

## IDGP Highlights

### Practice Support 2008-2009 service statistics -

The Practice Support Team works hard to provide a supportive and responsive service for GPs, nurses, practice managers and admin staff. It has been a busy year and this is reflected in the results achieved for the Team's key deliverables.

- » 879 occasions of service were provided to practices, exceeding our target of 500
- » Of the 87 Illawarra practices 85 (97.7%) received individual support (excluding educational events)
- » The main topics that support was provided for were: Immunisation, Accreditation, EPC, PIP/SIP, IM/IT, HR/Staff issues
- » The main methods of support used were phone and email
- » 57 of the 87 Illawarra practices attended education events provided by the Practice Support Team. A total of 23 educational events were held:
  - » 17 education workshops were held for practice nurses, practice managers, administration staff and GPs, (the target was 6 sessions for nurses and 4 for practice managers/staff)
  - » 6 in-house education sessions were conducted for practice nurses, practice managers, admin staff and GPs
  - » 83 (77%) practice nurses attended education events provided by the Practice Support Team, exceeding the target of 40%
  - » A total of 33 practices attended infection control education

## WELCOME

The onset and spread of the H1N1 influenza virus has led to a challenging time within general practice in the Illawarra Region. As we move into the warmer months it is critical that all general practices maintain their vigilance in regards to their infection control principles.

NSW Health has created a H1N1 website that is frequently updated as the situation changes. It provides in-depth information about case numbers and statistics. The H1N1 Section of the IDGP website is also frequently updated and contains all the NSW Health updates that are sent to general practices.

The Panvax H1N1 Vaccine will be provided free to the general public through public and private health providers. The vaccine will be offered to all Australians over 10 years of age with emphasis on vulnerable patients (rather than a cascade rollout as originally planned).

With the release of the Panvax Vaccine the Team will be keeping practices informed about the priority groups targeted, resources available and best practice standards when using a multi vial vaccine. Please keep an ear out for further training in this area in the coming months.

The H1N1 influenza virus outbreak highlighted the important role the Illawarra Division of General Practice has in passing on information to local general practices. Therefore if you have recently acquired an email account or changed your email/ fax details please contact the Practice Support Team and we can amend our contact lists so that you receive our updates.

The Practice Support Team has been focused upon providing increased support to practice managers and practice staff. A key focus in this area has been providing more frequent practice staff education, both onsite and at the Division.

The Division has recently purchased PEN Cat, an innovative data extraction tool. The Practice Support Team has received training in how to install this program, and has received fantastic feedback from the 5 collaborative practices who have been using the program.

Please look out for the following inserts in this issue:

- » [Calendar of Divisions Education Events](#)
- » [CPS Mental Health Nurse Service](#)
- » [Beyond Blue Education Invitation](#)

The Practice Support Team through P.S. is endeavouring to create a publication that is relevant to the entire Practice Team. If you have any feedback or suggestions for future editions please contact the Practice Support Team via email at [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au) or phone at 4220 7600.

Chris, Margaret, Kristie-Lee, Alison, Kathy and Linda  
Your Practice Support Team

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## Snippets

### ACIR history statement

As of the 1st of July 2009 milestone Immunisation History Statements will no longer be issued for children turning 1 and 2 years of age.

A new milestone Immunisation History Statement will be sent to parents/guardians for children 5 days before the child turns 18 months of age and at 5 years.

The child's parents/guardian can request a statement at any other time online.

### SA Catch up calculator is back again

The SA Department of Health has updated their immunisation catch up calculator.

This calculator was referred to in the 9th Immunisation Handbook and can be accessed at <http://www.health.sa.gov.au/immunisationcalculator>

## H1N1 Update – The Vaccine is Coming

The H1N1 Vaccination Program will commence on the 30th of September.

This will have significant implications for general practice as it provides the vast majority of immunisation services to the community.

The vaccine will be available for all individuals over the age of ten. However there will be an increased focus on vaccinating certain groups at higher risk of exposure (for example health care workers) and those vulnerable as identified in the PROTECT annex, including pregnant women, indigenous people and people with underlying medical conditions.

