

PRACTICE FOCUS

DECEMBER 2008 ISSUE



*A safe and peaceful
Christmas to you all!*

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IMMUNISATION

9TH EDITION HANDBOOK – NOW ONLINE!

The HTML version of the Australian Immunisation Handbook 9th Edition 2008 is now live. You can view it at: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home

This site is maintained by the Department of Health and Ageing. If you have any queries/comments please direct these via the link (Handbook@health.gov.au) which can be found at the bottom of the Handbook -home page (see link above).

IMPORTANT AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER (ACIR) INFORMATION

It is proposed that from 1 January 2009 there will be changes to the due and overdue rules for vaccinations for 4 year old children. Currently when a child has not received their 4 year old vaccines the Australian Childhood Immunisation Register (ACIR) does not consider them overdue until they turn 5 years of age.

It is proposed that from 1 January 2009 this will change and children turning 4 (born on or after 1/1/2005) will be considered overdue if they have not received their 4 year old vaccines by 4 years + 1 month of age. In these cases, parents of children may receive a letter from Centrelink indicating the ACIR has no record of their child's 4 year old vaccinations. The letter will advise parents they have a further 63 days to ensure information on their 4 year olds vaccination status is sent into the ACIR to ensure they retain any eligibility for Child Care Benefits.

This change may also have implications on current GPII Outcomes Based Payments (OBP) in general practice for coverage at 48-<84 months. Children who are delayed in receiving their 4 year old immunisations (ie: vaccinated after 4yrs + 1month) may decrease practices GPII calculation coverage to <90% and thus practices will not receive OBP for that quarter (\$3.50 per child WPE).

From 1 January 2009, the Maternity Immunisation Allowance (MIA) will be paid in two payments, each equal to half the full current MIA rate at the time each claim is determined. To claim payment of MIA, the claimants must meet the immunisation eligibility requirement and lodge their claim on or before the child's 2nd birthday to receive the first split MIA payment. To receive the second split MIA payment or the full MIA payment (where the first split payment has not already been received) they must lodge their claim with the Family Assistance Office (at a Centrelink or Medicare office) before the child's 5th birthday. The objective of the split payment measure is to bring MIA more in line with the National Immunisation Program (NIP), and to provide incentive for parents to ensure their children are immunised before they start school.

The legislation governing this change has not yet been passed by the Senate. This is due to happen before Christmas 2008. Further information will be provided by the Commonwealth Department of Health & Ageing as soon as the legislation for the above changes is passed by the Senate. Further information on the ACIR Due & Overdue Rules can be accessed via the following weblink:

www.medicareaustralia.gov.au/provider/patients/acir/files/national-due-and-overdue-rules-for-childhood-immunisation.pdf

Coverage rates may decrease as a result of this change, its important to start putting systems in place NOW to ensure children are reminded and/or recalled earlier rather than later! Practices should update their recall and reminder intervals (ie: instead of the child being overdue at 5yrs, they are now overdue at 4yrs + 1mth).

RESURGENCE OF MUMPS IN YOUNG ADULTS

There has been a significant increase in the number of mumps cases in Australia among people born between 1978 and 1982. The increase has been three times higher during the period of 1999 and 2007 as well as higher hospitalisation rates during this same period. Those born between 1978 and 1982 have become a priority for vaccination as they have an increased susceptibility to the mumps infection.

Mumps is more dangerous to adult men than children and the public are encouraged to check with their GPs if they are unsure if they are immunised. The MMR vaccine is provided free of charge for all age groups in most Australian jurisdictions.

Mumps is a viral infection that can be caught by anyone at any age. Besides causing swelling of the salivary glands, fever and headaches, it can also cause inflammation and pain in the testes. While permanent loss of fertility is a rare complication, 50 per cent of males will develop testicular atrophy and sperm production can be reduced in one in eight men. Mild cases will stop sperm production, but only for a short time of 6 to 12 months.

The disease is transmitted rapidly through droplets and enters the body through the respiratory tract. People are infectious from about a week before the onset of the swelling for about 9 days or until symptoms have resolved, whichever comes first. GPs can be regularly updated with accurate information through the Andrology Australia website; www.andrologyaustralia.org.au.

IMMUNE SYSTEM FOR MIDWIVES – POWERPOINT FROM NEW ZEALAND

The Immunisation Advisory Centre School of Population Health University of Auckland has written a resource on Advising Parents about Immunisation in PDF. Please contact Leigh Eastwood if you would like a copy. They also have an excellent website www.immune.org.nz/?T=899. Earn QA&CPD points for the Current Triennium!

HEPATITIS B CASES RISING

A recently published report warns that the rate of Hepatitis B cases has been steadily rising since 2005. *The National Hepatitis B Needs Assessment* report was featured in the October 31st issue of “Australian Doctor”. The article warned against complacency and called for urgent action to not only prevent the disease but also address the health needs of patients living with the disease. The report also noted that Indigenous people are at high risk of the disease. This is a timely reminder to check on Hep B coverage rates particularly in CALD or refugee communities.

