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## TML Update

Lynette Purton, Deputy Executive Officer

The organisational transition process for General Practice North West to a Tasmania Medicare Local is in full swing to become operational as of 1st November 2011.

Working groups are meeting regularly to develop the future structure, role, and function of the Tasmania Medicare Local and regions within.

Medicare Locals will retain, and expand, the functions and activities currently undertaken by the Divisions of General Practice; including general practice support and delivery of programs.

The role of the new Medicare Locals is to achieve the following objectives

- identification of the health needs of local areas and development of locally focused and responsive services
- Improving the patient journey through developing integrated and coordinated services
- Provide support to clinicians and service providers to improve patient care
- Facilitation of the implementation and successful performance of primary health care initiatives and
- Be efficient and accountable with strong governance and effective management

As stated by Dr Beth Mulligan, Chair of GP North;

The contract between the Commonwealth and the Medicare Local states quite clearly that the expertise built up by Divisions over the past 15 years must not be lost, and that the work currently being done by Divisions in supporting general practice should continue albeit through the structure of the Medicare Local (ML).

This represents an opportunity to enhance the work that the Divisions have been doing, and to apply it not just to general practice, but to extend it, thereby more formally involving our colleagues from the other primary health care disciplines.

There is no doubt that practitioners in these other primary care disciplines are looking forward to being able to engage more effectively with general practice through the new structure of the ML, and it is important for general practice to see this evolution positively as an opportunity to work and engage with their primary care colleagues.

Needless to say there is understandable concern that general practice should not lose its "voice" in the new order of things, a fact of which the Board is acutely aware and in sound agreement. We have been particularly fortunate to have had an advocate for general practice in the form of the Division over the past 15 years, but now seems to be the time for evolution and inclusion. We are determined to see GPs well supported and represented under the new regime and we have every confidence that this will prevail.

In the coming weeks and months, General Practice North West resources will be transferred to TML North West Branch. We have a transitional period of several months, and ask for your patience during this time. Work on the ground will still be happening, and we endeavour to provide you all of the support you require. At the same time, we want to hear from you with any feedback you may have.

## Announcement to all North West General Practitioners of a Limited GP Liaison Service

Dr Mani Maharajh, Clinical Director, Mental Health Services North-West

Dear Colleague

It is with pleasure that I inform you of the establishment of a limited GP Liaison service by Mental Health Services North-West. We accept that the lack of such a service has been a frustrating issue for General Practitioners for a considerable number of years. I agree that it is fundamental to the provision of mental health services, considering the fact that Primary Care carries the burden of mental health issues. Despite the current global fiscal situation and the need for all services to make sacrifices, I believe that the service is still viable using current resources. It does however require understanding and a pragmatic approach from all parties to make it a success. The purpose of the service would be to provide advice to GP's, to assist with management of clients with non urgent psychiatric symptoms, presenting at their practices. The service will be available from 19<sup>th</sup> September 2011.

### PROCEDURE

- During normal hours Monday to Friday, the GP will call Adult Community Mental Health, at Parkside or Oldaker Street, to speak with the Consultant Psychiatrist on call. Reception staff will transfer the call to the relevant Psychiatrist on-call. The Psychiatrist will respond immediately or as soon as available, and keep a record of the date, time and summary of conversation. The response will then be faxed to the GP.
- During after-hours, weekends and holidays, the practice will call the Psychiatrist on call for advice.

### IMPORTANT CAVEATS

- At present this is an advice only service. The advice has to be generic for legal reasons.
- If the inquiry pertains to a client of MHS North-West, administration staff will put the call through to the case-manager of the client or the treating psychiatrist.
- All urgent referrals for assessment and treatment will be processed through the Help-line and CAT, as usual.
- All other referrals for assessment and opinion/treatment must go through Help-line as usual.
- This service is being provided by utilising the current resources of the MHS NW, without any expectation of funding from GP North-West, and thus its scope is limited.
- The service will be audited and changes made after a period of three months.
- This service is not to be used to bypass the Helpline process, if the client requires an assessment.

It is my view that with commitment from all parties, we can translate this initiative into routine practice.

