



SPRING 2011

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CONTACT US
Level 1,
134-136 Hampden Road
Artarmon NSW 2064
T (02) 9411 3533
F (02) 9410 1816
E mail@nsgpn.org.au
www.nsgpn.org.au

Message from the Chair

Change is in the wind

The Northern Sydney General Practice Network (NSGPN) was not successful in its application for the first round of Medicare Locals. While our initial application 'passed' all criteria, we were not in the top 19 applicants. The most common feature of all the winning groups seems to be their demographics. There is no doubt that at every level government, we are a demographically challenged area!

The NSGPN has improved its initial submission based on feedback from the Department of Health. We understand that if we are successful this will be announced towards the end of the year. It is not clear why it needs to take so long. Even if the money is not immediately available, it would give successful applicants time to prepare for the transition. One of the most important aspects of the transition is giving our staff some certainty regarding their employment.

Mark Twain said "The report of my death was an exaggeration". While the process does seem as if it will lead to the formation of a Medicare Local, there are two unlikely events that may lead to the whole Medicare Local program ending. Even the most ardent supporter of the current government would say that they are struggling and with recent events, there is a danger that government may fall before the final tranche of Medicare Locals is announced. Secondly, at the time of writing only a small number of the 19 applicants have signed their contracts that the Department have supplied.

Part of the constant rhetoric has been that Medicare Locals will be able to respond to local needs; however, it seems that the current draft contracts severely restrict the flexibility of the organisations. There is a lot of pressure on those consortia who have not signed to do a good deal as these will be used as the blueprints for the yet to be announced Medicare Locals.

The interesting aspect of the process is that even though there are consortia that were successful in their Medicare Local application, these consortia are willing to hold the Government to its promises.

All members of the NSGPN should be reassured that the Board of Directors, in conjunction with the Manly Warringah Division of General Practice Directors, will carefully consider any contract that is offered to see that it passes the test that it is in the best interest of the members and hence the organisation.

Dr. Harry Nespolon



Message from the Chief Executive Officer

We are waiting for the outcome of our joint application with the Manly Warringah Division of General Practice for the Medicare Local covering the Lower North Shore and Northern Beaches. The next waves of Medicare Locals will transition from Divisions of General Practice on 1 January and 1 July 2012.

There will be a total of 62 Medicare Locals across the country, which aim to support general practice and work with other primary health care practitioners (such as a range of allied health service providers) to enhance primary care and better connect services for consumers. Medicare Locals will be responsible for developing strategies to meet local primary health care needs and planning and supporting local after hours services.



Other elements of the Federal Government's health reform package are 425 upgrades to primary health care services including general practices and the so called 64 'super' clinics. New flexible primary health care services through general practice, particularly coordinated care for diabetic patients involving patient enrolment, are currently being piloted. For more information on health reform go to www.yourhealth.gov.au.

MBS Mental Health changes	Item No.	MBS \$
GP Mental Health Treatment Plan by GP who HAS NOT undertaken mental health skills training accredited by the General Practice Mental Health Standards Collaboration	Formerly 2702	
	2700 At least 20 mins	\$69.00
	2701 At least 40 mins	\$101.55
GP Mental Health Treatment Plan by GP who HAS undertaken accredited mental health skills training	Formerly 2710	
	2715 At least 20 mins	\$87.60
	2717 At least 40 mins	\$129.00
GP Mental Health Plan Review	2712	\$69.00
GP Mental Health Consultation	2713	\$69.00

Medicare Locals are to integrate primary health care, help coordinate programs, and work with Local Health Districts to improve clinical pathways, for instance for persons with mental health care needs. Currently, Divisions promote mental health treatment plans. However, this will be an even greater challenge with the reduction in MBS rebates for mental health items from November.

NSGPN will offer accredited mental health training again to enable GPs to claim the higher (albeit reduced) rebate in November.

Other mental health initiatives include an increase in ATAPS services, a new health and wellbeing check for three year olds which will replace the four year old healthy kids check and more Head-space sites providing mental health services for young people.

The Government's workforce strategies involve an increase in GP training places and expansion of the Practice Nurse role by removing PN item numbers. Practices can now apply for the Practice Nurse Incentive Program to commence on 1 January 2012.

The National Preventative Health Agency has been established with a focus on research, obesity, alcohol and smoking. However, no funding for measures relating to these areas has been channelled to the Divisions/Medicare Locals which are an ideal platform from which to conduct community health promotion programs.

The Federal Government aims to have patients able to register for the personally controlled electronic health record from 1 July 2012. The Federal Government's other e-health initiatives that have been implemented are MBS for video consultations and an expansion of GP after hours helpline via which 41,000 calls have already been handled.