GET THE MOST OUT OF HEALTH ASSESSMENT ITEMS 718 & 719

GPlearning has just released a new activity “*Developing a practice-based approach: getting the most out of the Health Assessment Items 718 and 719*”. The activity focuses on Jacqui, a woman with Down syndrome who presents to her GP for her annual health assessment. After working through this module you should be able to:

- Appreciate the health inequalities experienced by people with intellectual disabilities, the barriers to health equity and the role of the GP and practice nurse in addressing them
- explain the implications of an aetiologic diagnosis of intellectual disability for medical care
- justify the importance of proactive orderly health management and preventative health strategies for people with an intellectual disability
- perform a health assessment using the documentation provided by Medicare for Items 718 and 719
- compare the opportunities of working with a practice nurse to provide health assessments with the clinical situation of a doctor providing these alone

This is the first of six activities that have been developed through an education grant from the Department of Health and Ageing and written by Monash University, Centre for Developmental Disability Health Victoria. The activity is available for free at www.gplearning.com.au

HPV REGISTER – REGISTRATION INFORMATION

The HPV Register has mailed out a letter to GP’s around Australia to acknowledge receipt of their registration. It also invites them to check the details that the register has recorded for them, and fax any amendments, as necessary, to the Register. The second page gives GPs instructions and reminders for submitting data to the Register. For further information visit: www.hpvregister.org.au

The notification payments will not be made unless the GP has returned their registration form with bank account details and the correct provider number. To avoid duplications, confusion and follow up phone calls, here are some useful hints for submitting notifications. Please remember to only submit your notifications once. Please do not fax and then mail the notifications. It is best to only use one method to submit your notifications. If you are faxing your information to the Register please note that you will not receive any immediate acknowledgment. We have multiple lines attached to our fax number as well as extensive memory and are confident that we will receive your information.

If using the Reply Paid envelopes there is no need to include the GP registration form or a cover sheet with the notifications. If you need more envelopes please contact the Register on 1800 478 734 (1800 HPV REG) or provider_support@hpvregister.org.au

Track or flag your data in your own systems so you know what you have previously submitted. You may find it useful to set up a log to keep track of your data submissions such as keeping a list of dates for reporting periods or names files submitted. If using Practice Management Software remember to use start and end dates when extracting information and reports. Please check that the dates do not overlap with previously submitted data. If using the AGPN Word or Excel templates we recommend that you create a new file or template for each notification period so you do not resubmit old data. Please complete all mandatory fields to ensure a smooth payment process (GP Provider number, patient name and details including Medicare number, vaccination date and dose number)

If you require any other assistance or advice or have an enquiry about your HPV notifications then please call us on 1800 478 734 (1800 HPV REG) from 8am – 6pm Monday to Friday and 9am – 2pm Saturdays across Australia.

VACCINES: SEPARATING FACT FROM FICTION

The link below has an interesting article about educating new parents who are concerned about any possible side effects of vaccines, as well as the ongoing need to overcome complacency in the community. The article also discusses concerns about counteracting the fear factors generated by anti-vaccine groups.

www.cnn.com/2008/HEALTH/family/11/05/par.vaccine.kids/index.html

PARENTS WITH DOUBTS ABOUT VACCINES: WHICH VACCINES AND REASONS WHY

Summary: Data are reported from 3924 interviews conducted with parents in the US National Immunization Survey (2003–2004) regarding vaccination coverage of children. Twenty-eight percent of parents responded yes to ever experiencing ≥ 1 of 3 outcome measures: uncertainty, delaying or refusing a vaccination. Vaccine safety concern was a predictor for all 3 outcome measures. Most of the unsure and refused parents chose varicella vaccine as the vaccine prompting their concern, whereas delayed parents most often reported "not a specific vaccine" as the vaccine prompting their concern. Most parents who delayed vaccines for their child did so for reasons related to their child's illness, unlike the unsure and refused parents. Most parents who changed their minds about delaying or not getting a vaccination for their child listed "information or assurances from health care provider" as the main reason. **Authors:** Gust DA et al

Comment: A major barrier to vaccination concordance is parental irrational beliefs and fears. This paper highlights that, in spite of major advances in medical technology, the patient-doctor relationship remains at the centre of high quality medical care, and we should never underestimate its importance. **Reference:** Pediatrics.2008;122(4):718-25 <http://pediatrics.aappublications.org/cgi/content/abstract/122/4/718>

A FUTURE VACCINE? EPSTEIN BARR LINKED TO MS

Researchers from the University of Queensland have confirmed a link between the Epstein-Barr virus which causes glandular fever and multiple sclerosis. The researchers believe that the vaccine developed for glandular fever which is currently being trialled in Europe could be used to vaccinate against MS. The researchers hoped that once the vaccine had been tested it could then be included in Australia's childhood vaccine program for those who have a diagnosed relative. NCIRS has indicated that it was still too early to label the virus as a main driver for MS and therefore a great need to be cautious and consider other factors before a vaccine could be included in the program. For those interested, here are some related links;

- www.smh.com.au/news/national/vaccine-hope-in-ms-link-to-virus/2008/11/19/1226770542455.html
- www.msra.org.au/research/virology-immunology-research.php
- www.news-medical.net/?id=17672

UPDATED NCIRS FACT SHEETS

NCIRS has updated their fact sheet "Resources for addressing patient / parent concerns about immunisation". The new version is available from their website at www.ncirs.usyd.edu.au/facts/f-fact_sheets.html. Recent additions to the fact sheet include;

- Zoster (Shingles) vaccines for Australian Adults
- Influenza vaccines in Australia
- Influenza – the disease

Other Fact Sheets can be found on the website and are an invaluable resource.