**Dr Mani Maharajh**  
**Clinical Director, Mental Health Services North-West**

# Program Updates

## Practice Support

### Practice Manager Network

Eight Managers, representing six practices, attended the quarterly Network meeting held at GPNW on the 22<sup>nd</sup> September. Once completed, minutes from the meeting will be distributed to all Managers.

Gary Walker GPNW eHealth Officer provided the meeting with an update on what is happening in the eHealth area both locally and statewide; it was interesting to hear Gary's update. GPNW and practices

in our region are certainly very lucky to have someone as passionate as Gary working for them. An overview of Gary's update will be included in the minutes, so everyone is kept informed.

The next Network meeting will be held on 24<sup>th</sup> November. If anyone would like to include an item on the agenda please contact Gaye email [gaitken@gpnw.com.au](mailto:gaitken@gpnw.com.au) or phone 6425 0800.

### Medical Software Templates

Visit GPNW's website for regular additions and updates of medical templates for your practice software.

<http://www.gpnw.com.au/useful-links.html>

Please ensure to delete any old versions of templates from your software at the time of importing the new template.



### Templates Available for Importing

#### UPDATED

- Gabapentin Request Form - Version 2.0 - 06-10-11
- NWAHS Antenatal Referral Form - Version 1.2 - 12-10-11

For queries or assistance with templates, please contact Rebekah at GPNW on 6425 0800 or email [rsheahen@gpnw.com.au](mailto:rsheahen@gpnw.com.au)

## END OF YEAR PRACTICE STAFF EVENT

*For Practice Managers, Nurses & Administration Staff*

### **REMINDER**

Come along on Thursday 10<sup>th</sup> November 2011 to the Burnie Arts and Functions

Centre from 6:30pm to celebrate a successful 2011 with other staff from

General Practice along the North West Coast!

*Look forward to seeing you there!*

Please RSVP by the 31<sup>st</sup> of October to 6425 0888 or [kdebomford@gpnw.com.au](mailto:kdebomford@gpnw.com.au)





## Lets Take a Closer Look at Standard 2.1

Each month GPNW will look at a different standard from the RACGP Standards for General Practice 4<sup>th</sup> Edition; concentrating on the new and revised criteria and indicators



### Standard 2.1

Collaborating with patients – our practice respects the rights and needs of patients.

#### Criterion 2.1.2

Patient feedback – our practice seeks and responds to patients' feedback on their experience of our practice to support our quality improvement activities.

#### Indicators

- **A.** Our practice has a process for seeking and responding to feedback from patients and other people and our practice team can describe the process.
- **B.** Our practice has a complaints resolution process and makes contact information for the state/territory health complaints agencies readily available to patients if we are unable to resolve their concerns ourselves.
- **C.** *This is a new flagged indicator* At least once every 3 years, our practice actively seeks feedback about patients' experiences of our practice by:
  - Using a validated patient experience questionnaire that has been approved by the RACGP, or
  - Developing and using our own individual practice specific method that adheres to the requirements outlined in the RACGP *Patient feedback guide: learning from our patients* (questionnaire or focus group or patient interviews).
- **D.** Our practice can demonstrate improvements we have made in response to analysis of patient feedback.
- **E.** Our practice provides information to patients about practice improvements made as a result of their input.

#### Key Points

- Patient experience is an outcome of healthcare
- Good patient experiences are positively related to other aspects of healthcare
- Collection of feedback about patient experience needs to be rigorous so that actions based on patient

feedback can lead to meaningful quality improvement

- This criterion cross references to Criterion 1.2.1 Practice Information

#### Issues critical to the patient experience

There is strong evidence in the published literature that there are six broad categories of issues that are critical to patients' experience of primary healthcare. Practices will need to seek feedback on all six of these categories:

- Access and availability
- Information provision
- Privacy and confidentiality
- Continuity of care
- Communication skills of clinical staff
- Interpersonal skills of clinical staff

#### Patient Feedback Surveys

The RACGP has approved two validated Patient Feedback survey tools for use in Australian general practices. To learn more and to access these resources please click on the following RACGP link <http://www.racgp.org.au/standards/fourthedition/patientfeedback>

#### Must-have resource

Practices are advised to refer to the RACGP publication 'Learning from our patients' available at [http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/Standards4thEdition/Patientfeedback/Standards4\\_PatientFeedbackGuide.pdf](http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/Standards4thEdition/Patientfeedback/Standards4_PatientFeedbackGuide.pdf) to understand the rationale for collecting and using patient experience feedback and suitable methods for collecting feedback, which can then be used to drive quality improvement.

