



Clipboard

February/March 2005

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IMPORTANT NOTICE

Referred Counselling Project

NEW REFERRAL FAX NUMBER ~ 9339 8455

As GP *Network* has moved premises to 10 Silas Street East Fremantle, please note that the referral fax number for the Referred Counselling Project is now **9339 8455**.

You should have received a sticker label with your December issue of GP *Network's* Mental Health Newsletter.

Please use this label on the cover of your yellow referral pad and ensure that all practice staff know the new fax number.

If you did not receive a change of fax sticker label or for more information please contact Daniele McGrath.

CHAIRPERSON



*Dr Hilary J Fine
Chairperson*

As I contemplate Divisional aspirations for 2005, I am aware that forces attempt to prevent such relaxed thinking.

Ahead it seems we have a non-stop agenda. The National Primary Care Collaboratives program is about to start. This will see our Division working with Perth and Hills and Kimberley Divisions in a three year program. In the UK, as a result of the collaboratives, there has been a 30% reduction in mortality from heart disease. The challenge for us is to show a similar outcome in diabetes and heart disease. Whilst there has been intense criticism about the lack of funding, there is certainly no lack of enthusiasm. At Fremantle, Amanda Derbyshire will be running the Collaboratives Program: if the diabetes projects she co-ordinated last year are anything to go by, we have a truly resourceful talent.

To give an idea of where Fremantle GP *Network* reaches, my 15 year old daughter found an article about us in Readers Digest where they were reporting on our very successful diabetes project. That's mainstream relevance!

This year's wind down for Christmas and New Year never materialised on the primary health care front. The news that the State Government had bought Kaleeya Hospital was unexpected. Whilst the Government pushed the catch phrase of more public hospital beds, most of us realise that this is just shuffling beds around between the private and public sector. A group of dedicated GPs who admit patients to Kaleeya have formed a united front, to obtain at least 10 permanent GP beds for their patients. Supporting GPs and the community is core business for the Division.

The message I put out in 2005 is to come to the Division for anything that requires a united GP approach; we are resourced with talented individuals and expertise to smooth the way when local issues need confronting.

Negotiations by the Division has led to the phase -in of private billing for the After Hours clinic contract.

We continue to work with Notre Dame Medical School, Fremantle, Woodside and Murdoch Hospitals and continue to promote the partnerships that enable GPs to have input into areas which affect them.

Most of all we depend on GP input and I look forward to the team approach fulfilling the strategic goals set for 2005.



I hope everyone had a restful and enjoyable break with friends and family over the Christmas break. GP Network's staff has been very busy moving to new premises in East Fremantle. There has also been a fair amount of advance planning for education in the coming year.

You will all have received a QA&CPD handbook from the RACGP late last year; outlining the planned changes for the new 2005-2007 triennium. Your November/December edition of *Clipboard* also outlined the new points requirements. You will note that the changes are not great. In particular, GPs are still required to gain 130 points over the 3 year cycle. If you want to get your triennium off to a flyer, there are a couple of Division events coming up soon which you may want to attend.

The first is an important **Immunisation Update** with Dr Peter Richmond, paediatric immunologist with PMH & UWA - on **Wednesday 23rd February**.

On **Tuesday 1st March** there is a short, sharp (only one hour) interactive event on the topic of **Antithrombotic Therapy**. If like me you're confused about when plavix/iscover is a better option than aspirin, or indeed when to use both; where asasantin fits in and when to use warfarin; this is your opportunity to hear bias-free advice based on current evidence. A local cardiologist and

the NPS pharmacist will be there to answer your questions on the night.

The third CPD opportunity is a hands-on event at the new Notre Dame Medical School in the West End of Fremantle, scheduled for **Saturday 19th March**. **GP Network's Skills Day** is designed to assist GPs and Practice Staff to sharpen their everyday general practice skills. The set up will be much like a trade fair with a variety of different stalls. For your convenience, hourly workshops will be repeated between 10 am and 4pm. You are welcome to turn up at any time, visit the stalls that take your interest and head off whenever you've had your fill. Some of the options available on the day include performing and interpreting ECGs and spirometry with a cardiologist and respiratory physician on hand. There will also be plastering; advanced suturing and minor surgery; joint injections with a sports medicine specialist; vaccination advice for both the childhood schedule and international travel; wound care and much more.