WHERE WOULD WE BE WITHOUT GOOGLE?? THEY CAN NOW ESTIMATE DISEASE LEVELS!

Google has found a close relationship between how many people search for flu-related topics and how many people actually have flu symptoms. Of course, not every person who searches for "flu" is actually sick, but a pattern emerges when all the flu-related search queries from each state and region are added together. They compared their query counts with data from a surveillance system managed by the U.S. Centers for Disease Control and Prevention (CDC) and found that some search queries tend to be popular exactly when flu season is happening. By counting how often they see these search queries, Google can estimate how much flu is circulating in various regions of the United States. Their results have been published in Nature.

During the 2007-2008 flu season, an early version of Google Flu Trends was used to share results each week with the Epidemiology and Prevention Branch of the Influenza Division at CDC. Across each of the nine surveillance regions of the United States, Google was able to accurately estimate current flu levels one to two weeks faster than published CDC reports. Check it out at: www.google.org/about/flu Trends/how.html



NEED FOR DTPA PROMOTION

The increase in number of cases of Pertussis across the country has raised the awareness of the need for women considering pregnancy and their immediate families to check their immunisation status. This article from the MMWR (Morbidity and Mortality Report) from CDC in the USA indicates that it is a problem that is very widespread. "Prevention of Pertussis, Tetanus and Diphtheria Among Pregnant and Postpartum Women and their Infants" can be found on the AGPN immunisation website at www.agpn.com.au/site/index.cfm?display=2748. More information on the need to highlight the issue with potential parents can be found in the following document from Sanofi Pasteur as part of their Cocoon program. The full document can be found at www.agpn.com.au/site/index.cfm?display=2748.

PRACTICE NURSE INFORMATION

REPORT BACK FROM THE 6TH NATIONAL GENERAL PRACTICE NURSE CONFERENCE

Kellie Hatfield, Practice Nurse at Toormina Medical Centre, recently attended the Royal College of Nursing Australia's 6th National General Practice Nurse Conference.

I recently attended the Royal College of Nursing Australia's 6th National General Practice Nurse Conference held at Pacific Bay Resort Coffs Harbour. This conference was held over two days from 25-27th November.

Speakers at the conference were from Universities throughout Australia and from various associations such as RCNA, APNA, RACGP, AGPN and NiGP. However some of the most beneficial and interesting speakers were the practice nurses from the front line who spoke about what they do in their practice. For example one speaker from the Gold Coast explained how she has set up and runs a weight clinic within her practice using item number 10997.

The focus of the 2 days was the role of Practice Nurses providing primary health care and that Practice Nurses are and will be **leaders** in providing primary health care to patients. This was emphasised in the role of promoting health through education. Practice Nurses' roles have changed and the role of educator will be important in the future. As obesity and lifestyle diseases are increasing in the community the Practice Nurse who is thought to have more time than General Practitioners (this is sometimes debateable) can educate patients about healthy lifestyles and improve their health outcomes.

Chronic Disease Management (CDM) was another major focus of the 2 days. There were many mentions of the Collaboratives program running in practices throughout Australia, and the varied use of the item number 10997. CDM was discussed as a growing area of Practice Nursing, as General Practice deals a lot with chronic illnesses. One speaker stated that there are 7 factors to good CDM:

- patient centred (include the patient in decision making)
- holistic (include environmental factors)
- proactive
- team based (GP, PN, specialists, allied health)
- integrated
- systematic (recalls/data)
- accessible (by the patient)

Having the patient as a partner was another topic presented at the conference. Patients should have a greater say in their own direction of care. This was discussed specifically with CDM in mind as patients can have input into setting goals during GP Management Plans and Team Care Arrangements and are more likely to achieve these goals because of it.

Julie Porritt from the Australian General Practice Network presented a study done on the roles of Nursing in General Practice. The papers from this study will be published in the next few months but you can view the powerpoint slides at www.gpnetworkforum.com.au/client_images/250701.pdf. This study found that Nurses play a key role in resilient General Practices. Nurses are flexible, deal well with interruptions, provide on the job training to a number of work colleagues (new GP's registrars, medical students), make change happen and bring more than clinical, organisational and administrative skills to the general practice setting. Their catch cry was: *Teach a Nurse, Teach a Practice*. Another interesting insight they had was the Nursing Operating Roles they found, which are:

- Patient Carer
- Organiser
- Quality Controller (watch dog/policeman)
- Agent of Connectivity (multitasking, with community services)
- Educator (**key role**- consumes a lot of time)
- Problem solver

Next years conference is in Adelaide!!! I would definitely encourage practice nurses to attend this conference. One way to help with the costs is to be a speaker at the conference (RNCA covers most costs). The stories from the frontline are a great learning tool for Practice Nurses as the best way to learn is from others experience!

