



gp links wide bay

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gp links wide bay  
general practice, delivering better health

June 2009  
Issue 53

# Div-Vision Update

## NiGP

The Australian Practice Nurses Association conference "The Right Stuff" was held in April. Many renowned nurse academics, practice nurses and administrators spoke, as did the Hon. Nicola Roxton MP and Her Excellency Ms Quentin Bryce Governor General. The common theme followed by all speakers was the contribution and value add that the Practice Nurse can and does bring to General Practice. All nurses were keen to work with GPs and allied health, within their scope of nursing practice to provide better health outcomes for the community.

The changes to the MBS and PBS structures proposed in the most recent Rudd budget will go a long way to support the advanced role of the nurse in General Practice.

### Practice Nurse Clinical Education Conference

The annual PNCE conference was held in Brisbane in February. GP Links subsidised most of the Wide Bay participants via the NiGP subsidy scheme. The program included: Infection Control, Care Planning an Item Numbers, 4-year old Healthy Kids Check, Setting up Chronic Disease Clinics, IT management – recalls & reminders & letter writer and much more! *"The recent PCNE conference was an excellent, well organised event. It was great to attend a conference filled with relevant, up to date information. The networking and stall holders provided valuable information also. Overall a very worthwhile weekend"* from Sally Hamlet *"The opportunity to network and listen to experts within our field, was rewarding and most beneficial."* from the Kent Street Girls.



Participants from L to R are:  
Ellen McDermott, Jenny Dobson and Gail Apps (Kent Street Maryborough), Carolyn Wilson (GP Links)  
Sally Hamlet (Bourbong Street Family Medical Practice), Deb Mahony (Torquay Family Practice Hervey Bay) Colleen McGoldrick (Alexandra Park), Lesley Reid (Millbank), and Carolyn Wilson (GP Links).

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### Chair's Report

#### Nurse Practitioners - What, Where, How and Why

The Board of GP links Wide Bay has recently developed a policy on General Practice Nurses and Independent Nurse Practitioners. This is available soon on the website under GP News.

Essentially we do not support any role for unsupervised Independent Nurse Practitioners in primary care, and we fully support the delegated role of the Nurse as part of the team under the supervision of a General Practitioner. We believe all Registered Nurses who work in General Practice should be known as "General Practice Nurses". This includes those with extended skills who have a Masters Degree and designated by the QLD Nursing Council as Nurse Practitioners.

Within the policy we consider that the Nurse role in the Primary Care setting should not include formulating medical diagnoses, referral of patients to specialists, independent ordering of pathology or radiology, prescribing medication and issuing repeats, and deciding on admission of patients to hospital. This is consistent with current RACGP and AMA policy.

The recent Federal budget announcement of funding for various Nurse Practitioner initiatives remains to be clarified. The clinical context is unclear, in particular as to what, when and how MBS and PBS subsidies might apply. Given that the MBS and PBS program will commence from November 2010 there is time for clarification and debate. Of note are statements that nurses will prescribe for certain conditions, but it is not clear who will diagnose. This is potentially a medico-legal minefield and probably another tsunami of red tape. We clearly support the expansion and funding of the Nurse role within a General Practice, but we unreservedly reject the role substitution of Nurse Practitioners for GPs.

Our policy refers to the Primary Care setting and does not consider enhanced Nursing roles in secondary and hospital care such as Renal units, Coronary care, and other specialised units. Similarly our policy recognises the important role of Nurses in genuine remote areas with lack of access to medical services. Lastly, I shall leave it to you to ponder "Why ?".

cont.

## Members of the Board

### Office Bearers & Members

Dr Paul Neeskens - Chair  
Dr John Potter - Vice Chair  
Dr Ajesh Ishri - Treasurer  
Dr Presly Varghese - Secretary  
Dr Elaine Dunne  
Dr Tim Smart  
Dr Daud Yunus

### Staff

#### Chief Executive Officer

Shane Dawson

#### Program Staff

Pat A'Bell - Diabetes Educator  
Janelle Anderson - Diabetes Educator  
Gina Clement - Coordinator Information Management  
Vivien Clift - Education & Training Coordinator (Bundaberg)  
Cyleece Feher - Standards & Integration Manager  
Eileen Franklyn - Palliative Development Officer  
John Gamlin - Patient Care Coordinator  
Mitchell Grambauer - Business Development  
Belinda Grant - Education Training Coordinator (Fraser Coast)  
Wendy Nour - Diabetes Educator (FCoast)  
Cathy O'Mullan - Healthy Lifestyles Nrrth Burnett  
Martin Ridge - GPHLO & ABHI Project Officer  
Ilze Roux - Healthy Lifestyle Coordinator  
Dr Shaun Rudd - GP Hospital Liaison Officer  
John Shearer - GP Services  
Janet Souter - Manager Allied Health  
Carolyn Wilson - Program Officer

#### Administration

Kaylene Baretta - Administration Officer  
Duane Barron - Payroll/Accounts Officer  
Sandra Batchelor - Admin. Assistant (FCoast)  
Danny Carswell - Finance/Business Manager  
Lynne Clark - Admin Program Support Officer  
Sue Derry - Executive Support Officer (CEO & Board)

#### headspace Fraser Coast

Dr Suzy Baudoeuf - GP  
Joanne Coleman - Indigenous Health Worker  
Danielle Costelloe - Administration Assistant  
Steve Dobson - Drug & Alcohol Counsellor  
Belinda Grant - Education Training Coordinator  
Hilton Simmonds - Clinical & Services Integration Manager  
Inga Simpson - Youth Worker  
Elizabeth Nunn - Counsellor  
Lisa Peters - Counsellor

#### Email Addresses

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## Chair's Report cont.