All education events are advertised on a special EDUCATION FAXBACK FORM within this *Clipboard* so please register your interest early to avoid disappointment – I look forward to seeing you there.

EVENTS REPORT

Practice Nurse/Manager Networking Meeting Immunisation & GPII Reports

Never a dull moment! Could well have been written specifically for the topic of immunisation, which as you all know, never stands still.

Immunisation & GPII Reports were the main topic at the December Networking meeting, to assist practice staff in keeping up-to-date with immunisation recommendations and ACIR administration requirements. Eight general practice staff, comprising Practice Nurses, Practice Managers and Receptionists, attended this lively and informative session. Gae Sawyer, GP Development Project Officer has a wealth of experience in immunisation, covered a range of topics including the new Pneumococcal

Vaccination Program, and how to read and interpret GPII reports. The topic generating the most queries and discussion was the best practice advice for multiple childhood vaccines at one visit. This topic will again be covered at the Immunisation Update workshop on Wednesday 23 February. So mark your diaries!

The networking session was very well received by all. The relaxed but informative forum in which these quarterly sessions are held ensures that all participants leave feeling fully supported and well informed. Watch this space for details of the next Networking meeting.



More good reasons for GPs to do HMRs

The most common single reason for complaints by patients to medical indemnity companies is about medications.

- Side effects and interactions;
- Lack of communication about the medication; and
- Lack of patient understanding about the medication.

Most of these problems can be overcome by doing a Home Medications Review (HMR).

On average, an Australian sees five (5) different GPs a year, as well as specialists and numerous other health related people including natural therapists.

All these people can supply, prescribe or suggest medicines to the patient. All of these medicines have the potential to interact and/or cause side effects.

An HMR is a quick and easy way of finding out exactly what medicines a patient is taking and if the regime is safe and effective.

During an HMR the pharmacist will look at the potential benefits and dangers of all medicines;

including herbal, natural therapies, OTCs and prescription medicines.

There is NO age restriction to receiving an HMR - ANY patient living in the community can have an HMR if the GP thinks the patient may benefit from such a service

Remember – it's as easy as 1, 2, 3

1. Complete the referral (with informed consent) and send it to the patient's chosen community pharmacy
2. 2 way communication with the pharmacist
3. Complete the plan, using the pharmacist's report and with input from the patient, give a copy to the patient and send a copy to the community pharmacy.

If you would like help with HMRs or have any specific problems, call Jodi.

An initiative of the Pharmacy Guild of Australia and Australian Divisions of General Practice Limited. Funded by the Australian Government through the 3rd Community Pharmacy Agreement.

EVENTS REPORT

Allied Health & GP Information Night Medicare Plus Revealed

See Enclosed Allied Health Supplement

Should you require assistance with planning your CPD for this triennium call the CPD Project Officer, Jodi Holland on 9319 0555

GP LIAISON

Dr Susan Downes
GP Liaison
Woodside Maternity



Woodside Maternity Hospital

Best Practice Guidelines for Prenatal Screening of Down Syndrome

Early screening has become routine in GP obstetrics. As most women have their first appointment at the Hospital after the time for screening it is extremely important that referring GPs be aware of and offer to arrange referral for these tests in addition to referring their patient to a consultant or the Public Antenatal Clinic.

First trimester screen

The Department of Health WA has issued an update for First Trimester screening. There is a consensus that improvements in detection rate can be achieved by collecting maternal bloods for PAPP-A and free BhCG at 10 weeks gestation with an ultrasound measurement of nuchal translucency at 12 weeks.

Clearly it is important to have accurate gestational age at the time of blood sampling, but provided blood is collected between 10 and 13 weeks the gestation can be reassessed at the time of the measurement of nuchal translucency. It is also important that at the time of requesting the blood sample, you specify on the form the especially accredited practice where the ultrasound will be performed so that results can be available at the time of the ultrasound.

