarra Division of General Practice. I have worked within the Illawarra Aboriginal community for over twenty years with Dept of Education, Medicare, ITeC, Juvenile Justice and the UOW and have much experience in engaging the Aboriginal community into mainstream services. My role is to help general practices to engage with our local Aboriginal community to 'close the gap' in life expectancy between mainstream and Aboriginal peoples.

I am available by phone, email and to visit interested practices to provide assistance with Indigenous related PBS, MBS and PIP enquiries. I can also provide practice resources such as Indigenous health related posters and pamphlets to encourage an Indigenous friendly atmosphere in practices and I will also be organising cultural safety training for interested practices. The Practice Support team and I will also be available to assist practices with strategies to better identify and record Indigenous patients.

The new PIP Indigenous Health Incentive, available from 1 May will support general practices and Indigenous health services to provide better health care to Indigenous Australians, including best practice management of chronic disease.

PIP Indigenous Health Incentive - Financial Incentive

Sign-on registration: A one-off payment of \$1000 to undertake certain activities to improve the provision of care to Indigenous patients. Cultural safety / awareness training, follow-up systems and identification of Indigenous patients will be a component of the sign-on payment.

- **Patient registration:** Payments of \$250 for each Indigenous patient aged over 15 years registered with the practice for chronic disease management
- **Outcomes payment:** Payments to practices for each registered patient for whom a target level of care is provided by the practice (2 tiers).

- Tier 1: Payments of \$100 per eligible patient per year to have a care plan in place and at least one review (ie 721 and 725 in place), OR two reviews in place (where a care plan is not necessary that year)
- Tier 2: Payments of \$150 per patient per year to provide the majority of chronic disease care ie a minimum of 5 services per year. Tier 2 payments are additional to Tier 1 payments. Outcomes payments will be automatically calculated by Medicare Australia. The first outcomes payments will be made to eligible practices in August 2010.

PIP Indigenous Health Requirements

- To join this new incentive, practices will need to be participating in the PIP and meet the following specific sign-on requirements:
- Agree to seek consent to register their Aboriginal and/or Torres Strait Islander patients who have, or are at risk of, chronic disease with Medicare Australia in order to access support through the **Indigenous Health Incentive** and the **Pharmaceutical Benefits Scheme (PBS) Co-payment Measure**
- Establish and use a mechanism to ensure their Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (e.g. through use of a recall and reminder system, or staff actively seeking out their patients) to ensure they return for ongoing care
- Agree that at least two staff members (one of whom must be a General Practitioner) will undertake appropriate cultural awareness training within 12 months of joining the incentive, and
- From 1 July 2010, agree to annotate PBS prescriptions for eligible Aboriginal and/or Torres Strait Islander patients for the purposes of the PBS Co-payment Measure. The **PBS Co-payment Measure** promotes greater access to PBS medicines by reducing or waiving the co-payments for medicines for eligible Aboriginal and/or Torres Strait Islander patients.

For any more information and general enquiries you can ring Brendon Fitzgerald on (02) 42207600 or email bfitzgerald@idgp.org.au

Snippets

In 2004-05, 10% of Aboriginal and Torres Strait Islander children aged 0-14 years were reported as having ear or hearing problems compared with 3% of other Australian children. Hearing loss can lead to linguistic, social and learning difficulties and behavioral problems in school, which reduce educational achievements that have life-long consequences for employment, income, and social success. Cuzos S, Murray R 2003. *Aboriginal Primary Health Care: An Evidence Based Approach*, 2nd Edn, Oxford University Press, Melbourne

The low usage of primary health care by Aboriginal and Torres Strait Islander people, relative to need, has resulted in over-utilisation of hospital services. In 2004-05 Indigenous Australians were more than twice as likely to visit casualty/outpatients as non-Indigenous Australians. Australian Government, 2008, *Aboriginal and Torres Strait Islander Health Performance Framework 2008 Report*

Mainstream general practice is a significant source of care for a large number of Aboriginal and Torres Strait Islander people, however, anecdotal reports suggest a relatively small proportion of private general practitioners provide sensitive and appropriate services for their Indigenous patients. There is some evidence that few mainstream general practitioners currently identify which of their patients are Aboriginal and Torres Strait Islander. Therefore they are not in a position to offer the additional MBS, PBS and immunisation programs available. Norris et al. 2004, *Role of GPs in adult Indigenous immunisation – a national survey* [abstract] 9th National Immunisation/1st PHAA Asia Pacific Vaccine Preventable Diseases Conference.