APNA UPDATE

Update from Belinda Caldwell, APNC EO.

The call for abstracts, program and registration brochure for the **APNA Visionary Conference** (30 April – 2 May 2009, Melbourne) is now available on the APNA website: www.apna.asn.au/conference. The theme for the conference is The Right Stuff, which was a term coined at the commencement of manned missions into space. It referred to the character and the indefinable qualities an astronaut needed to have to take on the challenge, stay with it and have no fear of the unknown. The phrase became the title of a movie that explored the selection and journeys of the first Mercury 7 astronauts.

In keeping with the pioneering spirit of practice nurses, we found this term fitted perfectly with the APNA's inaugural conference vision. We will lead the way where no-one has been before with opportunities for nurses to come together and learn from international and national experts, debate the challenges facing the profession, hear about innovative models of care and show the world that we are a force to be reckoned with!

The **Best Practice Awards** nominations have now closed we received a record number of applications (more than double last years). The awards ceremony was on the 15 November in Melbourne.

We have two **new online courses** coming on in the next six weeks - Bowel Cancer Screening (free) and Organ Donation (small fee). We are also updating the MBS course and reviewing the mental health modules. Our online college provider has recently signed on a couple of other organisations working in the sector which will increase the number of relevant courses e.g. sterilisation. We had a significant increase in the number of **scholarship applications** again this year (561 for the CPD and 120 for the postgraduate). We had a record month for **new members** last month which is fantastic!

PRACTICE NURSE PAP SMEAR & CHLAMYDIA POSTCARD

The **NEW** "Practice Nurse Pap Smear & Chlamydia Postcard" is a great new eye-catching resource designed specifically for practice nurses by NSW STI Programs Unit.

"Its handy size makes it easy for desktop placement & quick access. The Pap side has the nursing Pap smear and health check items explained in a quick easy to read format. As you know Chlamydia can be a silent, sexually transmitted disease which can lead to infertility if left untreated. Taking a sexual history can be an uncomfortable task for the patient & the nurse. The card not only helps prompt us to take a sexual history from our patients but also sets out the questions to ask. Following a set format helps us get the same information from each patient and can help overcome nerves of remembering which questions to ask. Chlamydia is easy to test and treat. The postcard also sets out the protocol for testing & treating Chlamydia. I think it's a winner." Karen Booth – Practice Nurse - Leichhardt General Practice. For copies of this postcard, please contact Carolyn Murray from the NSW STI Unit on 02 9382 7458 or carolyn.murray@sesiahs.health.nsw.gov.au

GUIDE TO MANAGEMENT OF HYPERTENSION 2008

Courtesy of AGPN Nursing News, October 2008.

The Heart Foundation has recently published a 'Guide to management of hypertension 2008'. The Heart Foundation has advised that the updated Guide addresses new evidence and recommendations from international guidelines and provides consolidated information on the diagnosis, management and follow-up of people with raised blood pressure. The full guide and the "Quick Reference Guide" version are available at; www.heartfoundation.org.au/Professional_Information/Clinical_Practice/Hypertension

Hard copies can be ordered through the Heart Foundation's Health Information Service by calling: 1300 362 787 or email: heartline@heartfoundation.org.au



"I stopped making a list. Nothing is considered naughty anymore!"

TRIAGING IN GENERAL PRACTICE

Representatives from AGPN, GP NSW, and GP Access (formerly Hunter Urban Division of General Practice), Dandenong Division of General Practice and Southern General Practice Network met early last month in Canberra to discuss the best way to make triage resources for receptionists and nurses in General Practice available.

As a result of the meeting it was agreed that AGPN will investigate the development of a web based resource which will allow the material to be kept up to date and accessible to practice teams across Australia. Other matters discussed included:

- There was strong agreement amongst the group that in the current General Practice environment Practice Staff are required to ask a series of questions to assess a patient's health status and to determine the urgency of their situation.
- This Triage process involves: assessing the patient, making a judgement, prioritising medical need, implementing 'accepted' protocols, and documenting all of this. Receptionists and nurses would benefit from a reference to assist them in determining which category a patient may come under and hence determine the urgency of their needs. Currently, most triage tools have incorporated the following categories:
 - Emergency – Immediately
 - Urgent - 5-20 minutes
 - Interrupt GP/RN – ASAP
 - Today - Same Day
 - Within 24 Hours
- There was also a strong agreement that practices would be more likely to adopt a consistent triage protocol if the protocol was developed at the practice level. To meet the current RACGP Accreditation Standards, practices are required to document the practices systems in their Policy and Procedures Manual. Written documentation should include practical approaches as to how the practice anticipates, identifies, and manages urgent medical matters. To do this, practices may reserve 'unbooked' appointment times during normal opening hours for patients with urgent medical needs. Prior to putting calls on hold, staff could also be trained to ask if the matter is urgent when a patient, carer or family member contacts the Practice. All non-clinical staff should have triage training and evidence of such should be kept in staff files. (Even if the Practice Nurse is responsible for triage – receptionists are the first point of contact and can not always rely on a Nurse being available).