The detection rate in Western Australia is 83% and the chance of missing Down Syndrome with a low risk result is 1 in 2227 and the chance of having a Down Syndrome fetus given an increased risk result 1 in 17.5.

Second trimester screen

For women who present too late, or are geographically unable to attend for the First Trimester screen, the Triple Test or Maternal Serum Screening (MSS) is available from 14 to 18 weeks gestation with the optimal time at 16 weeks.

The detection rate in Western Australia is 76% with the chance of missing Down Syndrome given a low risk result of 1 in 2135. The chance of having a Down Syndrome fetus given an increased risk result is 1 in 63.

Whenever possible, the First Trimester test is preferred because of its greater accuracy. It is recommended that if a pregnancy is screened in the First Trimester, then any request in the Second Trimester be confined to neural tube defect screening only. The first trimester screening does

not include detection of fetal neural tube defects. For further information, contact Dr Peter O'Leary, Department of Health WA.

Numbers up at Woodside by 12.5%

Total births at Woodside Maternity Hospital in 2004 were 937, an increase of 12.5% from the previous year. Public Antenatal Clinic patients deliveries accounted for 53.5%, an increase of 5.6% from 2003. The number of minor gynaecological surgical cases remains static at just under 500 per year. Please continue to support your local public hospital just for women and help to make the total births for 2005 well over the magic 1000.

The Recent GP survey

Thank you to all who requested more information regarding Woodside via the recent Fremantle-Woodside Hospital's GP survey. All requests for information have been responded to by sending a brief information sheet, a copy of the referral form to the Public Antenatal Clinic and a poster. In response to the many requests for referral forms we are arranging to have these reprinted and pads of forms will be posted in the near future. Meanwhile, please use the loose copies sent as templates to photocopy or download copies from the website (see below).

All doctors who inquired about the Women's Health CPD Program at Woodside have been sent the preliminary program. I have also attempted to contact GPs who requested specific information about the Gynae service but this has proved particularly difficult due to recent holiday period. If you have specific needs, please email me and I will respond quickly. (with the proviso that I will be on leave for the first two weeks of February).

Remember that most information is available on our website www.woodside.health.wa.gov.au

For further information about the service at Woodside Hospital, please contact

Susan Downes or Mary Cameron
Liaison GP Nurse Administrator
041 79 234 27 9319 7200
susan.downes@health.wa.gov.au
mary.cameron@health.wa.gov.au



St. John of God Health Care Murdoch

Redevelopment

The New Year has begun at a frantic pace at Murdoch as building of the new ED, wards and theatres continues. Some of you may have noticed the first phase of the new ED has been completed and the older section is now being renovated and extended. While we have no increase in capacity for GP referrals as yet, by mid year we will have a significantly bigger ED and 70 new beds in August. So in 2005, GPs should find that Murdoch has a much better capacity to accept GP referrals to our ED

GP Education

Two of our ED specialists (Dr Andrew Jan and Dr Andrew Christophers) will coordinate the CPR sessions at the proposed GP *Network* Up-skilling day in March. We are also planning to have an

Orthopaedic seminar at Perth zoo on a Saturday in April and a number of other education sessions are in the planning phase. Any GPs who have changed practice address or are not on the mailing list for our GP Education sessions, please contact Hilda Mead on 9366 1802

Notre Dame

Many GPs will be aware of the new 4-year post-graduate medical course that begins this year at Notre Dame. Murdoch will play a major role via the provision of a clinical teaching school for years 3 and 4 beginning in 2007. The redevelopment also sees the commissioning of a new education centre with auditorium and tutorial rooms to accommodate the future training needs of medical students and doctors

SIGN LANGUAGE INTERPRETERS

Sign language interpreters now available for GPs visits

At the end of January a new Commonwealth funded National Auslan Interpreter Booking and Payment Service (NABS) will become available free of charge to patients visiting general practice. The Australian Government has committed 18.5 million dollars to pay for these measures. The service is available free of charge to any Auslan user and their medical practitioner. This includes deaf adults or deaf children, regardless of if their parents are hearing or deaf.