There is more information and explanations on pages 62, 63 and 64 of the 4<sup>th</sup> Edition Standards for General Practice. Visit the RACGP website to download a free PDF version of the new standards <http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/Standards4thEdition.pdf>

# Nursing in General Practice (NiGP)

## Time to Shine – APNA National Conference 2012



APNA would like to invite you to our fourth National Conference – Time to Shine.

This conference will feature renowned keynote speakers and focus on clinical and professional issues. The APNA National Conference provides extensive opportunities to network with nurses from around Australia and is well attended, last year we had 500 delegates.

**Date:** Thursday 3rd – Saturday 5th May 2012

**Venue:** The Sebel Albert Park  
65 Queens Road  
Melbourne VIC 3004

These are new and exciting times for many primary health care nurses and we expect a good turn out in 2012.

This is a great opportunity for you to reach and engage with primary health care nurses, come and tell them face to face over two full days what you can do for them. They would love to hear from you.

Over the course of the conference, you will be given the opportunity to promote your products or services directly to the people who need and use them and promote your organisation as a supporter of primary care nurses.

## RCNA Community and Primary Health Care Nursing Conference

The 2011 RCNA Community and Primary Health Care Nursing Conference, Leading the way to local care is developing into a vibrant, interesting, educational and thought provoking event, with an extensive line up of speakers and presentations.

Wednesday 19th to Friday 21st October 2011, Hobart

Click here to view the [preliminary program](#).

## Training and Resources in Chronic Disease Management



**DVA Coordinated Veterans' Care Program**  
Training and resources in chronic disease management are available free of charge for general practitioners,

practice nurses, Aboriginal health workers and community nurses through the CVC Program website. For more information visit [www.cvcprogram.net.au/resources](http://www.cvcprogram.net.au/resources)

### *All that leftover bread!* –New life for stale bread

If you have lots of bread, which isn't quite fresh, here are some things to do with it:

- Freshen by dipping quickly in water, wrap in foil and heat it in the oven.
- Put bread in the freezer when fresh and take out what you need for toast or sandwiches. In this way it will always be fresh when you need it.
- Make your own breadcrumbs. Place the crusts and small pieces in a cool oven (150°C) until they become straw-coloured. Then place them in a plastic bag and bash with a rolling pin
- Use on top of fruit desserts - toss the breadcrumbs in melted butter (teaspoon per slice). Add to this cinnamon and sugar. Use this on top of apple crumble, rhubarb or apricots.
- Lightly butter the bread. Sprinkle sparingly with seasoned paprika. Top with a sprinkling of Parmesan cheese. Cut each piece of bread into quarters. Place on an oven tray and dry out in a warm oven (180°C) until crisp about 20 minutes. Serve with dips, soup. They can be stored in an airtight container.



# Immunisation

## Safe Transport of Private Vaccines

Providing information to patients on safe transport of vaccines when prescribing private vaccines is important to ensure the effectiveness of the vaccine.

Vaccines are biological substances that are very sensitive to changes in temperature and light and, as such, should not be exposed to sunlight or fluorescent light for extended periods of time. Most importantly vaccines should be kept between +2°C and +8°C to make sure that they provide effective cover against disease.

### Key points to provide patients are;

- Encourage them to collect the vaccine from their pharmacy on the way to their appointment
- If this is not possible give them information on safe

storage procedures and stress that heat, light and cold are all problems for vaccines.