In this issue, we will introduce the NSGPN team, outline the new National Prescribing Service program and detail the providers and facilities involved in the ACAI program. With the windup of the Lifestyle Modification Type 2 Diabetes Prevention Program, NSGPN has sourced alternative referral options for you to refer patients to.

It has been a busy time at the Network. Dr Rob Day, Director Emergency Department at the Royal North Shore Hospital gave an excellent presentation on emergency medicine, we delivered wound management training, CPR training, up-skilled PNs on health assessments, and delivered education on shared antenatal care (SAC)/gynaecology and offered SAC clinical skills accreditation training. If you would like more information on SAC or health assessments, please contact us. The Network also held its inaugural AGM where GPs were able to network with Specialists and Professor Carol Pollock, Chair of the Northern Sydney Local Health District gave an overview of the changes and challenges facing hospitals in the area.

Shortly we will be seeking your input into how we can better deliver services to you and I encourage you all to complete the GP Census survey.

Aged Care - ACAI

Residents of aged care facilities (RACFs) often have complex care needs requiring multidisciplinary care, but can experience difficulties in accessing the services of GPs and allied health professionals.

The Aged Care Access Initiative (ACAI) is aimed at providing care to this high need population through assigned allied health providers. The program was first introduced in 2008 with government funding and in 2010-11, 768 allied health services were provided in low care residential aged care facilities (RACFs) within the NSGPN area.

NSGPN allocates funding to the following 15 low care facilities in the area:

- Dougherty Apartments
- The Garrison
- Georgian House
- Glengarry Aged Care
- James Milson Hostel
- Kamilaroi Retirement Centre
- St Columba's Retirement Centre

- Willoughby Retirement Community Assoc. Hostel,
- BUPA Willoughby
- Caroline Chisholm Village
- Willowood Hostel
- Alexander Campbell House
- Archbold House Hostel
- St David's Village
- Lansdowne Gardens,

NSGPN has contracted the following allied health care providers.

Jasda Physiotherapy, ph 9635 9444

Advanced Rehab Centre, Physiotherapy, ph9906 7777

Winten Speech Pathology Services, ph 0412 224 490

Lynne Harold Counselling, ph 0432 077 194

Clinicall Podiatry, ph 9560 3366

If you believe that your patient would benefit from these services, contact the service provider or Nitin Chitre at NSGPN nchitre@nsgpn.org.au, 9411 3533.

Dabigatran (Pradaxa): NPS

RADAR - REVIEW

2 August 2011 The latest issue of NPS RADAR provides an independent review of Dabigatran (Pradaxa), an oral anticoagulant, for preventing stroke or systemic embolism in people with non-valvular atrial fibrillation.

In Australia, Dabigatran is currently only available on private prescription for this indication. Dabigatran is currently PBS listed for short-term prophylaxis of venous thromboembolism after hip or knee replacement surgery.

Dabigatran is an alternative to warfarin in atrial fibrillation. In a large clinical trial, dabigatran 150mg twice daily reduced the absolute risk of stroke by 0.6% per year compared with dose-adjusted warfarin. The overall rate of major bleeding did not differ between the two treatment groups. Trial participants taking lower dose Dabigatran (110 mg twice daily) were at similar risk of stroke or systemic embolism as those receiving warfarin.

NPS Head of Programs, Karen Kaye, says some people with atrial fibrillation may

find Dabigatran more convenient than warfarin because it does not require any dose titration or regular monitoring.

"Dabigatran may be an option for patients who find it difficult to maintain a therapeutic INR, who are at increased risk of drug and food interactions with warfarin, or for those where regular monitoring of INR is difficult or impractical. Patients on warfarin with an INR consistently in the therapeutic range may not benefit from switching to Dabigatran," said Ms Kaye.

"Dabigatran's safety has not been established in patients at high risk of bleeding, and follow-up data is limited to 2 years. Individual risks and potential benefits should be taken into account when choosing an oral anticoagulant. Dabigatran is a new medicine and like all new medicines the full range of side effects is not yet known."

Brief information on the following medicines and PBS listing changes are also included in this edition of NPS RADAR:

Varenicline (Champix) safety update: possible increase of serious cardiovascular events
13-Valent pneumococcal conjugate vac-

cine (Prevenar 13) listed on the National Immunisation program

Saxagliptin (Onglyza) tablets PBS listed for type 2 diabetes

Dutasteride with tamsulosin (Duodart) PBS listed for benign prostatic hyperplasia

Telmisartan with amlodipine (Twynsta) PBS listed

Generic brand of fentanyl patches (Denpax) PBS listed.