OTIIS Update

OTIIS Help desk application

OTIIS has moved to a new help desk application to help us manage the delivery of IT services to practices. One of the main differences for practices will be the ability to log in to a customer portal, log new job and look at the progress of outstanding jobs. We are very excited about the potential improvements to customer service the new software package brings to OTIIS.

If you are interested in looking at or using the customer portal please contact us via e-mail otiis@idgp.org.au or phone 42207699

New hardware sales website.

OTIIS is currently developing an online IT sales website, where practices will be able to log in and look at hardware prices and order if they wish. The web site is at www.otiis.com.au. The aim of the new web site is to make it easier to pass on savings and special pricing. We have developed relationships with national wholesalers and vendors over several years to allow us to deliver this web site and pass on savings. It is also an opportunity for practice staff to take advantage of our access to national wholesalers and purchases through the web site. We look forward to keeping you informed on developments with the online IT store.

New pricing for Argus 5

New License Conditions

To our surprise we have been advised by Argus Connect of some unwelcome changes to Argus licensing, Argus is the secure messaging solution that SESIAHS selected to distribute their secure messages.

To follow is some of the relevant information provided by Argus Connect on the Argus 5 new pricing structure. Full details are available from <http://www.argusconnect.com.au/view/latest-news> ,26th of Feb and 1st of March

Argus 5 will have new licence conditions and will not be released under a freeware license.

Instead, the software license will be bundled with support on a paid subscription basis. The subscription fees will be assessed on the same basis and cost as the current Priority Support fees. Hence for a practice on Priority Support, the cost of using Argus will not change.

Current GP, Specialist and Allied Health Argus users that do NOT have a paid Priority Support and who choose to remain with their existing Argus 4 freeware license can do so.

However, please be aware that Argus 4 will not undergo any further development and all support for Argus 4 will be phased out in mid-2010.

Argus Connect charges for Argus 5

Details are available from Argus Connect <http://www.argusconnect.com.au/content/support-options>

- \$99.00 per **full-time** practitioner per year, instead of the standard price of \$121.00
(Full-time = 6 sessions or more per week)
- \$59.40 per **part-time** practitioner per year, instead of the standard price of \$72.60
(Part-time = 5 sessions or less per week)

Capped at 12 practitioners.

NAIDOC Week celebrations are held across Australia each July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. NAIDOC is celebrated not only in Indigenous communities, but by Australians from all walks of life. The week is a great opportunity to participate in a range of activities and to support your local Aboriginal and Torres Strait Islander community. The national theme for this year's NAIDOC Week celebrations is: *Unsung Heroes – Closing the Gap by Leading Their Way.*



4-11 JULY 2010 | **Unsung Heroes**
Closing the Gap by Leading Their Way



HMR in the Illawarra started in 2003 with 13 GPs referring patients for HMR. Seven years later we now have 75 GPs referring 1731 patients a year (2009 Medicare statistics) for a Home Medicines Review. The program has been successful nationally and the recent budget announcements have confirmed continuation for HMR funding. Unfortunately, HMR facilitators at local divisions of General Practice who support the HMR process as well as providing community and pharmacist education have received no further funding in the new health budget. The federal government contract for facilitators ends at the end of June and if you have any questions or require any assistance with HMR in your practice, please contact me as soon as possible to arrange a visit.

Recently, a third year medical student accompanied me on HMR patient visits. This is what he had to say about his experience with HMR: "Overall I feel that the Home Medicine Review Program is of significant benefit to the patients, as well as health professionals involved in their care. The program helps to identify issues in medication regimes, which might otherwise be overlooked. Addressing these issues can only improve patients' health outcomes." This student was interested in the patient-pharmacist interaction with a variety of patients and the way the information was gathered from clues relating to the patients' health in conversation and by observing the home environment

With confidence HMR in the Illawarra will continue to help GPs with patient care and will empower patients in their knowledge of their medications.