It is vital communication is clear to all involved; patient and practitioner. NABS will provide the resources needed to facilitate this communication for people who use sign language.

The NABS call centre hours of operation are 8am to 8pm nationally. Please circulate the following freecall numbers through the network:

Phone	1800 24 69 45	(operational from 31 January 2005)
Fax	1800 24 69 14	(operational from 31 January 2005)
TTY	1800 24 69 48	(operational from 31 January 2005)
Email	bookings@nabs.org.au (operational now)	
SMS	0427 671 261	(operational 31 January 2005)
Mail	National Auslan Interpreter Booking and Payment Service 930 Gympie Road Chermside QLD 4032	
Website	www.nabs.org.au	(bookings can be made online)

PRACTICE DEVELOPMENT

Kelli Porter
Email: kellip@frdgp.com.au



Congratulations

Congratulations must go to: Point Walter Medical; Garden City Medical Centre; and Leeuwin Medical Centre on their recent re-accreditation.

Well done to Jane and Nicole (Point Walter); Thelma (Garden City) and Theresa and Helen (Leeuwin); and their teams on attaining re-accreditation.

Good luck to the many Practices undergoing re-accreditation this year. Remember, *GP Network* can help with a variety of accreditation and re-accreditation needs – including conducting mock assessments.

Lorna Hurst
Email: lornah@frdgp.com.au



New Team Member in General Practice Development

Some of you already know Lorna Hurst, who has been with *GP Network* for the past two years. Lorna has a Bachelor of Health Science in Health Promotion. She initially joined us to work on the Childhood Preventive Health Project and more recently coordinated the Heart Project.

Lorna joins the General Practice Development team as Project Officer and amongst other tasks she will be responsible for immunisation. Lorna is keen to work with the energetic and dedicated GPD team and meet more GPs and Practice Staff over the coming months.

Updated resources

The General Practice Development team resources have been updated with the latest Medicare Schedule changes, including Allied Health services for Care Planning and 100% Medicare Rebates. If you would like a copy, please call or fax your request.



Latest versions of the following Manuals are now available:

EPC – Annual Health Assessments, Care Planning & Case Conferencing proformas, samples, checklists and summary sheets

PIP/SIP/SOP – Asthma, Diabetes and Cervical Screening Incentives

Immunisation – Schedule with details of the new free pneumococcal vaccine, costs of new vaccines, vaccine storage, anaphylaxis, improving your Practice's immunisation rates

Employing a Practice Nurse – Sample Job description, selection criteria, enrolled vs. registered nurse.



Changes to the Medicare Benefits Schedule – 1 January 2005

100% rebate for most GP Services

From January 1 2005 the Medicare rebate, for most GP services (VR and Non VR) increased to 100%. This rebate applies to consultations, except hospital visits, and all services provided by a Practice Nurse on behalf of the GP.

General Consult (VR) rebates are now:

Level A	(Item 3)	= \$14.10
Level B	(Item 23)	= \$30.85
Level C	(Item 36)	= \$58.55
Level D	(Item 44)	= \$86.20

Practice Nurse items are 100% rebatable at \$10.20

- 10993 Immunisations
- 10996 Wound Care
- 10998 (new number for rural and remote nurses taking cervical smears)

The 100% rebate does NOT apply to

- referred services (e.g. to specialists or allied health professionals)
- procedures or diagnostic tests performed by a GP
- GP services provided in the fields of sports medicine, emergency medicine or public health
- Optometrists

New After Hours Item Numbers

New After-Hours numbers (5000 to 5267) DO attract 100% rebates. These are new numbers for after hours services for VR and non VR GPs, the schedule fee is \$10 higher than the equivalent "in hours" fee.

For these new numbers to apply the service must be provided:

- on public holidays and Sundays
- before 8am or after 1pm on a Saturday
- before 8am or after 8pm on any other day

The bulk billing incentive rebate also applies after hours as a new number: 10992 (same criteria as 10990 or 10991 = \$7.65).