To read the full reviews go to www.nps.org.au/radar. NPS RADAR is a timely, independent publication published by NPS: Better choices, Better Health providing the latest evidence-based assessments of new drugs, PBS listings and the latest research for GPs, pharmacists and other health professionals.

To learn how to evaluate the evidence, the free NPS online learning program *Finding Evidence – Recognising Hype* teaches critical appraisal and other skills.

For more information about Dabigatran, read the *Australian Prescriber* articles: New oral anticoagulant drugs – mechanisms of action and New oral anticoagulants – clinical applications.

The Northern Sydney General Practice Network has seen a number of staffing changes throughout the year. There have been some departures and some new staff arrivals. Our staff are experienced in their area of expertise and look forward to assisting you in your practice.

Jenny Sikorski, our Chief Executive Officer, leads the team as we endeavour to provide support and educational services to all our members. Jenny has the role of guiding NSGPN, along with the board, through the maze of administrative requirements necessary for becoming a Medicare Local. Jenny has recently become a mum for the second time. Congratulations Jenny!

Nitin Chitre is our new Operations Manager. Joining NSGPN in July, he comes to us with extensive primary care experience both in New Zealand and India. In New Zealand, he project managed the conceptualisation and implementation of strategies for a chronic disease management project. He is passionate about the clinical and management aspects of primary health care. Outside the office, Nitin enjoys cricket, photography and travel. He looks forward to meeting members of the network.

Kerry de Waal is the NPS Facilitator at the Network. After nine years she still loves her role. She enjoys bush-walking on the weekend, reading and watching 'The Gruen Transfer'. She is also our resident francophile. Kerry encourages all GPs to make an appointment for an NPS Educational Visit.

Carmel Thorn, our Primary Care Support Officer, assists practices with the Practice Nursing & Immunisation Programs. Practices are supported and encouraged to employ a Practice Nurse to work collaboratively with the GP and practice team. The immunisation program aims to increase immunisation coverage, ensuring General Practices are able to provide and improve immunisation services to the community. Carmel starts her day by cruising across the sparkling waters of Pittwater before driving to Artarmon. How idyllic!

Dale Winckel, our Primary Care Support Officer, looks after the GPs in Schools Program and Accreditation. If readers have any questions about GPs in Schools or Accreditation, Dale will have the answers or know how to get them. Passionate about the environment, Dale has been influential in establishing recycling practices at the office. A mother of three young children, she loves reality TV and chocolate.

Simon Iskandar, is our new Primary Care Support Officer, looking after the Australian Primary Care Collaborative (APCC) Program, Lifestyle Modification Program (LMP) and Argus Program as well as the Canning and penCAT tools. He is an extremely motivated and tech-savvy individual who's always happy to answer any queries that you may have. Simon enjoys going to the movies.

Susanna Maher, our SAC Midwife is another new staff member, joining us with an extensive background in antenatal care. Currently she works one day per week with us and two days at The Royal North Shore Hospital Maternity Unit. The aim of this position is to improve links between RNSH and GPs offering Shared Antenatal Care, and to facilitate women and GPs choosing the SAC option for normal and medium risk pregnancies. Susanna believes that SAC offers women a model which promotes continuity, and improving communication between GPs and the hospital will enhance safety and confidence for women choosing SAC. Susanna is enjoying life in Sydney after moving back from London last year.

Cathy Hopkins, our new PR & Education officer, comes with a nursing background combined with public relations qualifications. Cathy is responsible for the NSGPN's communications, including the Update and the Weekly Fax. She also organizes all events from NSGPN's stall at the Willoughby Street Fair and educational events through to the NSGPN AGM dinner. Cathy encourages all GPs, PNs and other associate members to get involved in the events organized for them. Events are a great way to network with other NSGPN members and to catch up with old friends. Cathy enjoys people, travel, reading and gardening.

Victor Cendrawasih is our able Administration Officer. Members will find Vic is often the first point of contact when calling the office. He will refer you to the appropriate Primary Care Support Officer. Vic enjoys reading and playing soccer.

NEW NPS PROGRAM: BALANCING BENEFITS AND HARMS OF ANTIPSYCHOTIC THERAPY



An Australian survey found that about 80% of people with a psychotic illness (schizophrenia, bipolar disorder/mania, schizoaffective disorder, depressive psychosis or other psychosis) taking risperidone or olanzapine reported one or more troublesome side effects and worsened quality of life.[1]

Another study found that more than half of those tested had significant risk factors for cardiovascular disease or diabetes.[2]

In this NPS Educational Visiting Program, we discuss ways to achieve the most favourable balance of clinical benefits and adverse effects for people with a psychotic illness or behavioural symptoms of dementia.