I am available to visit your practice to explain the program, or I can be contacted at the Illawarra Division of General Practice on Tuesdays and Wednesdays on 4220 7600. Karina Bronska



MBS Changes

The much talked about MBS changes have arrived. The changes have come about from the MBS Review in 2009 with the aim of reducing red tape for the GPs, encouraging prevention and simplifying the MBS. The changes have reduced 85 MBS items to 33, as well as simplified some claiming requirements.

One of the central features of the MBS changes is the combination of the Aboriginal and Torres Straight Islanders Health Check MBS items (704-710) into one MBS item number, 715.

If you are not already familiar with the changes MBS online has detailed information about the changed descriptors and explanatory notes at www.health.gov.au/mbsonline.

The IDGP's "reset your life" lifestyle modification program (LMP) is expanding!

In a bid to prevent Type 2 Diabetes in the Illawarra, the IDGP is increasing the frequency of their LMP programs and we need your referrals! A schedule of LMP dates will be sent to practices soon and it is hoped that the additional group programs will remind general practice staff to refer patients as participants can commence the program as soon as they enroll!

What's involved?

- The program runs for 6 months and provides lifestyle advice from an exercise physiologist (Lauren Hickson) and a dietitian (Anita Needham)
- Patients aged 40-49 at high risk of diabetes should be referred. Other patients can attend for a fee of \$280 for the 6 month program.

How to refer?

- Patients should complete the AUSDRISK tool (<https://www.ausdrisk.com/>). Those scoring 15 or above (or 12 or above from July 1) should be referred to the program using the LMP referral form

Where and how should we start?

- Contact Lauren at IDGP on 4220 7600 to book a practice visit or
- Opportunistically screen people aged 40-49 with the AUSDRISK tool or
- You may wish to mail the ausdrisk to patients aged 40-49 inviting them to visit your nurse or GP to discuss their pre-diabetic result.

Medicare Online Education Services

Medicare Australia has developed an online education package that provides a convenient and an easy to use resource to access information about Medicare and the PBS. The e-Learning program provide interactive education modules focused on MBS claiming and PBS prescribing. While a Quick reference guide provides a summary tool to clarify information about different Medicare or PBS items, including

- CDM Item items
- Practice Nurse Items
- Prescribing Gabapentin under the PBS

For further information please go to <http://www.medicareaustralia.gov.au/provider/business/education/index.jsp>

IDGP's Cervical Screening Project

Nurses from 23 local practices are currently participating in the IDGP's Cervical Screening project. Since the project commenced in October 2008, these nurses have provided data for a total of 2,391 Pap tests – 924 of these since the 1st January 2010.

Not only do the nurses perform a Pap test as part of the consultation, but also a holistic 'Well Women's Health Check'. This incorporates many aspects of sexual and reproductive health such as: breast self examination, menopause, STI screening and contraception. By actively recalling women who are over due for their Pap test, these nurses have been able provide this valuable service to almost 2,400 local women – a number sure to increase with four months remaining on the project.

Snippets

The mainstream primary health care system mainly comprises General Practices and State operated clinics. There is clear evidence to show that while Aboriginal and Torres Strait Islander people do use these services, there are barriers to access for a significant number;

- Poor access of Aboriginal and Torres Strait Islander people to primary care services is evidenced by the significant under-utilisation of the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). The result is low levels of prevention and primary care treatment services, under-use of MBS-funded specialists and under-servicing in the hospital system compared to equally ill non-Aboriginal patients. Australian Medical Association report card series 2007: Aboriginal and Torres Strait Islander Health 2007.

In terms of tertiary services Aboriginal and Torres Strait Islander peoples face serious disparities in care, where they are more likely to be hospitalised than non-Indigenous Australians and less likely to be treated by medical or surgical procedure while in hospital.

Aboriginal and Torres Strait Islander Health Performance Framework 2008 report. Australian Institute of Health and Welfare, 2008.