### Summary of Board Activities/Decisions – April/May 2009

#### Company limited by Guarantee

Finalisation of Constitution. Chair advised that Board and membership structure of the organisation basically remains unchanged from current association, but provides opportunity for changes to be made to the organisational framework to meet the potential changing environment.

#### Fraser Shores Regional Council/Tiara Medical Centre

The division has provided a letter of support to FSRC with provision that if their bid is successful, it will liaise management rights.

#### Chair's Report

Discussion was held on the possibility of amalgamation of divisions in the greater region.

#### CEO's Report

Recent staff include Pallnet Development Officer, Eileen Franklyn, Headspace Counsellor, Lisa Peters. And Patient Care Coordinator John Gamblin

Funding application under NHHRIP have been made with Queensland Health for extensions to regional health facilities in Eidsvold and Mundubbera.

Accreditation was gained to ISO 9001 with no non-conformances and no non-compliances.

#### Future Directions

Board noted and endorsed financial management directions as presented to manage budget/financial issues until final allocations are confirmed.

Board endorsed development and implementation of future commercial opportunities as presented as part of SWOT and potential market opportunities.

#### Treasurer's Report

Meeting of finance and audit committee was held to discuss future funding. Board agreed that the future commercial activities to independently support the division need to be sought and established.

## Palliative Care Services Development Officer

GP Links is extremely happy to introduce Eileen Franklin who has taken up the Palliative Care Service Development Officer position. Eileen is based on the Fraser Coast working between our Maryborough and Hervey Bay Offices.

The position of Palliative Care Service Development Officer [PCSDO] has been created with acknowledgement of the scope of existing services on the Fraser Coast to provide levels of palliative care / end of life care, including the palliative approach in residential aged care facilities, and primary palliative care by generalist clinicians, such as general medical practitioners and community based nurses.

Some existing organisations (such as Blue Care and Ozcare) currently employ specialist nurses in palliative care and offer specialist consultation for generalist members of staff, as well as direct care to their organisations' clients. Queensland Health's newly developed specialist palliative care service based at Hervey Bay and Maryborough Hospitals currently provides a range of levels of clinical care, dependent upon the various locations of care and cognizant with their existing capacity.

In partnership with the recently established PallNet palliative care network, this role represents an innovative model for collaboration between stakeholders in the provision of palliative care and end of life care on the Fraser Coast. This role will contribute to both the provision of best practice in the clinical setting and the promotion of community awareness of, and capacity in responding to issues surrounding death, dying, grief and loss.

We welcome Eileen to GP Links and wish her well in her new position.

## Aged Care Access Initiative

Between now and the end of this financial year GP Links Wide Bay is rolling out the Allied Health Component of the Aged Care Access Initiative for the provision of Allied Health Services. GP Links Wide Bay is pleased to be involved with the *Aged Care Access Initiative* Allied Health Service component to assist in improving access to allied health services for residents of Commonwealth-funded residential aged care facilities (RACFs) and Multipurpose Services (MPS) through the provision of clinical care provided by Allied Health Professionals (AHPs) in RACFs, where these services are not currently covered by Medicare or other government funding arrangements.

#### Background

Aged Care Access Initiative – Allied Health Services Component

Program Aims: To improve access to allied health services for residential aged care facilities (RACF) residents. This aim is to be achieved through the purchase, based on a needs assessment, of allied health services for individual or groups of RACF residents, where these allied health services are not covered by Medicare or other government funded programs.

#### Outcomes

A number of information sessions, Steering Group Meeting, subsequent correspondence and a survey of all RACFs resulted in the following decision: to engage existing AHPs currently working within RACFs to use the allocated funds to increase current AHP services provided (either individual or group sessions) as decided on by each Residential Aged Care Facility.

For further information on the above, please contact:

**Janet Souter**

☎ 07 4151 0814

✉ [jsouter@gplinks.org.au](mailto:jsouter@gplinks.org.au)

## Connecting Health Care in Communities (CHIC) Initiative

I guess you probably have a lot of questions... such as: What is this CHIC Primary Health Care Partnership council? What does it mean? How does it work? Who's represented? What's involved? What do they do? Is there funding? And how is it funded?

The big question is: **What is CHIC?** Well, the Connecting Healthcare In Communities (CHIC) Project is an initiative of Queensland Health for the purpose of establishing partnerships to minimise duplication, improve integration and service coordination and potentially increase the capacity of the health system, to improve the health of Queenslanders. Subsequently, a local Partnership Council was developed for the Wide Bay and Fraser Coast Health Service region. It is named the **Wide Bay Fraser Coast Partnership Council** or - for want of a shorter term **WBFC PC**. WBFC PC is a collaborative, communicative and responsive group for primary health care initiatives in that area established November 2007. Members work together to drive, inform and oversee the collaborative development, implementation and review of commonly agreed primary health care service integration objectives and activities.

**What is CHIC about?** CHIC is about encouraging key primary health stakeholders to meet to identify and address local issues. These issues need to fit within the 5 CHIC themes: chronic and complex care, integrated health promotion and illness prevention, early childhood health community mental health, drug and alcohol services; which are identified Federal and State Government Health Priorities.