The visit will focus on:

- An individualised approach in assessing benefits and harms of antipsychotic therapy
- Tips to engage patients/carers in recognising and managing adverse effects
- Ways to reinforce to patients the importance of adherence to antipsychotics when prescribed
- A planned approach to assess the ongoing need for antipsychotics for behavioural symptoms of dementia.

Initiatives promoting physical health for people with mental illness

Mind + Body initiative – promoting physical health and wellness with a range of resources available for individuals and non-government mental health organisations. Call the SANE Helpline 1800 18 7263, email helpline@sane.org. This e-mail address is being protected from spambots. You need JavaScript enabled to view it or visit www.sane.org.

Activate: mind & body – a collaboration between Queensland Health and General Practice Queensland aiming to improve the physical and oral health of people with severe mental illness. The **activate: mind & body** website, www.activatemindandbody.com.au, has information for people with mental illness, carers, GPs and other mental health service providers.

The Alzheimer's Australia website, www.fightdementia.org.au, has factsheets, tips and strategies.

NPS Clinical Audit: Safe and effective use of antipsychotic therapy

Why do an NPS clinical audit?

- Free and independent quality improvement activity
- Evidence-based clinical guidance
- Individualised feedback
- Expert commentary provided

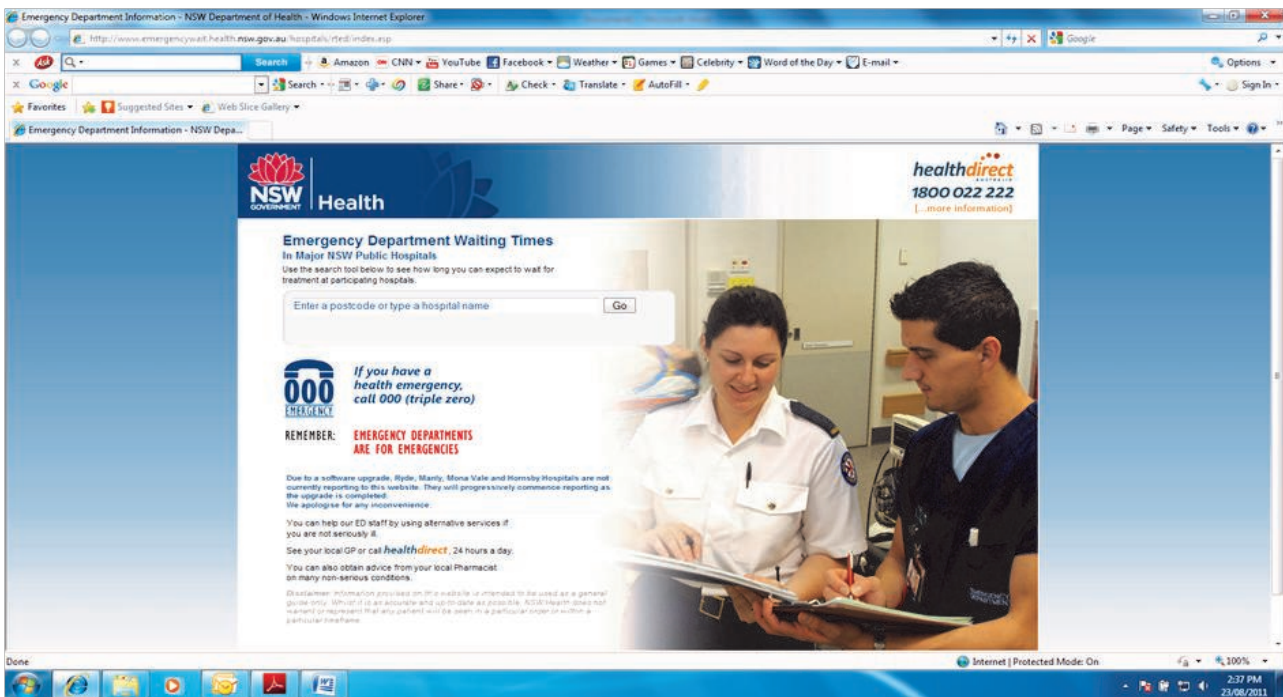
To participate in the latest NPS Clinical audit, you need to review the management of 10 patients who are 18 years of age or older using an antipsychotic drug. On completion, you will receive 40 RACGP QI & CPD (category 1) points for the 2011-2013 triennium. You must complete steps 1-5 to be awarded the points.