In the past GP NSW in conjunction with GP Access has provided training for Divisional staff and have agreed to make additional hard copies of the GP Access General Practice Triage Guide available. Please send your request for the quantity you require to Denise Lyons at GP Access dlyons@gpaccess.com.au. The cost is \$75 plus GST per manual and this includes postage. For more information about triage in General Practice:

- GP Access- General Practice Triage Guide www.gpaccess.com.au/index.cfm?fuseaction=gpsupport&fusesubaction=docs&documentid=95
- Southern General Practice Network/ South East NSW Division- POP GUNS Guide www.sgpn.com.au
- Dandenong & District Division of General Practice - Triage Wall chart & Flip Cards www.dddgp.com.au
- RACGP Standards for General Practices, 3rd Edition www.racgp.org.au
- GPA Information Sheets - What is Triage and Urgent Medical Matters www.gpa.net.au

ASTHMA INHALER TECHNIQUE A MAJOR CONCERN

- *Up to 90% of patients with chronic respiratory diseases in Australia are not using their medication inhalers correctly.*
- *This is a major concern amongst older Australians, who are most at risk of dying from conditions such as Chronic Obstructive Pulmonary Disease (COPD) and asthma.*
- *To help improve Australians' inhaler technique, GPs and pharmacists are being urged to get behind a new national education campaign: "Prevent Puffer Problems".*

GP's and pharmacists are being urged to regularly review the inhaler technique of patients with chronic respiratory disease, following reports that up to 90 per cent of patients are not using their inhalers correctly. This misuse results in poor medication delivery, which in turn can lead to reduced quality of life, more frequent and longer hospital stays and an increased dependence on their medication.

Common problems include not shaking a puffer between each dose; not holding a Turbuhaler or Accuhaler at the right angle when loading a dose; and, putting multiple doses into a spacer, rather than inhaling each individual dose one at a time. Whilst inhaler misuse is rife across all age groups, it is such a concern amongst veterans and other older people that the Department of Veterans' Affairs has collaborated with The Australian Lung Foundation; the National Asthma Council Australia; Pharmaceutical Society of Australia; Pharmacy Guild of Australia; and, the Australian General Practice Network to create a new community education campaign to get people puffing properly.

The “Prevent Puffer Problems” campaign features a range of easy to understand resources designed to improve inhaler use including patient self-care cards for pharmacies and a new inhaler technique demonstration video that is freely available via the National Asthma Council Australia’s website: www.NationalAsthma.org.au

NATIONAL TYPE 2 DIABETES PREVENTION PROGRAM

The AGPN website now has a dedicated page of resources for the Prevention of Type 2 Diabetes Program. The resources may be viewed at www.agpn.com.au/site/index.cfm?display=35338.

- Documents of interest on the website include:
- Standard referral forms for use by GPs
- Standard forms for use by (Lifestyle Modification Program) LMP providers
- Draft standards for LMP accreditation
- LMP accreditation template for potential applicants

Please note that the FAQs and Program Guidelines are currently being updated. On Departmental approval, they will also be uploaded to the site.

DIABETES CHANNEL – A NEW ONLINE DIMENSION IN DIABETES INFORMATION

Diabetes Australia-NSW marked World Diabetes Day, 14 November, with the launch of the Diabetes Channel, Australia’s first On-Line Diabetes Web-Streaming service providing on-demand videos about diabetes, its management and the prevention of type 2 diabetes. The Diabetes Channel is produced and hosted by credentialled Diabetes Educators, Dietitians and Exercise Physiologists at Diabetes Australia-NSW. Other contributors include leading Endocrinologists and health professionals in diabetes. Visit www.diabeteschannel.com.au to see the new online dimension. The topics cover all forms of diabetes - type 1, type 2 and gestational diabetes and all aspects of the disease. They range from blood glucose control and complications to food and physical activity. Our online videos, aimed at people with diabetes, of all ages, their carers and those at risk, explain a complex, multi-system disease, in simple, easy to understand language.

The short, topical videos are delivered via the internet to be easily and quickly viewed by people when and where that suits them. Diabetes Australia-NSW also announced the launch of a telephone-based Life-Coaching pilot program to support young people with **type 1 diabetes**. The program offers life-coaching to people aged 18 to 40 years of age, with a focus on the often challenging period of transition from paediatric to adult diabetes care. Diabetes Educators who are qualified Life Coaching experts will provide advice on the telephone to help people self-manage and better cope with the challenges of diabetes. “The value of the program is that it gives people with diabetes, contact with a real-life person who is able to talk to them directly,” said Dr Lilian Jackson.