The vaccine is to be provided free to all people including non-medicare card holders through the public and private health providers. The vaccine will not be available on the PBS or through private script.

The vaccine PANVAX H1N1 (CSL) is to be distributed in packs of multi-dose vials, initially there will be 18-20 doses per 10ml vial. To reduce vaccine wastage it is recommended that patients are grouped together for vaccination, where possible.

Always use a new needle and syringe for each patient and never re-enter a multi dose vial with any used injection equipment. The dose is 15mcg (0.5mls per person) with age parameters still to be determined. Vial must be destroyed within 24hours after first breached.

The Australian Government recommends the use of a consent form for each dose administered, but is not compulsory.

Copies of consent forms are available on the NSW Department of Health website. No data collection is required. A fact sheet for consumers will come with the vaccine.

VacPacs (disposable items for vaccinations) are also being provided from the Australian Government and will be available for order with the vaccine.

Further information is available from NSW Health via the H1N1 influenza website at <http://www.emergency.health.nsw.gov.au/swineflu/index.asp>.

## Immunisation – Cold Chain

Adapted from the Kiss Guide to Vaccine Management flipchart. For copies of the flipchart please contact practice support.

### COLD CHAIN BREACH

#### What is a cold chain breach?

A breach occurs when vaccine temperatures go outside the recommended range of +2.0C and +8.0C. This DOES NOT INCLUDE temperature deviations of up to +12.0C and lasting no longer than 15 minutes during a stocktake or restock. Always contact the Public Health Unit (PHU) for advice on 4221 6700.

Action to be taken in the event of a cold chain breach:

- » Isolate the vaccines immediately to prevent further use (sign on door) and notify staff
- » Continue to keep them stored between +2.0C and +8.0C
- » Contact PHU to inform them of the breach and seek advice
- » Have important details on hand
  - Vaccine account number
  - Date/time of breach
  - Min/max reading
  - When min/max thermometer was last reset
  - How long temperature was outside range
  - Possible cause of the breach
- » DO NOT DISCARD NSW Health funded vaccines unless advised to do so by the PHU
- » Take active steps to prevent problem reoccurring –Eg. signs, staff inservice, back up power
- » For private vaccines contact manufacturer for advice
- » Record notes on temperature log/ incident log to record what happened and how it was corrected

The IDGP is able to place a data logger in your fridge to record temperatures over a set period of time and provide a written report.

If you are concerned about temperature fluctuations, have had a breach or have accreditation coming up please contact the Practice Support Team to arrange for the logger to be placed in your fridge.

## New cancer screening resources for Aboriginal women

New resources about breast and cervical cancer screening for Aboriginal and Torres Strait Islander women are available.

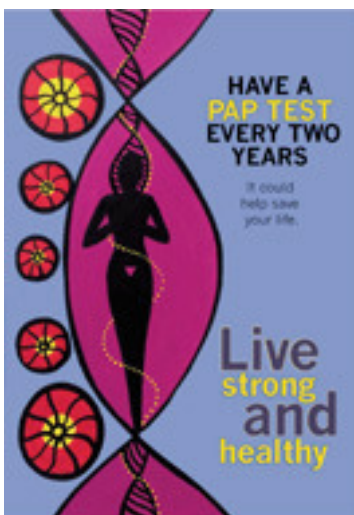
The NSW Cervical Screening Program and BreastScreen NSW commissioned Aboriginal artist Bronwyn Bancroft to design this artwork especially for the new 'Live strong and healthy' resources.

The design features a DNA strand to communicate the importance of self-protection and prevention through screening.

Cancer screening has reduced the impact of both breast and cervical cancer on mortality rates. The screening programs have helped to diagnose cancers earlier, increasing survival among women with these cancers.

The 'Live strong and healthy' resources are available on the programs' websites, BreastScreen NSW [www.bsns.org.au](http://www.bsns.org.au) and NSW Cervical Screening Program: [www.csp.nsw.gov.au](http://www.csp.nsw.gov.au).