This audit is also recognised for the Quality Prescribing Initiative of the Practice Incentive Program (May 2011 to April 2012).

Enrol online at www.nps.org.au/clinical_audits or phone 02 8217 8700 (select option 2) or contact Kerry de Waal on 94113533 for more information on any aspect of the NPS program.

References: Castle D, Morgan V, Jablensky A. Antipsychotic use in Australia: the patients' perspective. Aust N Z J Psychiatry 2002;36:633-41.
John AP, Koloth R, Dragovic M, et al. Prevalence of metabolic syndrome among Australians with severe mental illness. Med J Aust 2009;190:176-9.

New Emergency Website



A new website, www.emergencywait.health.nsw.gov.au, showing updated information on waiting times in NSW Emergency Departments has been available online since early July. 57 NSW hospitals are linked to this site, enabling people to see how long the wait at an emergency room will be. An after hours general practitioner advice phone number, 1800 022 222, is also available on the website for non-lifethreatening medical conditions. Ryde, Manly, Mona Vale and Hornsby Hospitals will report to this site once a software upgrade is complete.

For example, there are 0 people waiting to be seen at RNSH at the time of writing.

Royal North Shore Hospital
Address: Pacific Highway, St Leonards, NSW 2065
Contact: 02 9926 7111

The most seriously ill patients are seen immediately.

The number of patients assessed by a triage nurse and waiting for treatment **0**

Last updated Thursday, 27 October 2011 1:36:58 PM EDT Refresh

New Accreditation Requirements

General practice looks very different to what it did a decade ago. Increasingly, practices are utilising a team approach through collaboration with practice nurses, practice managers and multi disciplinary teams. E-health is also making an impact on the primary care sector, allowing practices immediate access to health information, efficient flow of patient records and greater communication between health care providers.

New accreditation standards have been developed to meet these changing needs. The 4th edition RACGP accreditation standards are based on a framework of good governance - a framework which ultimately makes all members of the general practice team accountable for patient safety and high quality clinical care.

There are multiple changes in the 4th edition standards. Key areas include the gathering of patient feedback, formal processes for patient handover, clinical governance, risk management, patient identification, and CPR training for all practice staff. A summary of changes to each criteria can be found under the practice support tab on the RACGP website, www.racgp.org.au.

The transition phase between the 3rd and 4th edition standards is almost complete. All applications for accreditation from the 1st November will automatically begin the 4th edition process.

NSGPN offers support to all practices preparing for accreditation.

For more information please contact Dale Winckel at dwinckel@nsgpn.org.au.

NEW BRAIN STIMULATION TREATMENTS FOR DEPRESSION

Associate Professor Colleen Loo MBBS, FRANZCP, MD.

Associate Professor, School of Psychiatry, University of NSW.

Consultant Psychiatrist, St George Hospital, Northside Clinic, Black Dog Institute, Sydney.

A whole new branch of treatments in psychiatry is currently under development. These involve novel brain stimulation techniques which have been examined as treatments for depression and other psychiatric disorders. Two of these new treatments are reviewed here.

Transcranial Magnetic Stimulation (TMS)

TMS is a technology developed in the 1980s for non invasive stimulation of the brain. It uses pulsed magnetic fields, delivered from a handheld coil placed on the head. In therapeutic applications of TMS, repeated pulses are given, grouped into trains lasting several seconds. A typical treatment session involves 20-40 trains given over 20–30 minutes. A typical course of treatment involves 5 sessions per week, over 4 weeks. There is no seizure and no anaesthetic or pre-medication is required. Over the last 20 years, multiple studies have shown TMS to be an effective treatment for depression. Patients who have received TMS have generally had very positive reports of the treatment, with few side effects, though some found the scalp activation by TMS pulses uncomfortable. TMS does not have detrimental effects on cognitive functioning and may even improve cognition.

TMS is currently emerging into clinical practice in Australia and overseas, though its availability in Australia is still mainly limited to research centres.

Transcranial Direct Current Stimulation (tDCS)

tDCS is another emerging treatment that looks extremely promising. It involves the use of very weak electrical currents, approximately 1/500th the strength of the stimulus used in electroconvulsive therapy (ECT). These currents are passed between 2 small rubber pads placed on the head. The currents are barely perceptible and result in very mild stimulation of the brain. There is no seizure or anaesthetic. The stimulation is given continuously for 20 – 30 minutes. Like TMS, approximately 20 sessions are required over a period of 4–6 weeks.