**Who's involved?** At a Statewide level, CHIC has representatives from Queensland Health, General Practice Queensland (GPO), Queensland Aboriginal and Islander Health Council (QAIHC) and the Combined Health Agencies Group (CHAG) - mostly made up of Domiciliary Nursing Services.

At the Local Level within WBFC PC, membership is a 2-tiered approach consisting of Executive and Network. Executive membership is drawn from executive level positions within four leading agencies:

- Queensland Health Primary Health Care and Community Health
- Community Controlled Aboriginal and Torres Strait Islander Health Services
- Division of General Practice

Combined Health Agencies (e.g BlueCare, OzCare, Spiritus, RSL)

The WBFC PC Network membership consists of representation by other interested local health providers. A full list of WBFC PC members is located on GP Links Wide Bay website [www.gplinks.org.au](http://www.gplinks.org.au). It is intended, that membership is broad enough that everybody feels they are represented.

### Funding... Did you say Money???

Queensland Health provides 2 pots of funding for each Partnership Council. One pot is called **Partnering Funds**. These funds are to be used for establishment, coordination and support of each Partnership Council. Some of this funding can also be redirected to projects if the Partnership Council approve. The second pot of money is called **Service Delivery and Innovation Funding**. This funding needs to be applied for and is for projects that fit within the 5 CHIC themes. Both of these funds are recurrent ending 2011!

### But what does CHIC do and what has it done so far?

A brief outline of activities being undertaken by WBFC PC and the Service Delivery and Innovation Funded projects is located on the Divisions website including editions of the WBFC PC Community Newsletter.

## Chair's Report cont.

### Youth Mental Health Services

CEO presented to Board opportunity for expansion of Youth Mental Health services for Bundaberg region.

### Board Stipends

A review was undertaken of board stipends and comparisons made with other divisions. It was decided that board stipends remain fixed at the same rate.

### DoHA Funding

The future core funding from DoHA has prompted the Board to undertake a risk assessment and analysis for the division. Future commercial opportunities have been identified and possibility of developing these projects is to be undertaken.

### Nurse Practitioners Policy

Position statement had been circulated. Chair had refined this document and forwarded to Board for further discussion. The Board opposes the concept of independent nurse practitioners in primary care, opposes the use of nurse practitioners as a substitute for general practitioner services and opposes any Commonwealth funding of independent nurse practitioners in these roles. The Chair to make these minor changes to this policy document and present to Board for endorsement.

### Strategic Directions

Board to formulate more proactive rather than reactive policy items – e.g. special interest GPs.

### Swine Flu

Dr Smart, as the region's designated flu pandemic district coordinator, for Queensland Health advised that Flu Pandemic has been upgraded to Level 4. Special request to divisions to reach GPs as a group and assist Queensland Health to convey latest messages and pandemic arrangements to local general practitioners. Drs Potter and Rudd as potential nominees.

Dr Paul Neeskens

Chair GPLWB

For further information on the above, please contact:

**Cyleece Feher**

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In the CEO's report for this newsletter I have provided a snapshot of the major aspects that have been delivered in the Federal Budget that will impact on General Practice. Please contact me directly if you seek any clarification.

### Rural Incentives Package

This involves sliding scale payments for GPs who move to more remote areas – the more remote the area, the larger the incentives.

#### \$134.4 million package over 4 years

- Replacing Rural, Remote and Metropolitan Areas (RRMA) system with the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system from 1 July 2009.
- 400 locum placements for doctors working in difficult locations to enable holidays or education and training
- Up-skilling more than 150 urban doctors in exchange for undertaking four-week locum placements in rural and remote communities
- Increases to clinician relocation payments which will increase with remoteness, ranging from \$15,000 to \$120,000
- An additional 500 communities becoming eligible for rural incentive payments
- An additional 2,400 rural doctors becoming eligible for the first time for retention grant payments.
- Reduction in the time obligation for OTDs working in rural and remote communities

*Understanding the RRMA versus the new RA classification structure*

The Rural, Remote and Metropolitan Areas (RRMA) system will be replaced with the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system from 1 July 2009

The Doctor Connect website has a mapping tool on the site. Enter the town name, and information comes up that relates to the current town's RA, previous RRMA classification, and a link to what incentives are available that relate to the new RA classification.

<http://www.doctorconnect.gov.au/>

Click on the RA Locator, then the map at the bottom of this page, and type in the town name.

### Prevocational training for doctors in general practice

\$41.2 million over 4 years invested in the Prevocational General Practice Placement Program (PGPPP) to encourage more junior doctors to become GPs.

#### Funding for general practice training

\$148 million over 5 years for:

- 75 additional GP training places in 2009
- 100 new GP training places in 2010
- 22 Remote Vocational Training Scheme GP training places from 2011

Consolidating regional training providers: Savings of \$10.4 million over 4 years through a consolidation and restructure of RTPs which will result in a reduced number of regional training providers.

### Secure Messaging and Sending

The PKI push has been so successful that Medicare has a backlog so those who applied for Individual PKI tokens may or may not have received theirs yet. If you have received your PKI token – has it been installed in your computer? To install the PKI ikey or smartcard, refer to the enclosed CD with your PKI device.