If you would like further information regarding the breast or cervical screening programs or have any questions please contact the Cancer Institute NSW on 02 8374 5600 or email [information@cancerinstitute.org.au](mailto:information@cancerinstitute.org.au)



## Identifying indigenous patients attending your practice

Do you know how many Aboriginal patients you have?

Studies suggest that few general practices have processes for identifying indigenous patients. Identifying Aboriginal and Torres Strait Islander patients is important for 2 main reasons: To improve the healthcare provided to this high-risk group and to improve the reliability of the quality of data on indigenous health.

The attitudes, knowledge and skills of the practice team are important. Research in other areas suggests that GPs and practice staff may believe their practice doesn't have any indigenous patients so therefore there is no need to ask patients about their ATSI status....but how do they know there aren't any Aboriginal and Torres Strait Islander patients if they haven't been asking?

The main reasons given for practices not identifying Aboriginal and Torres Strait Islander patients are:

- » GPs/staff feel that asking someone if they are Aboriginal and Torres Strait Islander is discriminatory or that it would cause offence
- » GPs/staff believe they can identify by sight
- » GPs/staff don't know how to record it in their computer software
- » GPs/staff believe that because their patients are treated equally there is no need to identify those who are Aboriginal and Torres Strait Islander

Why is it so important to identify Aboriginal and Torres Strait Islander patients?

Aboriginal life expectancy and risk of chronic disease are not equal to that for non-Aboriginal patients and the aim is to try to close the gap. There is a 17 year gap in life expectancy between Aboriginal and non-Aboriginal patients.

Aboriginal people have a higher risk of developing a chronic disease, are more than twice as likely to die as a result of diabetes or accidents and are 1½ times more likely to be admitted to hospital, than non-Aboriginal people. The infant mortality rate is 3 times

higher than for non-Aboriginal infants.

Per person, Aboriginal patients use less of the health dollar than non-Aboriginal patients. As the severity of chronic disease increases Aboriginal patients fall even further behind in terms of their use of health resources.

There is low uptake of MBS items, PBS and immunisation. For example the uptake of Aboriginal health checks is much lower than that of the 45-49 health check. Health data for Aboriginal people is often unreliable due to a history of poor recording of Aboriginality by the healthcare sector.

## Funding from the Cancer Institute of NSW

The Illawarra Division of General Practice has received funding from the Cancer Institute of NSW to help improve access to cervical screening services for underscreened and unscreened women in the Wollongong and Shellharbour LGAs.

There are two options available for general practices to be involved with this project:

- » IDGP can provide a registered accredited cervical screening nurse to small practices to run regular cervical screening clinics.
- » IDGP can provide funds to practices who have their own accredited cervical screening nurse to offset employment and administrative costs of running regular cervical screening clinics.

Support is also available to practices to help access Pap Test Register data to actively recall women who are overdue for their Pap test. Patient Information brochures are available in community languages. Practices can also be supported to maximise their income through MBS practice nurse items and PIP payments for cervical screening.

Cervical Screening project funding is available until March 2010. For more information on how you can be supported to provide this valuable service to your patients, please contact the IDGP Cervical Screening Project Officer, Katherine Van Putten on 4220 7600 or through email at [kvanputten@idgp.org.au](mailto:kvanputten@idgp.org.au)

# Snippets

## Access to the Online HPV Register

From the 24th of August NSW general practitioners should have been provided with access to the National HPV Program secure website. Of the 6102 NSW General Practitioners registered with the HPV register, 3100 have requested online access.

The online HPV register allows general practitioners to search live national HPV Register Databases to access a patient's HPV vaccination history, view their notification payment statements and view over due dose reports.

Letters that contain a user name, instructions for logging in and a reference guide have been posted to all GPs. Their password will have been emailed separately.

If a GP has not yet received their user name and password they should contact the HPV Register at 1800 478 734.