Since 2000, several studies have shown tDCS to be effective in treating depression. The efficacy appears similar to that of TMS. Cognitive functioning has been shown to be enhanced after tDCS. The treatment is safe and very well tolerated and there is no pain or discomfort.

In Sydney the largest controlled clinical trial of tDCS done worldwide has just been completed. This showed that tDCS was superior to a placebo treatment and enhanced cognition. tDCS is currently only available in research trials. Further research trials are underway at the Black Dog Institute in Sydney (www.blackdoginstitute.org).

Summary

Antidepressant effects with very few side effects have been demonstrated for both of these promising new treatments. Patients who do not improve with medications, or who are unable to tolerate medications, have found these treatments particularly useful. These treatments are also being investigated for the treatment of other psychiatric disorders such as schizophrenia. While the efficacy of these treatments may not be equivalent to that of ECT, they do not involve an anaesthetic or seizure, and have no adverse cognitive effects. This exciting new field of novel brain stimulation may potentially deliver a whole new array of treatment options for those with psychiatric disorders.

2 Greenwich Road, Greenwich 2065 ph 9433 3555 fx 9433 3599

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Medicare Locals

The new branding for Medicare Locals was launched on 25 August in Canberra. The new logo is a ribbon motif which will make each organisation easily identifiable as a member of a larger, cohesive network.

Leaders from 19 Medicare Locals showcased the benefits of the Australian Government initiative at a forum held at Parliament House. Because a key priority of the Government's national health reforms is to move towards primary health care, away from hospital-based care, Medicare Locals are in a key position to assess the health needs of their own communities and focus services to meet these needs.

Medicare Locals will network GPs, nurses, allied health professionals, indigenous health organisations and Local Hospital Networks, ensuring patients can move easily through the health system. They will play an important role in improving chronic disease prevention and management programs, mental health initiatives and access to after hours care.



Counselling

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in conversation

Chronic Disease: Are we doing enough?

In 2007, Chronic Obstructive Pulmonary Disease (COPD) was responsible for over 1700 deaths in NSW alone, while CHF (Congestive Heart Failure) accounted for 1000 deaths and contributed to many more. Nationwide, chronic conditions account for around 80% of the disease burden.

The report, Chronic Disease Care: A piece of the picture, part of the *Insights* series by the Bureau of Health Information, highlights information about these two chronic conditions affecting patients in NSW. See www.bhi.nsw.gov.au for the whole report.

Focusing on potentially avoidable admissions for COPD and CHF, the report provides detailed information about admissions to public hospitals for patients with these two chronic

conditions. The report draws attention to communities most likely to benefit from models of care that can help prevent the development and escalation of COPD and CHF so that people can stay well and at home.

With most hospital admissions for these two conditions considered as potentially preventable, the report identifies a range of factors influencing admission rates, including access to community and primary care services and individual patient circumstances.

Higher admissions in winter suggest secondary prevention strategies may have a greater effect if targeted at these times.

The majority of potentially avoidable admissions were unplanned and occurred through an ED. Improvements in community and hospital care can help these patients to better manage their conditions to avoid exacerbations and admission to hospital.

A very recent Medical Journal of Australia report suggests that chronic disease sufferers are benefiting from GPs using GP management plans. The plans provide a framework for long term management of people with chronic illness including COPD and CHF. The report also found not enough people were using care plans, (MJA, 15 August, 2011)

NSGPN supports GPs and PNs by providing information on a data extraction tool (Canning tool) which can assist with chronic disease management, care plan templates and the Get Healthy information and coaching service.

**“ Nationwide,
chronic conditions
account for
around 80% of
the disease
burden”**

Practice Nurse Incentive Program

From 1 January 2012, current practice nurse funding arrangements will be replaced by the Practice Nurse Incentive Program (PNIP). The PNIP consolidates the current Practice Incentive Program (PIP) Practice Nurse Incentive and six of the MBS practice nurse items. Current funding arrangements will stop on 31 December 2011 and all funding will be redirected to the PNIP.

The PNIP has been designed to consolidate practice nurse funding arrangements into a simplified, single funding stream and will support an expanded and enhanced role for nurses in general practice working with GPs providing comprehensive patient care.

Under the PNIP, general practices accredited under the general practice standards of the Royal Australian College of General Practitioners (including those in urban areas) and Aboriginal Medical Services may be eligible for the incentive.



Practice nurses can play a key role in proactively supporting patients to manage their health conditions. The new arrangements will support practice nurses to undertake activities such as immunisation, wound care and cervical screening as well as a broad range of activities that are not well supported under the current financing arrangements.