Once your Individual PKI is installed in your computer and your practice has been enabled to SEND secure messages through Medical-Objects (MO) or HealthLink (HL) you can commence sending referrals, reports, and letters to other health professionals.

Please note: you can only send messages through MO to practices who have MO installed and the same applies to HL. So if you are a specialist or allied health professional and want to send reports to all practices you may need to install MO and HL.

### Secure Messaging and Receiving

If your practice does online Medicare claiming then you would have a location or site PKI certificate installed into your practice management software. Most practices now receive pathology and/or radiology electronically into your clinical software, this is because you have Medical-Objects and /or HealthLink installed.

QH discharge summaries are being sent out electronically from the Fraser Coast hospitals from this week.

Bundaberg hospital will be following suit next month.

In order to receive these electronic discharges the location certificate must be installed into the messaging system (ie. MO or HL). The instructions to install your location certificate are available on the Division's website. At the moment HL can receive the discharge summaries without the certificate being installed but MO needs the certificate installed. Future Government regulations will require the certificate to be installed in ALL messaging systems.

### Clinical Data cleaning

Does your practice focus on maintaining accurate clinical data?

Does every patient in the practice have the following documented:

- Date of Birth
- Allergies
- Observations – BP, weight, height
- Reason for visit / Diagnosis

Not only does the above data need to be collected but the data must be placed into the correct place in the clinical package so that it can be found in searches.

## GP Census 2009: The smart new way to survey general practice

GP Links Wide Bay is pleased to announce we are introducing a smart new way to survey our members. It's called **GP Census** and will replace our existing annual paper surveys. The 2009 electronic GP Census is being piloted this year so two major surveys will be done, the first you have recently and the second will be GP Census.

GP Census 2009 will take place in the week beginning **24 August**.

GP Census will:

- provide more targeted services to General Practice,
- help us get a better understanding of the current GP workforce,
- identify issues and provide information that will help us lobby government.

GP Census asks questions about a typical week in your practice, and there are questions for the GP and the Practice Manager. On average, it only takes about 10 minutes to complete the survey. The GP Census is pre-populated with our existing details about you and your practice so you only have to amend any details that have changed.

This year, the majority of Divisions in Queensland will be implementing GP Census for the first time and many of the survey questions will be asked to every GP and every Practice right across the state. This will result in more comprehensive information about general practice in Queensland and over the longer term we can identify statewide trends and work towards solutions.

GP Links Wide Bay will also ask a series of questions that are specific just to our Division. Questions about your training needs and satisfaction with our services will be included in this section of the survey.

On **August 24**, you will receive an email link from GP Links which takes you directly to your own individualised survey. It's quick and easy to complete online, however if you prefer we can send you a pre-populated paper version of the survey, along with a reply-paid envelope.

GP Census uses state of the art technology which means your information is safe and secure. Only selected staff from GP Links will have access to identifiable information about you and your practice. All information released publicly will be de-identified and anonymous.

GP Census was developed by General Practice Tasmania and is now owned by the Australian General Practice Network (AGPN).

For further information on the above, please contact:

**Gina Clement**

☎ 07 4151 0814 ✉ [gcllement@gplinks.org.au](mailto:gcllement@gplinks.org.au)

## CEO's REPORT cont.

### Changes to Medicare

Changes will be based on the principle that rebates should encourage higher quality, evidence based practice and better reflect the time and complexity of services. The two key areas of change are:

- A higher fee for complex, time intensive procedures.
- Adjustments to a number of Medicare fees to a lower schedule fee for shorter and supposedly less complex common procedures,
- A higher fee for complex, time intensive procedures.

### Mental Health

From 1 July 2009, a new mental health care plan item will *encourage* GP s to undertake extra (level 1) mental health skills training.

Medicare will provide a lower rebate to GPs who do not complete training.

This will essentially be a return to the requirements under the Better Access Initiative.

Mandatory training will be introduced to Allied Health Professionals providing psychological services under Medicare.

### Indigenous Health

\$805.5 million, in accordance with the COAG National Partnership for Closing the Gap in Indigenous Health Outcomes, over four years for a package of measures to tackle chronic disease risk factors, improve chronic disease management and follow-up care, and increase the capacity of the primary care workforce and the Indigenous health sector to deliver effective health care to Indigenous Australians.

### Nurse practitioners and midwives

\$59.7 million over 4 years to provide access to the MBS and PBS for nurse practitioners and \$66.6 million over four years to provide access to the MBS and PBS for eligible midwives to provide more health service flexibility and better access to services for patients.

### Supporting the whole health workforce

\$7.6 million additional funding over 3 years to modernise the funding formula for Divisions of General Practice. The new funding formula will be based on the Australian Standard Geographical Classification — Remoteness Areas.

### Maternity Services Review

\$120.5 million of measures to increase choice and access to maternity services

.In summary,

- Medicare Benefits Schedule and Pharmaceutical Benefits Scheme (PBS) benefits for services provided by eligible midwives working in collaboration with doctors.
- A Government-supported professional indemnity insurance scheme for eligible midwives.
- Services for rural and remote communities through an expansion of the Medical Specialist Outreach Assistance Program (MSOAP).

## CEO's Report cont.

- Funding for the professional development of general practitioners to undertake additional training to become GP obstetricians or GP anaesthetists
- Funding for the professional development of midwives
- Extra scholarships for GPs and midwives to expand the maternity workforce.
- A new 24 hour, seven days a week telephone helpline and information service
- A safety and quality framework, including professional guidance and an advanced midwifery credentialing framework.