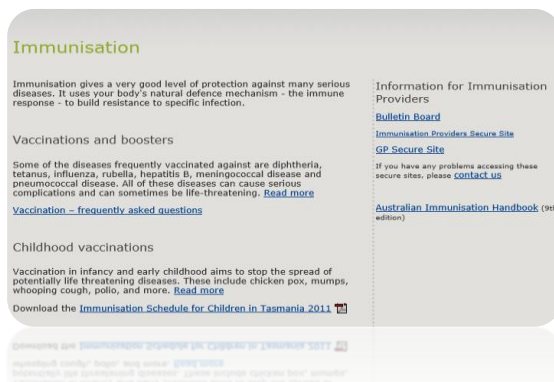
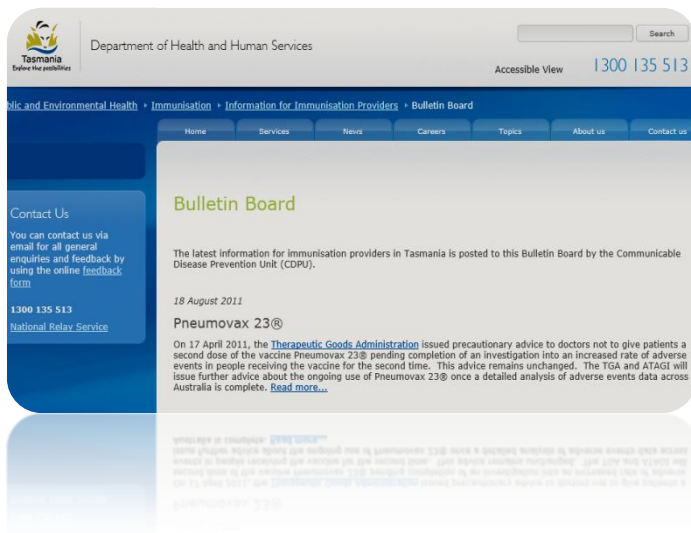
- Make them aware of the risks of either freezing or warming the vaccine and that practice staff may not use the vaccine if they are aware that it has not been stored correctly.
- Explain to them that this information is provided to make sure vaccines are still effective when they are administered by their doctor or nurse.

If you have any questions or require further information please contact your Division of General Practice Immunisation Program Officer.

## DHHS Immunisation Website

The Immunisation section of the Department of Health and Human Services website is under review. As part of the review a new Bulletin Board section has been added. The Bulletin Board will contain information on new

programs and answers to questions the Communicable Diseases Prevention Unit are frequently asked by immunisation providers. The web link for this site is: [www.dhhs.tas.gov.au/peh/immunisation/bulletin\\_board](http://www.dhhs.tas.gov.au/peh/immunisation/bulletin_board)



## Lulu Books and Cards

These new resources were released at the recent Practice Nurse Immunisation Update, if you require further copies

please contact Tim Stewart at DHHS CDPU on 6222 7666 or email [tim.stewart@dhhs.tas.gov.au](mailto:tim.stewart@dhhs.tas.gov.au)

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## Aged Care

### NWAHS Leads e-Health Project for Communication Between Health Services

A new e-health project has been launched with the purpose to strengthen electronic communication between health care services in the North West.

The Cradle Coast Electronic Health Information Exchange (eHIE) is a collaboration of UTAS, General Practice North West (GPNW), North West Area Health Service (NWAHS) and the Cradle Coast Authority.

The project will support the current NWAHS Gold Standards Framework pilot, and will introduce a shared

electronic record for Residential Aged Care residents which will allow the facility to share their medical information with authorised health care professionals such as their GP, acute hospital facility and after-hours GP services, to ensure continuity of care.

The project commenced in July 2011, and the system will be ready for use in June 2012.

### Amendment - Gold Standards Framework

It was incorrectly stated on page 9 of the August issue of the GPNW Gazette (Issue 31) that the North West Area Health Service Gold Standards Framework project is funded by the North West Area Health Service. For the period 1 July 2011 to 30 June 2012, this project is in

fact funded by the Australian Government Department of Health and Ageing (DoHA), as part of the 4C eHealth Program. We apologize for any confusion caused by this error.