How will the Practice Nurse Incentive Program work?

The PNIP will support an expanded and enhanced role for practice nurses by providing funding through a single, consolidated and streamlined financing arrangement.

Current funding for practice nurses, provided through the Practice Incentive Program (PIP) Practice Nurse Incentive and six Medicare Benefits Schedule (MBS) practice nurse items, will be redirected to the single funding stream. This funding stream will be administered by Medicare Australia from 1 January 2012. Incentives under the PNIP will be paid based on a practice's Standardised Whole Patient Equivalent (SWPE) value:

- Provide preventative health programs
- Provide patient/carer education programs
- Coordinate and monitor acute and chronic disease
- Support self care and self management
- Provide recall and reminder systems

\$25,000 per annum, per 1,000 SWPE where an RN works at least 12 hours 40 minutes per week, or \$37 per hour

\$12,500 per annum, per 1,000 SWPE where an Enrolled Nurse works at least 12 hours and 40 minutes per week.

Incentives will be capped at five per practice, meaning that practices will be eligible to receive up to \$125,000 to support their practice nursing workforce. Detailed information on the PNIP can be found on the **Medicare Australia website** www.medicareaustralia.gov.au



Are you up for the challenge?

Savvy CPD point loving GPs can now take part in the Australian Family Physician Clinical and Practice challenges online via a series of multiple choice and written responses. The AFP Clinical Challenge awards 4 Category 2 QI & CPD points, while the Practice Challenge awards 8 Category 2 QI & CPD points. Questions relate to the current issue of AFP. If you love a challenge, visit www.racgp.org.au/afp.

Feedback: more than a survey

Do you know what your patients think about you and the services you offer at your practice? If the answer is "no", the only way to find out is to ask them.

A simple survey will address three issues: quality, access and interpersonal issues. A survey indicates to patients that you are interested in their opinions, in improving things and in communicating.

Surveys can be filled out in a waiting room, mailed or completed online.

The RACGP has a feedback guide called Patient Feedback Guide: Learning from our patients. Find it at www.racgp.org.au/standards.

Immunisation Matters!

NSGPN has been busy contacting practices in relation to their current childhood immunisation rates and helping with GPII reports from the Australian Childhood Immunisation Register (ACIR) with the aim to increase coverage rates.

GPII Quarterly results for August

August quarter Top 5 Practices are:

St. Leonards Medical Centre	97.9%
Willoughby Rd Family Medical Centre	97.3%
High Street Surgery	97.2%
Dr S. Collings	96.5%
Cammeray Medical Practice	96.4%

The Top 5 Practices whose WPE >600 were:

Land Cove Family Medical Practice	93.8%
Cremorne Medical Practice	93.6%
Crows Nest Medical Practice	93.5%
General Practice Cremorne	93.3%
Neutral Bay Medical Centre	92.7%

Evidence Based Risk Appraisal

A few months ago news stories alerted women to the potential risks of taking drospirenone-containing pills (Yaz and Yasmin). Well informed and anxious patients streamed through GP surgery doors wanting to know if they should come off their pill. This was in the wake of several papers published in international peer reviewed journals suggesting there was increased risk of venous thromboembolism with drospirenone containing pills.

Gynaecare undertook a critical appraisal of all the available evidence and have come to the conclusion that there is insufficient evidence to take women off their drospirenone containing pill, provided that the patient is happy, wants to continue and has made her own informed choice. A risk benefit analysis for the combined oral contraceptive pill should include possible side effects, potential dangers, and cost but also benefits such as patient preference, effective contraception and "skin friendliness".

A risk assessment for venous thromboembolism includes taking a good history, thorough physical examination, checking age, BP, BMI, smoking, family history, as well as reviewing any thrombogenic medication.

Communicating risk to patients can be tricky, but very rewarding. Providing patients with clear, evidence based information and reliable internet resources, enables them to make their own informed choices; putting them in control and improving compliance.

As GPs, we can help our patients by understanding the principles of critical appraisal, and evaluating the evidence as it is published, and using appropriate communication techniques including decision aids.

Dr Emma Boulton



66 Hampden Rd
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Patient Appointments: (02) 9438 2223



ST LEONARDS Suite 5, Level 4, 66 Pacific Highway, St Leonards NSW 2065
KOGARAH Level 1, St George Private Medical Centre, 1 South St, Kogarah NSW 2217
MIRANDA Suite 7, 26 Gibbs St, Miranda NSW 2228
MENAI Level 1, Menai Market Place, Allison Crescent, Menai NSW 2234
NOWRA Level 2, Standish Medical Centre, Nowra NSW 2541

Help Patients Reset Their Lives

Unfortunately, the 'Reset Your Life' Lifestyle Modification Program for people at high risk of developing Type 2 Diabetes will end on 30 April 2012.