The Heart Foundation's June 2010 Go Red for Women Campaign

The June 2010 the National Heart Foundation will formally launch the Go Red for Women campaign to raise awareness about women and heart disease. The aim of the campaign is to get women talking about heart health. Events will be run across NSW promoting woman's heart health .

Go Red for Women day will be held on Friday the 11th of June. By wearing the colour red on this day you will be helping to raise awareness if heart disease.

Further information about the campaign can be found on the programs website at www.goredforwomen.com.au or through the heart foundation phone information line at 1300 36 27 87.

Had a safety check up lately?

Each year there are approximately 30,000 workplace injuries in NSW. By paying attention to workplace safety you can improve the day-to-day running of your practice.

Providing a safe workplace not only helps reduce the likelihood of harm to workers, and the likelihood of mistakes, wastage and damage to equipment, it also means you are complying with the law.

Illawarra's local WorkCover NSW business advisory officer, Jane Anderson, attended as guest speaker at our Illawarra Division of General Practice meeting on Wednesday 10 March 2010. Jane explains how easy it can be to make a start on ensuring your workplace is safe.

'A great first step is to do a safety check up on your practice using WorkCover's 'Serious about Safe Business Kit'. The kit contains a checklist and advice sheets to identify what you need to do to make your workplace safer.'

'The 'Serious about Safe Business' kit is an easy to use tool and focuses on six key criteria to help you on your way to a safe workplace,' said Jane. These criteria are:

Management commitment – clearly defining your own safety responsibilities and those of your workers, and providing the resources to meet those responsibilities, will help to demonstrate your commitment to safety. In return, staff commitment to your policies and procedures will improve.

Consultation – talking to workers regularly about issues affecting their health and safety at work will allow them to become more aware of hazards that affect your practice. This can promote ownership and commitment to safety solutions and contribute to staff morale and performance.

Safe work procedures – managing health and safety issues should follow a systematic approach. Identify hazards, assess the risks and eliminate or control these problem areas where possible. Some risks will remain, and measures such as safe work procedures can be taken to reduce and manage these areas. Monitoring and reviewing safety controls

will ensure they are working and will enable a cycle of continuous improvement in your practice.

Training and supervision - providing safety information, instruction, training and supervision is required under the safety laws.

Reporting safety – having a system in place for reporting safety issues such as hazards and incidents can help reduce the risk of injury as well as save your practice time and money.

Workers compensation – having a workers compensation policy, injury notification system and effective return to work program will provide injured workers with financial security and get them back to work as quickly as possible. This is a key area for cost savings as it reduces the direct and indirect costs associated with workplace incidents and injuries.

WorkCover also offers a range of other services to help you to ensure your practice is a safe business. These include:

- Free advisory visits with Jane Anderson, your local Business Advisory Officer, at a time and place that suits you.
- Free safety workshops are regularly run in the Illawarra region on a range of topics, including workplace bullying, manual handling, working with chemicals and using the Serious about Safe Business Kit
- Information and advice from the WorkCover Assistance Service on **13 10 50**.
- \$500 Safety Solutions Rebate for small business – to check if you are eligible contact **13 10 50**
- Check the WorkCover website for up-to-date information, tools and resources at www.workcover.nsw.gov.au
- Order WorkCover publications such as the "Medical Practitioners' Guide to WorkCover" (Catalogue No WC01301) by contacting **1300 799 003**.

'I enjoyed meeting some of the local practice managers at the meeting on Wednesday 10 March. If you would like more information on workplace safety please feel free to contact me on 4222 7307,' said Jane.

It was a great opportunity for local practice managers to receive advice directly from WorkCover NSW.

Snippets

The Prescription Shopping Information Service

The Prescription Shopping Information Service is administered by the Prescription Shopping Program.

Medicare Australia is working to identify patients who are getting PBS medicines in excess of medical need. Medicare Australia can contact a prescriber if their patient is identified under the Prescription Shopping Program. Medicare Australia has the authority to disclose without consent, specific and limited PBS information to a doctor about their patients who may be getting PBS medicine in excess of medical need.