## eHealth

### Electronic Hospital Discharge Messaging

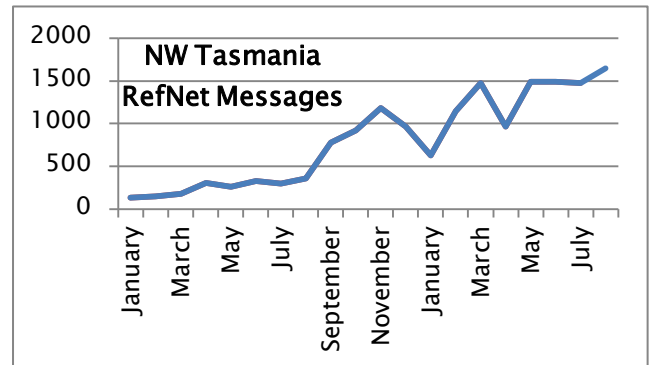
Tasmanian Public Hospitals are within "touching distance" of being able to transmit discharge messages and endoscopy reports electronically to General Practice. These messages will come via the same route as the current DEM and hospital ward notification messages. Easily the most efficient way to receive these messages from a practice perspective is via your Healthlink program. Almost all practices have the Healthlink program already installed as it is used to download pathology results.

Many practices are now receiving hospital notifications via Healthlink, but there are still a number that are receiving via email or even fax. It is worth recapping the many advantages of using the Healthlink pathway:

- Messages go directly into your MD or Best Practice holding file
- No intervention by practice staff required
- No scanning of messages
- Messages in this format are far smaller than scanned documents, so less impact on the size of your document database
- No more fax machine hiccups
- No PKI hassles with your email account

All that is required to enable the switch to Healthlink delivery is a small configuration change at your practice, and to let Gary Walker at GPNW (6425 0800 or email [gwalker@gpnw.com.au](mailto:gwalker@gpnw.com.au)) know that you are ready to go.

## ReferralNet Users for September 2011



### Allied Health Providers

#### Optometrists

Optomeyes Burnie, Penguin, Somerset, Wynyard

#### Physio

Physica Devonport Physiotherapy Devonport, Latrobe, Port Sorell  
Coastal Physiotherapy Burnie, Somerset, Smithton

#### Podiatry

DC Podiatry (David Caalegno) Various Locations  
Footprints Podiatry (Julian and Nicola Varney) Ulverstone

#### Psychology/Psychiatrist

Andrew McClymont Penguin  
Coastal Psychology (John de Jong, Wendy Cooper) Devonport  
GP North West Clinical Services - Mental Health Various locations  
Green Health (Elysia Cunningham) Ulverstone  
HQ Counselling (Sue Hyslop) Burnie  
Psychology Caffè Latrobe  
Psychology Matters (Miranda Stephens) Ulverstone  
Psychology Plus (Bernadette Smith, Frances Saner) Burnie  
Simon Webb, Psychiatrist Wynyard

#### Pharmacy

Dixon's Pharmacy Wynyard  
Peter Thompsons Pharmacy Ulverstone

#### Other

GP North West Clinical Services - Diabetes/Dietician Various Locations  
Diabetes Tasmania Launceston and Hobart

### Specialists

	Magdi Ghali	<b>ENT</b>	NW
	Mike Haybittel (Clearvis)	<b>Ophthalmologist</b>	NW
<b>NEW</b>	David Edis, Brendan Vote	<b>Ophthalmologist</b>	North
	Russell Furzer (Private clinic) - Sending Only	<b>Orthopaedics</b>	NW
	Calvary Cardiac Centre	<b>Cardiologist</b>	South
	Hobart Heart Centre	<b>Cardiologist</b>	South
	Geoffrey Evans, Launceston Heart Centre	<b>Cardiologist</b>	North
	Andrew Jevtic	<b>Dermatology</b>	South
	Anne Duffield	<b>Endocrinologist</b>	South
	Roland McCallum	<b>Endocrinologist</b>	South
	Stephen Chung, Robert Bohmer, Hugh Jackson	<b>Gastroenterologist</b>	South
	Ian Stewart	<b>Paediatrics</b>	South
	Simon Thomson, Christopher Walsh	<b>Plastic &amp; Reconstructive Surg</b>	South
	Hugh Metsitz	<b>Respiratory Medicine</b>	South
	Stewart Graham	<b>Rheumatology</b>	North
<b>NEW</b>	Dr Stephen Wilkinson	<b>General Surgeon/Lap banding</b>	South

## CAT v3.0 Available Thursday 13th October

We are pleased to announce the release of CAT v3.0 which will be available to download as of the 14<sup>th</sup> of October.