The package will be implemented progressively from 1 July 2009.

### Fraser Island General Practice Education Event - 22 to 24 May 2009

St Stephens Private Hospital conducted the Bi Annual General Practice Educational Event. The event was strongly supported and promoted by GP Links Wide in conjunction with St Stephens. The event was attended by over 70 people including General Practitioners, Specialists, Nurses, staff and partners.

GP Links Wide Bay exclusively sponsored the Friday event focusing on General Practice and Palliative Care education. An evening meal was also well attended by a majority of conference attendees.

## Swine Flu

With the increase in H1N1 Influenza (Swine Flu) cases in Australia, you may wish to access a fantastic guide developed by GP partners Division of General Practice.

The "Queensland Pandemic Influenza Preparedness and Response Guide for General Practice", provides excellent information regarding:

- Avian and Swine influenza
- Screening for flu
- Notification
- Practice infection control
- Triage planning
- Vaccination
- Containment / recovery phases
- Communication and patient education

It also has lots of great flow charts, prompts, practice planning templates etc

To access go to GP Links website at [www.gplinks.org.au](http://www.gplinks.org.au) homepage / latest news / swine influenza / Queensland Pandemic Influenza Preparedness and Response Guide for General Practice

Swine Influenza Triage is also a very useful resource and found at [www.gplinks.org.au](http://www.gplinks.org.au) homepage / latest news / swine influenza / Swine influenza Triage for General Practice

## John Flynn Placement Program (JFPP)

**Experience is a great teacher**

**Mentor a John Flynn medical student... encourage the next generation of rural doctors  
RRMAs 4 – 7 GPs needed - 2 weeks per year**

### About the John Flynn Placement Program

The John Flynn Placement Program (JFPP) aims to encourage undergraduate medical students to consider a career in rural or remote Australia, by providing support for them as they undertake placements in country communities. Students who develop bonds and friendships within a community are more likely to return to that or to a similar community when they are registrars or qualified medical practitioners. Managed by the Australian College of Rural and Remote Medicine (ACRRM), the JFPP is an Australian Government funded initiative.

### JFPP Recruitment 2009

Student interest in the program has been overwhelming, with more than 600 applicants competing for 300 new places this year. Short-listed students are currently being interviewed at 20 participating universities, while we search rural Australia for the GPs needed to mentor successful students from late 2009.

### What are we looking for in a JFPP mentor?

Experienced medical practitioners who are:

- registered with their state or territory medical board
- working in RRMA 4, 5, 6, or 7
- practicing in general practice, a hospital, an Aboriginal Medical Service, Community Health, or other primary health care facility

### What is special about John Flynn Placements?

The aim of a JFPP placement is for students to enjoy a balance of social and medical experiences and to immerse themselves in rural community life. It is not intended to provide the rigorous training or supervision expected in university accredited clinical attachments.

### What are the rewards for JFPP mentors?

Rewards for mentoring a medical student include:

- the satisfaction of passing on your skills
- making a practical contribution to increasing the number of rural and remote doctors
- gaining ACRRM PDP and/or RACGP QA and CPD points
- being paid \$660 (including GST) per two week placement

### How are Mentors supported by their local community and ACRRM?

ACRRM arranges and pays for student travel, accommodation and social and cultural support, provided by local community organisations. A community contact person is appointed to provide social support for students, and is paid \$350 (including GST) for each two week placement. Accommodation Hosts are paid approximately \$400 (including GST) for accommodation and food per two week placement. We welcome enquiries from potential community contacts and hosts.

### To find out more

Email ACRRM [jfpp@acrrm.org.au](mailto:jfpp@acrrm.org.au) with "JFPP Interest Div" in the subject line.

### Please include the following information in your message:

- Medical Practitioner name(s)
- Practice (or other Primary Health Care Medical Facility) name
- Practice Manager or key contact name
- Practice or key contact phone number

Or call us on Freecall: 1800 231 231

## GP Hospital Discharge Summary Audit

Clinical communication between the acute health service providers and primary care services is essential in increasing the effectiveness of primary health care service. This can be achieved by improving integration and continuity of care across health and community care services. The quality of discharge summaries from hospitals to GPs is a good indication of how well this communication is working.

The Division developed a Compulsory Local Performance Indicator to measure the GP satisfaction level with discharge summaries to enable the Division to assist the hospitals in improving the information flow and the quality of discharge summaries from hospitals to GPs.

A GP Hospital Discharge Summary survey was developed by the Division to measure GP satisfaction against 8 key indicators (based on the General Practice Advisory Council (GPAC) Guidelines). The eight indicators are: Timeliness of receipt of Discharge Summary, Demographics, Principle diagnosis and other current conditions/complications, Discharge medication, Recent procedures and dates, most recent investigation results, allergies an adverse drug reactions, specific follow-up advice for treating doctor/community provider.

In the first instance, the initiative was conducted in collaboration with the Bundaberg Base Hospital as per an agreed 6-month schedule that commenced in November 2008. A sampling of discharge summaries was undertaken targeting the following Hospital units in a given month; Orthopaedics, Intensive Care Unit and Dept. Emergency Medicine, Mental Health, O & G / Paediatrics, Medical and Surgical.