For further information, and to view a complete list of items that qualify for 100% rebates, please go to www.hic.gov.au/medicareinitiatives and view page 3 under "100% Medicare rebate for GP services".

FALLS PREVENTION

New strategy in the bid to prevent falls among WA seniors



General Practitioners are advised to prepare for increased attention on falls prevention in the coming months with the launch on Sunday 20 March, of the new Stay On Your Feet WA campaign.

New Stay On Your Feet WA resources have been developed and will be available to order in March on www.population.health.wa.gov.au/ordering or 1300 135 030.

For more information telephone (08) 9222 2080.

Targetting seniors aged 60 and over the campaign aims to increase awareness of falls and the need to take preventative action. Supporters of seniors, including health professionals are also being targeted.

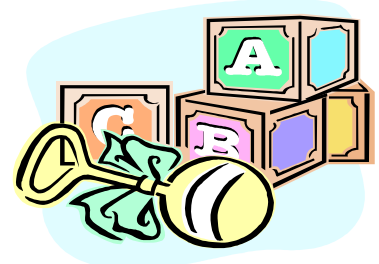
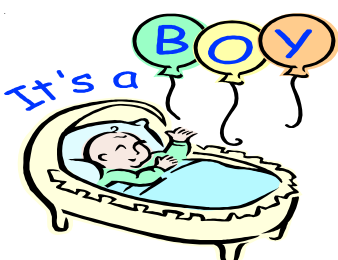
CONGRATULATIONS TO NATASHA & PAUL REBELO



On the safe arrival of Ashton Jordan

16th December 2004

5 lb 5 oz



BULLETIN BOARD

CLINICAL PSYCHOLOGISTS

Dr Bill Douglas
PhD

Pain Management
Anxiety

Paul Ryan
M.Psych

Marital Therapy
Depression

25 Parry Street
Fremantle
Ph. 9430 5277

CLINICAL PSYCHOLOGIST



Denis McCarthy

M. App.Psych (Clin.)
child, teen, adult referrals

9430 7777

0404 0202 42

www.int-a1.com/dm

Areas of interest include:

- ADHD, Anger
- Anxiety, Panic
- Stress, Trauma
- Loss, Life Crisis
- Depression
- Insomnia
- Eating Disorders
- Relationships, DV
- Pain, Rehabilitation
- EMDR, Hypnosis
- CBT, Biofeedback
- Couple/Sex Therapy

MedicarePlus & Health Fund Rebates
158 High St, Fremantle • Garden City MC

Manipulative Physiotherapist

Brigitte van der Heide

Physio., Grad.Dip.Manip.Ther., MSc
20 years clinical experience

Areas of expertise:

Neck and upper limb pain
Low back and lower limb pain
Neurogenic/neuropathic pain disorders
Headaches
Whiplash associated disorders
Chronic pain

Services provided:

Management of any
Neuromusculoskeletal condition
Motor vehicle injuries
Work injuries
DVA clients
Concession Pens/Hcc holders

Unit 3, 15 Parry Street, Fremantle 6160
Phone: 9336 7261
www.freophysio.com.au

Clinical Psychologist

Stephanie Morigan

M.Psych (Clinical)

Child/adolescent and adult referrals

Areas of interest include:

Anxiety Disorders Depression
Loss/Bereavement Trauma
Hypnotherapy Eating Disorders
Family Relationship issues

Consulting from
25 Parry Street, Fremantle WA 6160

Health Fund Rebates Fax: 9335 6425
Telephone: 9430 5277 for appt.

GP REQUIRED FOR SOR PRACTICE!

VR GP needed to replace retired doctor in established family practice South of the River. Registered nurse, accredited, non-corporate, spacious room and computerised with good admin support.

Contact Kate on 9456 5903 or Neda on 0414 641 963

GP Required

East Fremantle Medical Centre

For the first time in 5 years we have a GP vacancy. Come join a unique interdisciplinary practice team in relaxed practice premises. Top rates paid P/T or F/T.