### What's new about CAT v3.0?

Initially, it will seem like the CAT that you are already familiar with. For e-health programs that use CAT for data collection and submission, for example, the Australian Primary Care Collaboratives' (APCC); users will get NeHTA SMD compliant data submission which will assist you in ePIP eligibility as well as provide peace of mind. CAT v3.0 opens up greater possibilities for enhanced development and a more modern user interface as well. We have some new development currently underway and in the pipeline which will take advantage of the new capability that CAT v3.0 delivers.

### How do I upgrade to CAT v3.0?

Uninstall your existing version of CAT using Add/Remove programs, Delete your desktop shortcut to CAT , Install CAT 3.0 from

<http://install.pencs.com.au/clickonce/clinicalaudit/publish.htm> (This link will prompt you to install .NET 3.5 if it is not installed) Contact the Help Desk on FREECALL 1800 762 993 if you experience any problems or require further information.

### Microsoft .NET Framework 3.5

A prerequisite for CAT v3.0 is that Microsoft .NET Framework 3.5 is installed on your PC. Microsoft .NET Framework 3.5 is installed by default with Primary Care Sidebar, Windows 7 (64/32 bit) and some CAT-compatible GP systems like Best Practice. Practices might like to contact their IT administrator about installing [Microsoft .NET Framework 3.5](#) - It's a free download from the Microsoft website. If you would like more information about CAT v3.0 or support in preparation for the upgrade, please contact the PCS Help Desk on FREECALL 1800 762 993 or email [support@pencs.com.au](mailto:support@pencs.com.au)

### What if I do not upgrade? Can I continue to use the existing v2.x?

Yes. CAT v2.x will continue to be supported by our team but will no longer be upgraded with new functionality or bug fixes.

### Further Information

Remember, if you have any questions at all or require support please contact the support team on FREECALL 1800 762 993 or email [support@pencs.com.au](mailto:support@pencs.com.au) Andrew Jordan GPNW on [ajordan@gpnw.com.au](mailto:ajordan@gpnw.com.au) Ph 64250800

## Kim's Marathon Effort Ticks Bucket List



GPNW Diabetes Nurse Educator, Kim Dalla recently completed her first Marathon, finishing the gruelling 42km Melbourne Marathon on Sunday 9<sup>th</sup> October, in a time of 4 hours 35 minutes and 28 seconds.

Many hours were spent running through the vicinities of Cooee, Burnie and Somerset in preparation for this event! At this point in time, Kim hopes to compete in the half marathon (21.1km) next year.

Kim, not one to shy away from pain backed this up with a personal best time in the Burnie Ten, finishing in 54 minutes and 52 seconds.

More than 27,000 runners took to Melbourne's streets and inner suburbs, with competitors spread across five events: the marathon, the half-marathon and runs of 10, five and three kilometres.

Read more: <http://www.theage.com.au/sport/athletics/japhet-goes-backto-back-in-melbourne-marathon-20111009-1lfgx.html#ixzz1bfP3KKXU>

# Important Dates & Other Information



## The Australian Point of Care Practitioner's Network

The Australian Point of Care Practitioner's Network (APPN) provides information on selection of an analyser; clinical and technical resources on anticoagulation INR, diabetes and lipids which includes on-line training videos, clinical presentations and competency tests. This program is funded by DoHA

## Pathology Testing at the Site of the Patient

**FREE** web based education, training and competency for GPs and Nurses on pathology testing performed in your Practice on Point of Care Devices.

Australian Point of Care Practitioner's Network (APPN) provides on-line training, certification and professional

development for all Point of Care Testing (PoCT) operators.