The initiative was also conducted in collaboration with the GP Hospital Liaison Project – Fraser Coast as per an agreed 5-month schedule that commenced January 2009. The sampling of discharge summaries was undertaken included: Medical, Surgical, Orthopaedic, Paediatrics and Intensive Care Unit.

A copy of the GP Hospital Discharge Summary survey was attached to the Discharge Summary from the hospital unit for a given month and sent to the GP who receives the Discharge summary to audit accordingly and return the survey to GP Links Wide Bay.

Each Hospital identified the hospital unit on the discharge summary survey for ease of reference when collating the data. This process also enabled to recognize which hospital units required assistance in improving the quality and information flow.

Hospital units were not forewarned of the purpose of this initiative to ensure a true reflection of the quality of discharge summaries and provide a benchmark to improving information flow.

The Division would like to thank all the GPs who participated in this initiative. The response rate from GPs was great! The results are being collated into a full report to be presented to the Public Hospitals executive to develop strategies to address the issues identified.

Private hospitals will also participate in this initiative for the 2009 -2010 fiscal year.

The intended long-term outcome of this initiative is to measure an improvement in GP satisfaction levels in relation to hospital discharge referrals over time.

For further information on the above, please contact:

**Cyleece Feher**

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## Wide Bay Fraser Coast Health Needs Assessment

Various health agencies in the region have expressed the need for improving data and current difficulties in accessing relevant data for health service planning and delivery.

To assist health agencies in accessing relevant data the Wide Bay Fraser Coast Partnership Council have agreed to the development of a Wide Bay Fraser Coast Health Assessment Resource.

The resource will be beneficial in supporting funding proposals, targeted service planning, identifying health priorities and succession planning and resource allocation and also provides an opportunity for cross-sectoral partnership.

For this reason a **quality health needs assessment** of all people living in the geographical area of the Wide Bay and Fraser Coast region (Bundaberg and North Burnett Regions, Agnes Waters, Hervey Bay and Maryborough) will be undertaken, underpinning the four government health priorities outlined in the Connecting Healthcare in Communities Initiative.

- Chronic Disease and complex care
- Early childhood health (including ante and post-natal care)
- Mental health
- Drug and Alcohol

The benefits health agencies will gain from undertaking this health needs assessment and the development of this resource can include:

- Strengthened community involvement in decision making
- Improved team and partnership working
- Professional development of skills and experience
- Improved communication with other agencies and the public
- Better use of resources.

The Wide Bay Fraser Coast Partnership Council has engaged University of Queensland to undertake the quality health needs assessment and develop the resource.

In order to develop a resource that all health agencies can access and that provides evidence about the health status of the Wide Bay and Fraser Coast region, quantitative surveys will be conducted with different target groups. These surveys will be conducted over a period of 4 months. General Practitioners and Registered Nurses are among the survey groups.

General Practitioners will be sent a survey designed to draw upon their intimate knowledge of the health status of citizens in the Wide Bay and Fraser Coast regions. Registered Nurses are well-placed to report on the health status of the Wide Bay and Fraser Coast regions first hand, due to their work situation. This survey will endeavour to capture aspects of health care related to both emergency and non-emergency attendances at healthcare services. Community forums and in-dept interviews will also be undertaken

## Workforce

GP Links provides workforce support through posting vacancies on our website and preparing support letters regarding recruitment of GPs, DSW issues and registration.

If you would like a staff vacancy advertised on the GP Links Website or a letter of support, please contact Carolyn Wilson on 4151 0814 or email [cwilson@gplinks.org.au](mailto:cwilson@gplinks.org.au)

### General Practitioner and Practice Nurse Orientation

As part of Workforce Support for General Practice, GP Links Wide Bay offers an orientation program for new GPs and Practice Nurses.

If you would like to participate in the GP Links GP or Practice Nurse Orientation Program please contact Carolyn Wilson on 4151 0814 or email [cwilson@gplinks.org.au](mailto:cwilson@gplinks.org.au)

### Staff Vacancies

Remember we can list any staff vacancies in your practice on our website. Please contact Carolyn Wilson on 4151 0814 or email [cwilson@gplinks.org.au](mailto:cwilson@gplinks.org.au)

### Locums

Notices of GPs and other health care professionals interested in locum work in the Wide Bay area are posted on our website at [www.gplinks.org.au](http://www.gplinks.org.au)

### Immunisation Coverage Rates - Wide Bay

Medicare Australia has advised that 92.3% of children in the Wide Bay under 7 years are fully immunised. Our Division is now ranked 35 out of 113 Divisions nationwide. You all need to give yourselves a big pat on the back! Congratulations! This is a fantastic achievement!

### Data Logger

GP Links has 2 Data Loggers available for you to use to monitor the effectiveness of your vaccine fridge. Just contact Carolyn at [cwilson@gplinks.org.au](mailto:cwilson@gplinks.org.au)

For further information on the above, please contact:

**Cyleece Feher**

☎ 07 4151 0814 ✉ [cfeher@gplinks.org.au](mailto:cfeher@gplinks.org.au)

## Chronic Disease Management cont.

### The Person's Experience of Chronic Condition Self-Management

A collection of case studies of Chronic Condition Self Management written by health professionals from the person's perspective has just been released entitled *The Person's Experience of Chronic Condition Self Management : A Collection of Case Studies*. This collection of case studies was prepared by Dr Sharon Lawn from the Flinders Human Behaviour and Health Research Unit in collaboration with students undertaking the postgraduate program in Chronic Condition Management and Self Management. To order this resource, contact Flinders University on [selfmanagement@flinders.edu.au](mailto:selfmanagement@flinders.edu.au) or phone 08 8404 2323.