GPs who have registered for the HPV register but would like to request online access should complete an Update General Practitioner Registration Details form available at <http://www.hpvregister.org.au/health-professionals/>

If you would like further information about the online HPV register please do not hesitate to contact the Practice Support Team at 4220 7600.

## Diabetes Management in General Practice 2009/10

The 2009/10 edition of Diabetes Management in General Practice is now available.

These guidelines developed by the RACGP and Diabetes Australia are for the management of type 2 Diabetes in General Practice.

The guidelines are distributed by the sponsors Alphapharm and Merck Sharp and Dohme.

## NPS and QUM Update

### NPS RADAR reviews rivaroxaban (Xarelto).....

Prescribers treating patients who have had total hip or knee replacement surgery can access an independent review of the oral anticoagulant rivaroxaban (Xarelto) in the August issue of NPS RADAR ([www.nps.org.au/radar](http://www.nps.org.au/radar)).

NPS RADAR provides independent information about new medicines and changes to PBS listings to health professionals and is published to coincide with PBS updates, giving health professionals access to information when they need it.

"GPs and pharmacists may see patients who have been initiated on rivaroxaban in hospital. They should be aware that rivaroxaban has only been evaluated for use in preventing deep vein thrombosis and pulmonary embolism after elective total hip or total knee replacement surgery," NPS senior adviser, quality use of medicines, Judith Mackson said.

"Duration of the therapy is 14 days after knee replacement or 35 days after hip replacement and no longer. Some patients will need a GP prescription soon after discharge to cover the remaining duration of therapy. GPs will need to take into account the number of tablets the hospital has provided when selecting a suitable pack size and instructing the patient on how many tablets to take."

Dose adjustment and titration, and monitoring of prothrombin time are not required. As with other anticoagulants, managing the risk of bleeding is a primary concern, and patients should be alert to possible signs of bleeding.

"Prescribers should be aware that there are only small differences in efficacy and safety between rivaroxaban, low molecular weight heparins (Clexane and Fragmin), fondaparinux (Arixtra) and dabigatran (Pradaxa)," Ms Mackson said.

Other topics covered in the latest edition of NPS RADAR include:

- » Hydromorphone prolonged-release (Jurnista) for chronic severe disabling pain
- » Oxybutynin patch (Oxytrol) PBS listed as an alternative for overactive bladder
- » Update on PBS listings for Aboriginal peoples and Torres Strait Islander
- » Sitagliptin with metformin (Janumet) fixed-dose combination tablets PBS listed for type 2 diabetes mellitus
- » Risedronate (Actonel Once-a-month) and summary of anti-resorptive drug listings
- » Lanthanum (Fosrenol) tablets for adults with chronic kidney disease who are on dialysis

If a hardcopy is required of any of the RADAR snippets, please contact Margaret Jordan on 4220 7627.

### NPS Clinical audit: Management of specific respiratory tract infections.

This clinical audit targets the use of antibiotics for specific respiratory tract infections. It provides GPs with an opportunity to review their current management of specific respiratory tract infections compared to best practice guidelines recommendations.

This clinical audit activity has been approved by the RACGP QA&CPD Program, total points: 40 (Category 1) and by the ACRRM PD Program for 30 points (extended skills) in the 2008–2010 triennium. Points are awarded only to participants who complete the review phase.

This audit is recognised for the Quality Prescribing Initiative of the Practice Incentives Program (May 2009 to April 2010). The audit is the LAST paper-based audit that will be offered in the 2009-2010 PIP year by NPS to qualify for the Quality Prescribing Initiative (QPI) component of PIP.

If a GP in your practice requires a clinical audit pack, ring NPS on (02) 8217 8700 to request a pack, or Margaret Jordan on 4220 7627 or Kristie-Lee on 4220 7612 at the Illawarra Division of General Practice.

# Snippets

## Adolescent Health Resource Kit - 2nd Edition

The Adolescent Health GP Resource Kit, 2nd Edition is now available and outlines the skills needed for working with young people and their families while addressing the developmental, cultural and environmental factors that influence their health status.