If a doctor suspects a patient of getting medicine in excess of medical need, they can call Medicare Australia's Prescription Shopping Information Service. First, the doctor will need to register - complete and sign the registration form which can be found on Medicare's website (please see link at the end of this article) and fax it to (02) 6124 7820. Medicare Australia will provide confirmation of registration by fax within 2 business days or by mail if a fax number is not provided. Once registered, a doctor can call the Information Service 24 hours a day, seven days a week on 1800 631 181.

Online PBS Patient Summary reports about patients of concern are now available to doctors registered with the Information Service. The online service will allow you to view or download patient information within minutes of you making a call to the information service and your patient being identified under the Prescription Shopping Program criteria. A secure token is required to access patient information online in a secure environment. For doctors who already have a current iKey or Health Professional Card you can now access patient information online by calling **1800 631 181** (subject to your patient being identified) each time you wish to obtain an online report.

<http://www.medicareaustralia.gov.au/provider/pbs/prescription-shopping/faq.jsp>

Royal District Nursing Service

The Royal District Nursing Service (RDNS) is now available in the Illawarra. The RDNS team of Ana, Pam and Robyn are co-located with the Illawarra Division of General Practice in the Keira St office. As a new service, we would like to tell you about what we do and how to contact us or make a referral.

RDNS is a charitable, not-for-profit organisation and recognised as one of Australia's premier providers of home nursing and healthcare services. We deliver an unparalleled range of professional nursing and healthcare services to people in their homes. Our service operates 24 hours a day, every day of the year.

In recent times, RDNS has grown into new geographical areas, including the Illawarra, allowing us to care for a greater number of people with home nursing needs, in particular the aged and frail.

We are currently contracted by the Department of Veterans Affairs to provide home nursing and personal care to Veterans (including war widows and widowers) who are eligible under the DVA Community Nursing Program (all Gold Card and some White Card holders).

RDNS has a long history of working productively with GPs to assist in providing comprehensive care to patients. It may be that you have patients who could benefit from the wide range of services we offer. We would welcome working alongside you in caring for people in your practice.

The Illawarra RDNS team of Ana, Robyn and Pam have over 80 years Registered Nursing experience (over 45 of those in community nursing) and are looking forward to providing care for Illawarra clients. RDNS services include:

- Comprehensive Needs Assessment.
- Medication administration - daily or twice daily visits to administer medications, oral, eye drops or injections. This is a great option for those clients with some memory problems or other disability which prevents them from reliably administering their own medications.
- Diabetes care and education, including daily administration of insulin.

- Clinical Monitoring eg. those clients who need Blood Pressure monitoring or Blood Glucose monitoring.
- General and Technical Nursing Care - eg. continence care, stoma care, catheter care
- Palliative Care
- Personal care / hygiene assistance
- Wound care - for acute and chronic wounds.

If you have any questions regarding RDNS and its services, please call the Customer Service Centre (open 7 days) on 1300 NURSING (1300 687 7464). Ana, Pam or Robyn would also be happy to visit you to introduce themselves and drop off further information including pamphlets, referral forms etc. They can be contacted by ringing the IDGP office on 4220 7600.

Education Events

Upcoming CPR Training

The NSW Surf Life Saving runs monthly CPR courses out of the Wollongong Master Builders Club.

The cost of attending CPR training is \$50. All courses run from 9:30am to 12:00pm.

Upcoming dates:

Saturday the 19th of June from 9:30am to 12:00pm

Wednesday the 14th of July from 9:30am to 12:00pm

Saturday the 14th of August from 9:30am to 12:00pm

Wednesday the 15th of September from 9:30am to 12:00pm.

NSW Surf Life Saving will run a CPR training session at your practice for a minimum of 5 participants.



Education Events

Triage Education

The IDGP has been funded by GPNSW to run triage education for practice staff and practice nurses in the Illawarra. A session was held on the 25th of May and due to the overwhelming response more sessions will be held at:

Dapto Ribbonwood Centre - 23 June 2010 from 6:00 to 8:30pm

Kiama Community Centre - 30 June 2010 from 6:00 to 8:30pm.