MEDICARE

NEW MBS ITEMS FOR TRANSITIONAL HOURS FOR URGENT AFTER-HOURS ATTENDANCES

Two new items for transitional hours were added to the MBS on 1 November 2008. The items cover urgent out-of-surgery attendances requested in the two-hour period before the after-hours period begins. The item numbers are 603 for GPs (rebate \$87.50) and 696 for other medical practitioners. Item 603 is available for not more than one patient on one occasion and the patient’s medical condition must require urgent treatment. For further information: www.health.gov.au/internet/main/publishing.nsf/Content/allied_health_ATSI_descent

NEW MBS ITEMS FOR FOLLOW-UP SERVICES FOR PEOPLE OF ABORIGINAL & TORRES STRAIT ISLANDER DESCENT

New practice nurse/Aboriginal health worker and allied health items were added to the MBS on 1 November 2008. These new Items will allow people of Aboriginal and Torres Strait Islander descent who have had a health assessment to access Medicare benefits for follow-up services provided for and behalf of GPs by practice nurses and registered Aboriginal health workers (item 10987) and by eligible allied health professionals on referral from GPs (items 81300-81360). While the items do not prescribe the type of health assessment that must be undertaken before arranging follow-up services, it is expected that GPs will undertake a health assessment consistent with the Aboriginal and Torres Strait Islander Medicare Health checks (item 704, 706, 708 or 710). The health checks have been developed by DoHA to provide a more culturally appropriate service for people of Aboriginal and Torres Strait Islander descent. The new items include:

Item 10987

- Follow-up services provided by a practice nurse for Aboriginal or Torres Strait Islander patients.
- Please note that **Aboriginal Health Workers in NSW are not able to claim this item.**
- 5 services per patient per calendar year
- \$22.20 Medicare rebate per service
- Patient has received a Health Check (eg Item 704, 706, 708 or 710)

Items 81300 – 81360

- Follow-up Allied Health services for Aboriginal and Torres Strait Islander patients.
- 5 services per patient per calendar year
- \$48.95 Medicare rebate per service
- Patient has received a Health Check (eg Item 704, 706, 708 or 710)
- Referral from a GP is required (using the attached referral form)
- Each session is individual and at least 20 minutes duration
- These items are in **addition to** EPC Allied Health services (items 10950 – 10970)
- Allied Health Professional must be registered with Medicare Australia.
- For the purposes of this item, **Aboriginal Health Workers in NSW are able to claim item 81300** (Cert III or higher and registered with Medicare Australia).

More information and resources can be found at www.health.gov.au/epc. If you have any questions about the new items, please do not hesitate to Alex Swain via alexswain@gpnsw.com.au.

GENERAL HEALTH

UNDERSTANDING & MANAGING PATIENT COMPLAINTS

The Health Care Complaints Commission has developed free patient information resources, including brochures and a poster "*Concerned about your health care? Let us know!*" that encourages patients to talk to their doctor or provider immediately to resolve any concerns they might have. The brochures "*Resolve concerns about your health care*" and "*Concerned about your Health Care?*" gives some practical advice on how to address any concerns or issues with the health service provider directly.

The Health Care Complaints Commissioner ask that this information be made available to patients of General Practices to encourage patients to resolve concerns early on. Some patients will talk openly with their provider. Others may prefer to voice their concerns with an independent body like the Health Care Complaints Commission in NSW.

The Health Care Complaints Commission was established in 1994 as an independent body to deal with complaints about health service providers in NSW. Their primary objective is the protection of the health and safety of the public. The Commission impartially deals with complaints by assessing and resolving complaints when possible. They also investigate and prosecute serious complaints. They consult with the Health Registration Boards when handling complaints.

A copy of both the brochures mentioned above, an order form for further resources and the flyer for health service providers "*Understanding and Managing Patient Complaints*" have been enclosed with this newsletter. Alternatively please go to www.hccc.nsw.gov/publications. Guidelines for health service providers, on how to respond to patient complaints are also available.

HEALTHDIRECT – NATIONAL HEALTH CALL CENTRE NETWORK

The National Health Call Centre Network – or Healthdirect Australia is a joint initiative of the Australian Government and the governments of ACT, NSW, NT, SA, Tasmania, and WA. It is a 24 hour phone line to support the general public with general health inquiries. The service provides health information, support and triage.

Who is the service for? The service is for the general public, and provides health advice that is always available to everyone. It is not meant to replace the GP or 000 emergency services. The service is there for people if they are not sure what to do or can't decide if their problem is an emergency. Typical calls include what to do if your child has fallen off a swing, or has a high temperature or where to find an after hours pharmacy or GP.

Who will answer the calls? The calls are answered by registered nurses, who have been trained in decision support. The nurses have at hand local health service information specific to the callers location (eg where is the nearest late night pharmacist or after hours GP service).