Although the kit is designed primarily for GPs, it is also useful for practice nurses and other clinicians who provide health care to adolescents.

The kit is a joint initiative of the NSW Centre for the Advancement of Adolescent Health (NSW CAAH) and the Transcultural Mental Health Centre (TMHC).

The kit can be downloaded from [www.caah.chw.edu.au](http://www.caah.chw.edu.au)

## Sail the 7C's and learn about the testing and treatment of Chlamydia

The 7 C's of Chlamydia is an online learning module developed for nurses about a common sexually transmitted infection – Chlamydia.

The online module allows participants to sail the 7C's and learn about the testing and treatment of Chlamydia. The module was developed by Sydney Sexual Health centre, NSW STI Programs Unit and General Practice NSW and is hosted at [www.stipu.nsw.gov.au/resources.html](http://www.stipu.nsw.gov.au/resources.html).

The aim of the module is to provide brief and easy to remember information about the 7 steps involved in the testing and treatment of Chlamydia for health screening.

Chlamydia is the most commonly notifiable sexually transmitted infection in Australia.

Visit the on-line learning module for self directed learning, as an in-service module or as an STI refresher.



## HMR

### Warfarin, fish oil and garlic supplements

Progressively more and more older people are using complementary medicines. Often these are not purchased from their pharmacy but instead ordered from bulk vitamin companies.

An interesting case came to light recently when a 78 year old man on warfarin was found to be also taking 18,000mg of garlic and 4000mg of fish oil daily. Four other complementary medicines were also taken on a daily basis. Neither his GP or pharmacist knew that he was taking these supplements.

This example illustrates how a home visit by a pharmacist can often uncover surprising and unexpected results.

Both fish oil and garlic will increase the risk of bleeding and this can occur without necessarily increasing INR, due to the different pathway of action. Fish oil consists of eicosapentaenoic acid and docosahexanoic acid. These fatty acids may affect platelet aggregation and vitamin K dependent coagulation factors through lowering thromboxane A2 supplies within the platelet as well as decrease factor VII levels. This effectively increases anticoagulation. Concurrent use of garlic supplements and warfarin may result in an increased risk of bleeding due to additive anticoagulant effects; garlic may inhibit platelet aggregation through reduced thromboxane B2 and increased fibrinolytic activity.

Fish oil 3000mg per day or less can be safely used by most people. Doses greater than 3000mg per day can potentially increase the risk of bleeding. Advanced age is also an independent risk factor for major bleeding.

When the effect of age, in addition to other risk factors on the occurrence of major

bleeding was evaluated, the results showed that patients aged 75 years or older had a 5.1% rate/year of major bleeds compared with younger patients with a 1% rate/year.

### Where is the information about complementary medicines?

Recent research by the NPS confirmed that Australian GPs and community pharmacists are not currently satisfied with the accessibility of information resources on complementary medicines; they also found it difficult to easily find quality or evidence-based information.

In 2008, the NPS commissioned an independent consortium from Mater Health Services in Brisbane, Bond Uni and Uni of Queensland to develop and execute a methodology to evaluate the quality of CM information resources.

The review confirmed that many Internet sites are commercial, with a significant proportion failing to provide quality information or containing misleading information. Not surprisingly, online subscription databases featured in the top-tiered resources: Natural Standard (with professional and 'bottom line' monographs), Natural Medicines Comprehensive Database, Herbal Medicines and Dietary Supplements package (via MedicinesComplete). However, free databases such as MedlinePlus: Drugs, Supplements & Herbal information and EBSCO's Natural and Alternative Treatments rated highly.

Would you like a Practice Visit from the IDGP QUM Officer?

### Who is eligible for a HMR?

If you believe that your patients would benefit from a HMR, that is enough to refer them for a HMR.

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

Karina can be contacted on Tuesday or Wednesday at IDGP, at 4220 7600 or through email at [kbronska@idgp.org.au](mailto:kbronska@idgp.org.au)

# Snippets

## Mental Health Item Number Changes - January 1

A new MBS Item number for Mental Health Care plans will come into effect on the 1st of January 2010.