Details are on the GP Links Website go to [www.gplinks.org.au](http://www.gplinks.org.au) click on homepage/programs/chronic disease management.

## Screening

### 45-49 Year Old Health Checks (MBS item 717)

This once only health check is available to people between 45-49 (inclusive) years of age with at least one identifiable risk factor. A health check at this stage of life can assist patients to make the necessary lifestyle changes to prevent or delay the onset of chronic disease. The health check can be completed in one consultation, but all parts of the health check must have been undertaken. The Medicare rebate is paid at 100% of the scheduled fee. If the health check is bulk billed GPs are also entitled to claim a bulk billing incentive item. Information, fact sheets, clinical templates and links to related resources are available at [www.gplinks.org.au](http://www.gplinks.org.au). Click on homepage/programs/screening.

45-49 year old Health Check Seminars will be offered throughout the Division in the coming months. Watch for flyers!

### 4 Year Old Healthy Kids Check (HKC) (MBS items 709 [GP] & 711 [Practice Nurse])

The HKC is designed to ensure every 4 year old child has a basic health check to see if they are healthy, fit and ready to learn when they start school. This once only health check is available to children who are permanent residents of Australia. It can be done in conjunction with the 4 year old immunization. The Medicare rebate is paid at 100% of the scheduled fee. Information, fact sheets, clinical templates and links to related resources are available at [www.gplinks.org.au](http://www.gplinks.org.au). Click on homepage/programs/screening.

HKC Seminars will be offered throughout the Division in the coming months. Watch for flyers!

### Website

We have invested considerable time and resources in building up the GP Links website. Our aim is for you to have the website open whilst consulting and use it as a central tool of links to services, phone numbers, templates, referral forms and educational events.

Take some time to familiarise yourself. We welcome feedback too! [www.gplinks.org.au](http://www.gplinks.org.au)

### Education

You are probably familiar with the Tuesdays Thoughts fax which is sent every Tuesday and contains educational information. Don't forget we have an extensive educational "Events" section on the website for all GP staff.

## Access to Allied Psychological Services (ATAPS)

### Better Outcomes In Mental Health Care (BOIMHC) Program Resources

ATAPS enables GPs to refer eligible patients for focused psychological strategies with the Division's contracted Allied Health Professionals (AHPs) under the Better Outcomes in Mental Health Care (BOIMHC) Program. A maximum of 12 sessions is allowed per patient per financial year.

The Division has compiled a number of resources to assist GPs, their patients and AHPs with the referral process. The BOIMHC Information Pack has recently been distributed to all practices and is available for downloading from our web site at [http://www.gplinks.org.au/page/Programs/Mental\\_Health/Better\\_Outcomes\\_in\\_Mental\\_Health\\_Care/](http://www.gplinks.org.au/page/Programs/Mental_Health/Better_Outcomes_in_Mental_Health_Care/)

### Consumer Feedback

As part of the ATAPS contract funding requirements we need to collect de-identified patient feedback on services provided and a Consumer Feedback Survey has been designed for this purpose. Copies of the survey together with reply-paid envelopes have been forwarded to all contracted AHPs to provide to their clients. Whilst it is not compulsory for clients to complete the survey the importance of them doing so cannot be emphasized enough as the feedback provided may help to ensure the continuance of funding to the BOIMHC program. Future authorized BOIMHC patient referrals will be accompanied with a consumer feedback survey when faxed to the Allied Health Professional.

If you have any queries regarding the Better Outcomes in Mental Health Care Program please contact Hilton Simmonds, Clinical Services Integration Manager headspace ([hsimmonds@gplinks.org.au](mailto:hsimmonds@gplinks.org.au)) or Danielle Costelloe, Administration Officer ([dcostelloe@gplinks.org.au](mailto:dcostelloe@gplinks.org.au)) on Phone: 4121 3788 or Fax: 4121 3766.

## NiGP Individual Nurse Subsidy Scheme

Some funding is still available to support practice nurses who wish to attend training and educational events. Funding will be considered for clinical skills workshops (wound care, diabetes etc), conference registration, tertiary education and a range of other professional development activities. Funding is available until 30 June 2009, or until funding pool is depleted. There has been significant interest already. If you would like a copy of the NiGP Individual Nurse Subsidy Scheme Guidelines and Application Form, email Carolyn Wilson at [cwilson@gplinks.org.au](mailto:cwilson@gplinks.org.au)

### Practice Staff Networking Forums

The Networking Forums provide an opportunity for practice staff to share ideas, provide peer support and information and offer mentoring opportunities to new practice staff. The Forums are also used as an opportunity to provide a level of formalised education. The Networking Forums are continuing throughout 2009 see the website for dates [www.gplinks.org.au](http://www.gplinks.org.au).

For further information on the above contact:

**Carolyn Wilson**

☎ 07 4151 0814

✉ [cwilson@gplinks.org.au](mailto:cwilson@gplinks.org.au)

## Healthy Lifestyles

Hello,

I would like to introduce myself to you as the new Healthy Lifestyles Coordinator (North Burnett). I have recently moved to Bundaberg from Cairns with my family, and we are really enjoying the climate, and the beach lifestyle that this area offers!