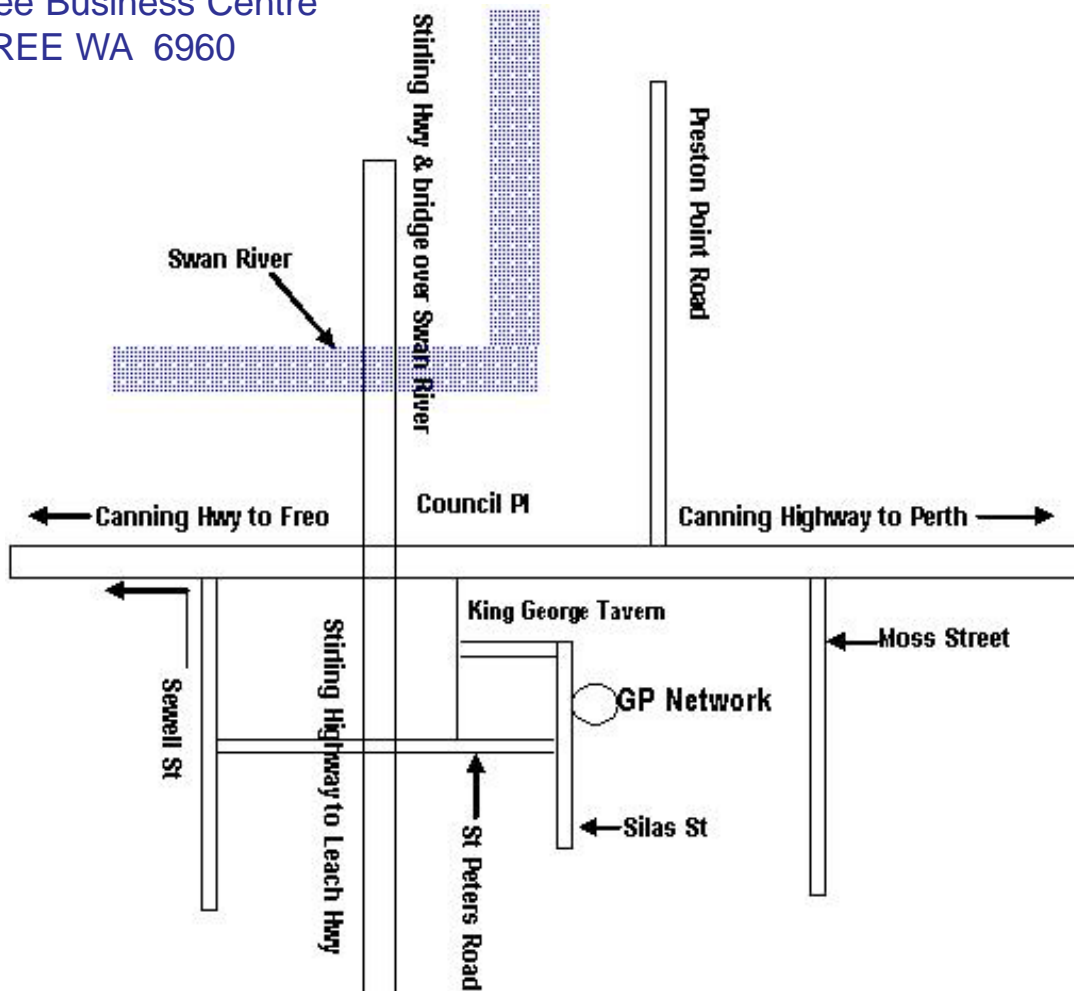
If you are interested,
contact Hilary Fine on 0418 615 134

Map of Fremantle Regional GP Network

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Tel 9319 0555 Fax 9339 8355

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Myaree Business Centre
MYAREE WA 6960



**Next Clipboard Edition ~ April / May
Copy Deadline ~ 18th March 2005**

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LIKE TO PUT INTO "CLIPBOARD"?**

**Please email all advertisements and articles to
Rachael Sita on rachael@frdgp.com.au**