What information will be provided to General Practices and the community? There are over 2000 General Practices in NSW who have provided permission for their details to be listed on the service directory. These practices will receive a poster for their surgery and some information about the service. Every household and post office box will receive a package of information including a consumer brochure explaining the service and a letter from the NSW Premier and Health Minister as the service becomes available in their area. The service is being rolled out in a staged way across NSW. GP NSW will work with NSW Health to make sure that Divisions know when the service is coming to your community. For more information visit www.healthdirect.org.au or contact sarahbradfield@gpnsw.com.au.

MULTILINGUAL BROCHURES ON SUICIDE

Multicultural Mental Health Australia (MMHA) has released new multilingual brochures on suicide. These are part of the *What Is* series on mental illness that have been translated into 22 languages. The *What Is* series has been adapted by MMHA into other languages to help people from CALD backgrounds gain a better understanding of mental illness and where to go for help.

The new fact sheets on suicide are available in 22 languages: Amharic, Arabic, Assyrian, Chinese Simplified, Traditional Chinese, Croatian, Dari, Dinka, Farsi, Greek, Italian, Khmer, Korean, Krio, Macedonian, Polish, Russian, Serbian, Spanish, Swahili, Turkish, Vietnamese. These are available for free or can be downloaded from www.mmha.org.au. Alternatively, contact MMHA on 02 9840 3333 to order copies or for further information.

ASSESSING THE NEED FOR A STERILISER

It is important for practices to assess the need for a steriliser. The following is an excerpt from the RACGP Infection Control Standards for office based practices.

"Practices must assess their requirements for sterile equipment (eg. types of items to be sterilised, number required, turnaround time). This assessment will determine the need and type of steriliser required. The following points may assist:

- What types of sterile instruments and equipment are required?
- How often are they required?
- Comparative costs of on-site sterilisation:
 - initial purchase price
 - installation
 - training of staff
 - consumables (eg. printer paper and ink cartridges, packaging, distilled water, spore tests for validation, and Bowie Dick tests for Class B cycles)
 - staff time for performing and recording leak rate tests and Bowie Dick tests
 - staff time for reprocessing equipment
 - ongoing maintenance
 - validation costs
- Comparative costs of off-site sterilisation:
 - cost of extra set if instruments
 - sterilisation charges
- Use of single use disposable
 - cost of instrument sets
 - availability of appropriate sets."

MEETING THE STANDARDS – PATIENT INFORMATION

The RACGP Standards require practices to give patients sufficient information about the purpose, importance, benefits and risks associated with proposed investigations, referrals or treatments to enable patients to make informed decisions about their health (criterion 1.2.2). The indicators for criterion 1.2.2 are below.

Indicator A: Our GP(s) can describe how they inform patients about the purpose, importance, benefits and risks of proposed investigations, referrals or treatments. The indicator is assessed by a surveyor via an interview with your GP(s). Surveyors will ask questions regarding how the practice informs patients of the purpose, importance, benefits and risks of proposed investigations, referrals or treatments.

Indicator B: Our GP(s) can describe how they use leaflets, brochures or written information to support their explanation of the diagnosis and management of conditions when appropriate. This indicator is also assessed by a surveyor through an interview with the practice's GP(s). Many clinical software programs provide links relating to the diagnosis and management of conditions.

Indicator C: Our practice has used patient feedback to establish whether patients of our practice receive sufficient information about the purpose, importance, benefits and risks of proposed investigations, referrals or treatments proposed by their GP to enable them to make informed decisions about their health. It is important for practices to collect patient feedback and collate the information to establish if patients are receiving sufficient information regarding patient decisions.

Indicator D: Our GP(s) can describe how they provide information (printed or otherwise) about medicines and medicine safety to patients. Indicator D is unflagged and not mandatory. However, this is also assessed by a surveyor via an interview with the practice's GP(s). The practice will be asked to describe how they can provide information to patients regarding medicine and medicine safety.

MEETING THE STANDARDS – BLOOD & FLUID SPILLS

The requirements for blood and body fluid spills against the RACGP Standards for general practices 3rd edition are included in 5.3.4 Indicators C and E.

Indicator C requires a GP and team member of a practice to be interviewed by a surveyor to ensure they can describe how their practice manages a spill.

Indicator E requires practices to have a written policy on blood and body fluid spills. Please note, the responses from team members in the interview should reflect the principles in the practice's written policy.

Practices need to have a kit readily available to manage spills. The spills kit should consist of a suitable rigid walled container containing:

- one pair of non sterile or utility gloves,
- one pair of goggles or face shield,
- paper towels,
- scrapers (for example, two small pieces of cardboard),
- plastic waste bags,
- absorbent powder or granules to soak up spills (for example, kitty litter or polymerising beads),
- detergent, and
- a hazard sign when needed to quarantine the area.

CHANGING STERILISER WATER

As part of accreditation practices must adhere to the RACGP Infection Control Standards for office based practices 4th edition. This publication discusses maintenance of the steriliser and in particular changing the water.