Up until then general practitioners can continue using the current item 2710. Changes that must be implemented immediately include:

- » Changing the name of the plan from the 'GP Mental Care Plan' to the 'GP Mental Health Treatment Plan'
- » GPs must now include a diagnosis in treatment plans

After the 1st of January 2010 GPs who have completed Mental Health Skills training will be able to continue to use the existing item 2710. GPs who have not completed Mental Health Skills Training will use a new Item number which will be at a lower rebate \$126. (the current rebate is \$156).

The Division will run an accredited Mental Health Skills Training session on the 31st of October, in conjunction with the Black Dog Institute.

For Further details please contact Alison Burling at 4220 7600. Accredited sessions can be completed online at [www.gplearning.com.au](http://www.gplearning.com.au).

For further information please contact the GPLearning helpdesk at 1800 284 789.

## APNA Practice Scholarships

APNA have announced their 2009-2010 Practice Nurse Scholarships. 500 CPR Scholarships are available, providing up to \$1500 each towards professional development. A further 20 Postgraduate Scholarships have been added providing up to \$10,000 to practice nurses undertaking post graduate studies.

Applications open on the 31st of August and run till the 25th of September.

Further information can be found at [www.apna.asn.au](http://www.apna.asn.au)

## WHO LET THE CAT OUT?

The PEN Clinical Audit Tool (CAT) is a clinical information system that supports quality improvement and enhances the business capability of general practice.

CAT is a software tool that operates with clinical desktop software to present GPs, nurses and practice staff with meaningful clinical information about their patients in a refreshing new way that is easy to understand.

CAT is not just a reporting system. It is a clinical information system that puts the GP and practice staff in the driving seat where they can target patients with particular conditions or those with specific health risk profiles. It is simple to use.

CAT provides graphs on such things as patients' allergy status, demographic details, Diabetes and CHD results, progress towards claiming diabetes SIPs and much more. With a few clicks of the mouse the practice has graphs that are easy to understand and relevant to everyday work, accompanied by related lists of patients.

The Division will be rolling out the PEN CAT over the coming months. Practices need to have Medical Director, Best Practice, Zedmed or Genie. CAT will hopefully be adapted for Profile.

For more information please email or phone the Practice Support Team on 4220 7600 or [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au)

## headspace Illawarra has moved

As many of you may already know **headspace** Illawarra has moved into new premises.

We planned initially to move in before the beginning of the New Financial Year but alas the best laid plans often come undone as did ours. But we eventually moved in with very little stress or major upheaval on the 11th July 2009 and were open to see clients on Monday 13th July at 9am.

We held our 1,000 client celebrations on the 15th July. The event had a great roll up of guests including representatives from many of the Illawarra's Youth Services, local politicians and representatives from the Glenn Tobin Memorial Fund as well as some previous clients and their families and interested community members.

The new site is much larger and youth friendly, there is a great mural on the wall in the reception area which was painted by some young local artists.

We now have 2 fully operational GP rooms. Several clinical rooms which are shared by our part time staff including 4 Psychologists, 2 Mental Health Nurses, 1 Drug and Alcohol Councillor and 2 Care Co-ordinators. At present we have 3 general practitioners that between them work 4 four hour sessions per week and we are hoping to recruit more GPs in the very near future.

**headspace** Illawarra is mainly aimed at seeing clients between the ages of 12 to 25 with mild to moderate mental health issues, but our GPs also offer general health services. All services are bulk-billed.

If you would like any more information please call either Chris Comber (Clinical Manager) or Kathy Lymbery (Practice Manager) on 4225 1184.

## Clinical Psychology Service

Bulk-billed appointments are available immediately for a wide range of disorders which are likely to respond to short-term, focused therapy.

Clients with chronic mental health disorders and complex needs can be referred to the Mental Health Nurse Service. Our mental health nurses work along side GPs to provide ongoing and effective community-based care.