Referrals can only be forwarded to NSGPN before November, 2011. This will allow participants adequate time to commence and complete the 6 month program.

With the rapidly rising prevalence of Type 2 Diabetes worldwide and the severity of its long-term complications, prevention of Type 2 Diabetes within the primary care setting is more important now than ever.

NSGPN would like to encourage the continued use of the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) to identify individuals at risk of Type 2 Diabetes.

Although the Lifestyle Modification Program will soon no longer be a referral option, the consideration of other options that may assist high risk patients in preventing or at least delaying the onset of Type 2 Diabetes is important.

A family history of chronic disease was identified by Mazza et al (2011)¹ as a critical motivator for patients taking preventive action, highlighting the value of ensuring relevant family history is identified and discussed with patients in conjunction with preventive health measures. Participants in the study also claimed they felt ignorant about what prevention they needed to undertake, identifying the importance of guidance from their GP.

For further information on referral options or available services to assist patients at high risk of developing Type 2 Diabetes, please contact NSGPN on 9411 3533.

¹ Mazza, D et al. (2011). General practice & preventive health care: a view through the eyes of community members. *The Medical Journal of Australia*, 195:4.

Other referral options to assist patients with starting and maintaining healthy lifestyle changes include:

Get Healthy Information & Coaching Service

'Swap it don't stop it' campaign resources, including website & iPhone application

'Beat It' Australian Diabetes Council tailored exercise and lifestyle management program designed to assist those with or at risk of diabetes or other chronic disease

'Heartmoves' Heart Foundation exercise program designed to be safe for people with stable long term health conditions such as heart disease, diabetes or obesity

Use of Lifescripts (Smoking, Nutrition, Alcohol & Physical Activity assessment & prescription pads) and the RACGP's 'Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting' (Green book)

Referral to a dietician or credentialed diabetes educator

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Dr. John Fraser	Dr. John O'Rourke
Dr. Jay Ives	Dr. John Read
Dr. James Linklater	Dr. Alasdair Robertson

NOW OPEN

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Ph: 9909 1444 or nespolon@bigpond.net.au

Dr Susan Allman - Deputy Chair

Ph: 9955 8006 or sallman@bigpond.net.au

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Dr Douglas Hor - Treasurer

Ph: 9411 5858 or douglashor@usa.net

Dr Elizabeth Cope - Director

Ph: 9969 1111 or drcope@bigpond.net.au

Dr Martine Walker - Director

Ph: 9960 0677 or martine.walker@ipnet.com.au

NSGPN Staff (Ph 9411 3533)

Jenny Sikorski Chief Executive Officer

jsikorski@nsgpn.org.au

Nitin Chitre Operations Manager

nchitre@nsgpn.org.au

Cathy Hopkins Public Relations & Education

chopkins@nsgpn.org.au

Kerry de Waal NPS

kdewaal@nsgpn.org.au

Carmel Thorn Practice Nursing, Health Assessments and Immunisation

cthorn@nsgpn.org.au

Dale Winckel Accreditation, Health Promotion

dwinckel@nsgpn.org.au

Simon Iskandar Chronic Disease Management

siskandar@nsgpn.org.au

Victor Cendrawasih Administration

vcendrawasih@nsgpn.org.au

Free Membership 2011-12

Membership provides

- Free access to all Network programs and activities, including education events
- Professional networking opportunities
- Practice support for you and your practice staff
- Important updates via the Weekly Fax and Quarterly UPDATE newsletter
- The ability to nominate for the Board and vote at the AGM*
- Paid participation in approved committees and activities
- Full access to NSGPN's resource-based website.

*for GP members only

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Dr Sylvia Guenther

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Dr Eric Joseph

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Dr Kieran Nixon

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Psychologist Shirley Heilemann

Dr Carl Wong

Psychologist Sara Hosking

PN Eva Cranston

PN Juliet Grant

PN/PM Christine Hugill

PN Deborah Kelly

PN Susan March

PN Pam Rae

New Argus Users

Dr Vyturas Kuzinkovas - Specialist upper GI/ laparoscopic surgeon



COPY & CONTRIBUTIONS

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All material submitted for publication may be edited or abridged or subjected to editorial review. Inserts must be sent for approval by copy deadline with hard copies received prior to the beginning of the month. Please contact the Network on 9411 3533 for further information on charges.

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