"Deionised or distilled water must be used as it minimises build up and corrosion. Sterilisers using Class B cycles and some Class S cycles do not recycle water and have larger requirements for distilled or deionised water. Sterilisers that have a reservoir and recycle water need to be topped up as required and water drained and changed weekly."

GUIDE TO MANAGEMENT OF HYPERTENSION 2008

Courtesy of AGPN Nursing News, October 2008.

The Heart Foundation has recently published a 'Guide to management of hypertension 2008'. The Heart Foundation has advised that the updated Guide addresses new evidence and recommendations from international guidelines and provides consolidated information on the diagnosis, management and follow-up of people with raised blood pressure. The full guide and the "Quick Reference Guide" version are available at; www.heartfoundation.org.au/Professional_Information/Clinical_Practice/Hypertension. Hard copies can be ordered through the Heart Foundation's Health Information Service by calling: 1300 362 787 or email: heartline@heartfoundation.org.au

DVD NOW AVAILABLE: THE RISKS OF ADOLESCENCE

The Youth Health Forum entitled "*The risks of adolescence - can we keep young people safe?*" held on 13 August 2008 is now available on DVD. Presentations in this DVD include:

- Creating protective environments for young people - by Prof David Bennett
- Keeping young people safe on the net - Netaalert presentation
- Teenagers, risks and unintentional injury: what can we do? - Youthsafe presentation
- Adults never want us to have any fun- listen to what students from Macarthur Girls High School had to say!
- A panel discussion joined by all speakers on the day

The program, speakers' notes, and DVD order form are downloadable from the NSW Centre for the Advancement of Adolescent Health website: www.caah.chw.edu.au/resources/speaker_notes/. Following is a list of Youth Health Forums currently available on DVD:

- The risks of adolescence - can we keep young people safe? (13 August 2008)
- Bouncing back: building resilience in young people (21 May 2008)
- Bullying and young people – a shared responsibility? (21 November 2007)
- Double trouble – understanding the impact of comorbidity in diverse settings (19 Sept 2007)
- Getting back on track – a community focus on Aboriginal Health (20 June 2007)

WORKSHOPS/CONFERENCES

Below is a list of other courses/ conferences run by external organisations. Please contact the appropriate organisation for further information.

Family Planning NSW Courses

Topic	Date	Organisation	Location
Well Women's Screening Course	23 February 09	Family Planning NSW	Macarthur
Well Women's Screening Course	25 March 09	Family Planning NSW	Newcastle
Well Women's Screening Course	29 April 09	Family Planning NSW	Illawarra
Well Women's Screening Course	8 July 09	Family Planning NSW	Ashfield

Rural Health Education Foundation (RHEF) satellite broadcast www.rhef.com.au

Topic	Date	Sydney Time	Channel	Repeat of broadcast
Clinical Toxicology: Bites and Stings	Tue 16 Dec	8 pm	23	Fri 19 Dec, 12.30 pm. Channel 23
A is for Asthma	Tue 27 Jan 09	8 pm	4	Fri 30 Jan 09, 12.30 pm. Channel 23

Podcasts are now available for a number of the RHEF programs. Visit www.rhef.com.au/podcasts/podcasts for a list of available programs.

Topic	Date	Organisation	Location
Chronic and complex care	December 08	The College of Nursing	Distance education
Healthy Ageing	December 08	The College of Nursing	Distance education
Wound management	December 08	The College of Nursing	Distance education
Registered Nurse refresher program	Monthly Enrolment	The College of Nursing	Distance education
Immunisation for Registered Nurses	Monthly Enrolment	The College of Nursing	Distance education

Conferences/ Forums:

Topic	Date	Organisation	Location
APNA Visionary Conference	30 Apr – 2 May 09	Australian Practice Nurses Association	Melbourne

INTERESTING ARTICLES/RESEARCH PAPERS

- Macdonald W., Rogers A., Blakeman T. & Bower P. (2008) ***Practice nurses and the facilitation of self-management in primary care.*** Journal of Advanced Nursing 62(2), 191–199.
- Browne A & Tarlier D. (2008) ***Examining the potential of nurse practitioners from a critical social justice perspective.*** Nursing Inquiry 2008; 15: 83–93
- Gillam, S. (2008) ***Is the declaration of Alma Ata still relevant to primary health care?*** BMJ 2008;336:536-538.
- Grimmett C., Croker H., Carnell S., Wardle J. (2008). ***Telling Parents Their Child's Weight Status: Psychological Impact of a Weight-Screening Program.*** Pediatrics 122(3), e682-e688.
- Doran T., Fullwood C., Kontopantelis E., Reeves D. (2008). ***Effect of financial incentives on inequalities in the delivery of primary clinical care in England: analysis of clinical activity indicators for the quality and outcomes framework.*** The Lancet, 372(9640), 728 – 736.



For more information on any of the articles, please contact your practice support officers Jenny Morgan (jmorgan@mncdgp.org.au) or Leigh Eastwood (leastwood@mncdgp.org.au).

This newsletter is also available on the MNCDGP website along with more detailed documents and links. Go to: www.mncdgp.org.au/program/general_practice_support

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