We are pleased to advise that our new perinatal service is now up and running. This service aims to help women and their partners in the perinatal phase (conception to one year following birth). The service is accessed via a Mental Health Care Plan (MBS item # 2710) and referrals can be made using the IDGP referral form (available online or by contacting the Clinical Psychology Service).

For further information please call the Clinical Psychology Service on 4220 7600.

# Snippets

## Minimum Conditions of employment

General practice staff who are under the Federal jurisdiction must be aware that the new minimum conditions of employment will become effective from the 1st of January 2010.

The Minimum Condition of employment are a feature of the Fair Work Act which commenced on the 1st of July 2009. These new conditions of employment are contained in the National Employment Standards and new modern awards that will cover all practice employees (nurses, clerical).

Further information about these conditions can be found at the below link <http://www.fairwork.gov.au/Pay-leave-and-conditions/Conditions-of-employment/Pages/New-standards-as-at-1-Jan-2010.aspx>

## E-Learning Package for MBS Item 10997

AGPN in partnership with RCNA and Bachelor Institute of Indigenous Tertiary Education have launched an e-learning package to support the Practice Nurse Chronic Disease Item number.

The modules can be accessed on the RCNA 3LP website at <http://www.3lp.rcna.org.au/10997>.

The package consists of a prerequisite foundation module and a series of disease-specific modules that cover the topic areas of arthritis, asthma, cancer, coronary heart disease, dementia and diabetes. A new Kidney health module is under development and due for inclusion into the package in the near future.

As of the 31st of August there will be a small fee involved in accessing the package

## Adverse Events Note Pads

The Division has received another order of the extremely popular "Adverse Events Note Pads". To receive copies of this note pad please contact the Practice Support Team on 4220 7600 or through email at [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au).

# OTIIS Update

## Area Health, electronic Discharge Referral System.

Area Health is testing its new eDRS (electronic Discharge Referral System) in September. I would like to thank the practices who are assisting with the testing.

The eDRS messages will be delivered directly into GP clinical software application via Argus, Area Health hope to go live with the eDRS system by the end of September.

Argus is a secure messaging application. The IDGP is providing free installation of Argus to IDGP members through OTIIS (IDGP IT Support).

Any practice wanting to have Argus installed can contact OTIIS on 02 4220 7699 or [otiis@idgp.org.au](mailto:otiis@idgp.org.au).

eDRS messages are also able to be sent to practices via fax.

## Area Health, Docmail

At this point Docmail will continue unchanged, delivering admission, transfer and discharge information to practices via fax or secure Area Health e-mail.

Within the next 2 months Area Health is working toward having the Docmail messages delivered via fax or Argus the same as the eDRS system.

We have been advised once Area Health completes the development work, Docmail will no longer be delivered via Area Health e-mail.

## Consultant's Reports

With more practices able to receive secure messages via Argus, some exciting possibilities open up.

The main benefit to practices is that they are not restricted to being able to receive eDRS messages from Area Health but also being able to receive Consultants reports directly into the clinical software, in a similar way to pathology reports.

We are assisting several consultants with testing of transmission of consultant reports to general practices via Argus.

There are a number of benefits for your practice should you decide to get involved, a few of these include;

- » Reduced levels of paper based correspondence
- » Less scanning for practice staff
- » A reduction in the speed in which data grows on your system

## New Clinical Application arrival in the Illawarra

As the reality of Medical Director's new fee structure sets in, we are seeing practices deciding to migrate to Best Practice.

Best Practice is a clinical software application and the feedback we are getting from GPs is that it is more stable than Medical Director, the change over is smooth, the application is not difficult to use and Best Practice functionality is excellent.

For more information you can contact OTIIS on 02 4220 7699 or [otiis@idgp.org.au](mailto:otiis@idgp.org.au).

## Contacting OTIIS

Practices wishing to contact OTIIS (IDGP IT Support) are best to call 02 4220 7699, this phone goes directly to the IT Support staff or you can e-mail us at [otiis@idgp.org.au](mailto:otiis@idgp.org.au)

## Some difficulties with Medical Director update 3.10

We have noted several problems with the 3.10 Medical Director update, Medical Director has released a patch for the Medical Director 3.10 release.