A major part of my role is to coordinate both the *Lighten Up to a Healthy Lifestyle* and the *Living Strong* programs in the North Burnett area. Since starting in the position I have been travelling extensively throughout the North Burnett towns of Gayndah, Monto, Eidsvold, Munduberra and Biggenden. In each of these towns, I have met with Lighten Up Facilitators, Directors of Nursing, allied health teams and other key stakeholders to discuss the future direction of Lighten Up and Living Strong, and to start planning for the next 6 months.

We hope to have a North Burnett Healthy Lifestyle newsletter up and running very shortly which will hopefully provide updates on the program, showcase success stories and contain up to date articles and events relevant to the Healthy Lifestyle program. If you have any ideas for the newsletter, or wish to send in an article please do contact me!

In addition to coordinating the Lighten Up and Living Strong programs, part of my role involves supporting healthy lifestyle related initiatives in accordance with the *Queensland Strategy for Chronic Disease 2005-2015*, *Eat Well Queensland 2002-2010: Smart Eating for a Healthier State* and other relevant State and national policy. For example, I can assist with health expo's, health promotion program planning and initiatives aimed at "making healthier choices easier choices"

**Cathy O'Mullan**

### Healthy Lifestyle Webpage

The Healthy Lifestyles program supports a range of primary prevention programs in line with the *Queensland Strategy for Chronic Disease 2005- 2015* and the *Eat Well Queensland Strategy 2002-2010*.

Primary prevention activities include:

Coordination, planning, implementation of the *Lighten Up to a Healthier Lifestyle Program*, a group-based healthy lifestyle support program which employs a behaviour change approach to improving health and well-being and preventing chronic diseases.

Supporting the implementation of the *Living Strong program* - a healthy lifestyle and weight management group-based program for Aboriginal and Torres Strait Islander adults (>18 years). Again, this program is aimed at preventing chronic disease.

Development of physical activity and nutrition related health promotion initiatives

### Useful Website Links ( Nutrition, Physical Activity and Stress Management)

<http://www.health.qld.gov.au/lightenup/about/default.asp>

[www.glycemicindex.com](http://www.glycemicindex.com)

[www.myhealthybalance.com.au](http://www.myhealthybalance.com.au)

[www.drawthelinewa.com](http://www.drawthelinewa.com)

[www.headspace.org.au](http://www.headspace.org.au)

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.your30.qld.gov.au](http://www.your30.qld.gov.au)

For further information on Health Lifestyle please contact:

**Cathy O'Mullan** ☎ 07 4151 0814 North Burnett ✉ [comullan@gplinks.org.au](mailto:comullan@gplinks.org.au)

**Ilze Roux** ☎ 07 4124 8311 Fraser Coast ✉ [iroux@gplinks.org.au](mailto:iroux@gplinks.org.au)

## Chronic Disease Management.

### Mental Health Care Planning & Training

As part of the Australian Government's mental health package, Medicare items were introduced to provide better and more affordable mental health care. These services are aimed to promote a team approach to mental health care, with general practitioners encouraged to work with psychiatrists, clinical psychologists, and other allied mental health professionals to increase the availability of care.

Medicare rebates are available for GPs to provide early intervention, assessment and management of patients with mental disorders as part of a GP Mental Health Care Plan ([MBS Item No. 2710](#)) and a Mental Health Care Plan Review ([MBS Item No. 2712](#)).

A GP Mental Health Care Consultation item (MBS Item No. 2713) is also available for GPs to provide continuing management of patients with mental disorders.

In the last budget, the Rudd Government announced that as at 1 July 2009, a new mental health care plan item will encourage GPs to undertake extra (level 1) mental health skills training. A lower rebate will apply to those GPs who do not complete the training. The mental health changes are essentially a return to the training requirements of the Better Outcomes in Mental Health Care Program with the exception that this time around, differential rebates will apply to care plans developed by level 1 trained GPs versus those not completing additional training. At this stage it is unclear whether the one-off training payment for rural providers applies to GPs. GP Links will seek and provide further clarification as it becomes available.

Information, fact sheets, clinical templates, mental health training providers, flowcharts and links to related resources are available at [www.gplinks.org.au](http://www.gplinks.org.au). Click on homepage/programs/mental health.

### Adolescent Diabetes

A significant number of young people with diabetes are 'lost' to specialist medical follow-up each year. There is evidence that these young people then re-present in early adult life with diabetes-related complications due to poor diabetes control. These complications could have been avoided had they had continued surveillance by a specialist diabetes service. A large number of these young people are believed to be 'lost' to diabetes specialist care during transfer from paediatric to adult care.

In 2006, Queensland Health provided funds to the Mater Children's Hospital to develop an effective state-wide model for transitioning young people with diabetes from paediatric to adult care. This model is now known as **Sweet- The Diabetes Transition Program**. This program actively engages health professionals and young people to participate in the transition process with the aim of reducing the 'drop out' rate and improving health outcomes in young people with diabetes.

As part of the transition model *Best Practice Guidelines for Health Professionals* have been developed to provide a framework to assist health professionals deliver effective care during the transition period based on the individual needs of the young person and within the availability of current resources.

Links to the Sweet website and the Best Practice Guidelines are on the GP Links Website go to [www.gplinks.org.au](http://www.gplinks.org.au) click on homepage/programs/chronic disease management/diabetes