The sessions will provide an overview of the triage models available, triage strategies and your triage obligations.

A further session will be run at the Division following the Kiama meeting for practices who were unable to attend any of the other sessions available. The date is yet to be confirmed.

Benchmark Education Session

The IDGP is proud to partner with the Benchmark group to provide a range of nationally accredited courses.

The dates of the training session are:

Wednesday the 16th of June

4:00pm to 6:00pm – IV Cannulation Workshop. Attendees will receive 4 CPD/CNE and the cost of attending is \$95 per person.

6.30 – 9.00pm - CPR training at \$55.00 per person

Friday the 18th of June

9:00am to 4:00pm - Course in Ear Irrigation. Attendees will receive 6 CPD/CNE points and the cost of attending is \$325 per person.

Discount of 10% to one person enrolling in 2 courses or two people from the same practice enrolling in the same course.

Practice Managers Forum

The next Practice Managers Forum is to be held on 9 June with the presenters being: Kellie Marshall on IDGP Direction
Brendon Fitzgerald on Closing the Gap
A representative for **headspace** Illawarra
Following the meeting there will be a social outing to the Wollongong Golf Club. Hope to see you all there.

Antenatal Shared Care Update

The Antenatal Shared Care will be running an update on the 14th of August from 1:00pm to 4:00pm. The session will focus on Medication in pregnancy/lactation. The training session will be held in Auditorium on level 8 of Wollongong Hospital. To RSVP please contact the Antenatal Shared Care Coordinator Leanne Cummins at 4253 4271 or at Leanne.Cummins@sesiahs.health.nsw.gov.au

Orientation Program for Nurses New to General Practice

This nationally recognised two day entry level program is targeted at nurses in their first 12 – 24 months of working in General Practice.

What nurses are saying about the program:

Very, very vital information to receive for my role as a practice nurse. Now I have more knowledge of correct ways of performing skills and what it all means in practice nursing. Should be attended by all practice nurses new to this area of work. Thank you very much I really enjoyed the two days.

• *Excellent course, would recommend it to anyone starting out in practice nursing.*

• *Excellent content and very appropriate for new practice nurses. Essential for all new practice nurses.*

I wish this course was available when I started practice nursing.

There are four more workshops scheduled for this year so don't delay:

Workshop details:

9- 10 June Liverpool Catholic Club Liverpool
25 - 26 June UNE Campus Tamworth

Cost: \$120 GST Inc. which includes a comprehensive resource manual

Registration: <http://oknet.healthgrid.com.au/survey/entry.jsp?id=1265236774051>

On-line: the program is also available on-line for practice nurses who are unable to attend a workshop at:

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

What's coming up

9th June - Practice Managers Forum

7th of August – Update Seminar

August – CPR Update

Interested in Women's Health??

Family Planning NSW is running a Well Women's Screening Course to be held in Nowra on the 27th July. The program will cover a range of issues including:

- Revision of anatomy and physiology
- Cervical health
- Breast screening
- Policy & procedure
- Legal issues
- Infection control
- Pathology follow-up
- History taking

This course ideally allows you to complete a portion of the work at home and at your own pace, without taking time away from your daily practice activities. The structure of the course is as follows:

- Workbook - Sent to participants 4-6 weeks prior to workshop (includes all resources required)
- Take-home Examination - to be completed prior to the workshop
- Workshop - One day workshop including role-plays, case studies and a practical session with clinical models
- Minimum 14 hours clinical placement and competency assessment
- Assessment - Take-home Examination and the Clinical Competency which will be assessed during the placement

The cost of the course will be \$1,700 and eligible participants may be entitled to partly funded positions with a co-contribution payment of \$550 funded by the Cancer Institute NSW. For those who are not eligible to apply for a funded position, the course fee will be \$1,620. Registration forms can be found on the Family Planning NSW website http://www.fpnsw.org.au/544645_5.html

For more information please contact Katherine van Putten, Cervical Screening Project Officer 42207644, or contact Family Planning's course co-ordinator Sophia Constantinou directly on 02 8752 4328.