The problems with the MD3.10 update are not catastrophic but they do make life difficult for GPs and practices.

For assistance with MD updates and maintenance please contact OTIIS on 02 4220 7699 or [otiis@idgp.org.au](mailto:otiis@idgp.org.au)

Raymond Fitch

## Education Events

### Treating Symptoms of Dementia Expression of Interest

A Practice Nurse Workshop was cancelled on the 16th of September due to a lack of demand. However after cancelling the workshop we received a flood RSVPs.

Therefore we are looking to run the same workshop in October or November. The training session will be run in partnership with the National Prescribing Service.

The session will focus on what services are specific to the Illawarra and what can be offered to patients with Dementia.

If this session would benefit you, please contact the Practice Support Team via phone at 4220 7600 or through email at [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au)

### Upcoming Practice Nurses Workshop

Please keep this date free!!

The Division in partnership with the Asthma Council of Australia will run an Asthma Cycle of Care Workshop on the 29th of October 2009.

Further information will be provided closer to the event.

### Practice Nurse Orientation – Expression of Interest

The Division is looking for expressions of interest for a Practice Nurse Orientation Session.

This session will focus on providing practice nurses who have worked in general practice for less than two years an overview of the general practice environment.

Topics covered will include:

EPC, PIP, Immunisation, Accreditation, the role of the Practice Nurse and IM/IT in General Practice.

If this session would benefit you, please contact the Practice Support Team via email [practicesupport@idgp.org.au](mailto:practicesupport@idgp.org.au) or via phone at 4220 7600.

### Upcoming CPR Training

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

The costs of attending CPR courses is \$50.

Upcoming dates include:

- » Sat 17 Oct 2009
- » Wed 18 Nov 2009
- » Sat 12 Dec 2009

All courses run from 9:30am to 12:00pm

QA and CPD training at your practice?

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

### Immunisation Update Training for Accredited Immunisation Nurses or other interested Health Care Workers.

The Public Health Unit will run a series of Annual Immunisation Updates in September and October. It is a requirement that nurse immunisers attend annual reviews of best practice policy for immunisation, such as an immunisation update.

Upcoming session in the Illawarra include:

- » Monday the 19th of October between 2pm - 5pm. At Training Room 1, UOW Building 39, Block B

To RSVP or receive further information please contact SESIAHS on 4221 6800 or Email [Tanya.najdovska@sesiahs.health.nsw.gov.au](mailto:Tanya.najdovska@sesiahs.health.nsw.gov.au)

### Upcoming Medical Director Training

Due to popular demand the IDGP will be providing further Medical Director Training.

This session will be run in November and further information will be made available soon.

## Education Report

### 'Orientation into General Practice Workshop for Phase 3 Graduate School of Medicine Students'

The Illawarra Division of General Practice organised and facilitated its first Orientation into General Practice Workshop on the 14th July 2009.

The purpose of the workshop was to give the students an introduction to the computer software that they would be using while at their practice placement, to introduce them to some of the services they may deal with and to raise awareness of the day to day challenges they may encounter within a general practice.

Nine students from 8 Practices within the Illawarra region attended the 6 hour workshop. The morning session provided computer training of the relevant software packages: Medical Director or Profile. At follow up interviews all the students commented that this was extremely helpful during their first few days within the practices.

An evaluation was done a few weeks after the students commenced their placements. Practice Managers and preceptor Doctors commented that the computer training had helped students and that they didn't need to spend a lot of time in training the students how to use the relevant software.

The afternoon session focused on the different services available within the Illawarra region, patients eligibility criteria and processes for mailing patient referrals.

Other topics presented included the GPs role in providing medical reports for various organisations such as the RTA or Centre link. Also discussed was the GPs role regarding work cover injuries and interaction with insurance companies and return to work coordinators.

Overall it was a very successful workshop with lots of positive feedback from both students and practices.