Funded by DoHA. [www.appn.net.au](http://www.appn.net.au)

## MS Society of Tasmania Referral Form

We provide counselling, case management, information/education and nursing (immunotherapy) services to people with MS, their families and carers state-wide.

Please feel free to share this form with your colleagues/networks.

Please don't hesitate to call us to discuss a referral prior to sending if required or if you would like to know more about our services.

Our office hours are 8.30am – 4.30pm, Monday to Friday.

Contact:

**Lynsey Spaulding**

Senior Case Manager


**MS Australia - TAS**

15 Princes St, Sandy Bay TAS 7000

Locked Bag 4, Sandy Bay TAS 7006

**T** [03] 6220 1111      **F** [03] 6224 4222

**E** [www.mstas.org.au](http://www.mstas.org.au)

 <b>REFERRAL FORM FOR MULTIPLE SCLEROSIS SOCIETY OF TASMANIA SERVICES</b>		Name: _____ DOB: _____ Female / Male (circle) Address: _____ Phone: _____ OR Patient Label
Phone: HOBART: 03 6220 1111 Fax: 03 6224 4222 Phone: LAUNCESTON: 6343 1240 Fax: 03 6344 2054 Email: <a href="mailto:aboutus@mstas.org.au">aboutus@mstas.org.au</a>		
Date of Referral: _____ For office use only: Form Received Date: _____		
Name of Referrer: _____ Signature: _____		
Name of organisation: _____ Address: _____		
Phone: _____ Email: _____		
GP: Name: (if required) _____ Phone: _____		
Specialist: Name: (if required) _____ Phone: _____		
Which service of the MS Society of Tasmania is required: (Please tick)		
<input type="checkbox"/> Counselling <input type="checkbox"/> Case Management <input type="checkbox"/> Nursing		
Reason for Referral: _____		
Referral is: Urgent <input type="checkbox"/> Yes 24-48hrs / Non urgent <input type="checkbox"/> Yes up to 7 days / Routine <input type="checkbox"/> Yes up to 14 days		
CONSENT: Print Name: _____ Address: _____		
I, _____ (signature) give consent for referral to the MS Society of Tasmania. I agree to the release and sharing of appropriate information pertaining to this referral. I consent to any de-identified information being used for statistical and research purposes.		
OR (if unable to sign) Verbal consent has been obtained for referral to the MS Society of Tasmania.		
Print Name: _____ Signature: _____ Relationship: _____		
<small>Referral form for services of Multiple Sclerosis Society Tasmania</small>		

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## Draft Tasmanian Opioid Pharmacotherapy Policy (TOPP)

Please be advised that the draft Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards (TOPP) has been released. A copy of the document can be downloaded from the following link: [http://www.dhhs.tas.gov.au/mentalhealth/alcohol\\_and\\_drug/publications/tasmanian\\_opioid\\_pharmacotherapy\\_policy\\_and\\_clinical\\_practice\\_standards](http://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug/publications/tasmanian_opioid_pharmacotherapy_policy_and_clinical_practice_standards)

The External Appraisal and Feedback Process is now underway. The closing date for feedback is **Friday, 28 October 2011**. I would strongly encourage you to consider the draft Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards and to take the time to provide feedback through one of the mechanisms outlined. The new Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards present significant changes in the way that opioid pharmacotherapy is delivered in Tasmania. Your feedback is important to ensuring the Policy will work in practice. All feedback received during the external appraisal and feedback process will be carefully considered and the draft Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards will be amended as necessary. A report on the external appraisal and feedback process will be made available in late November 2011.

The Tasmania Opioid Pharmacotherapy Policy and Clinical Practice Standards will then be launched and

implemented in early 2012. If you have any questions about providing feedback or about any aspect of the draft Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards please email [adstopp@dhhs.tas.gov.au](mailto:adstopp@dhhs.tas.gov.au) or call Anita Reimann, Manager Clinical Practice Development and Performance, Alcohol and Drug Service, on (03) 6336 5577.

### Ways to Submit Feedback and Contact Information

<b>Post</b>	TOPP External Appraisal Feedback, Alcohol and Drug Service, 13 Mulgrave Street, LAUNCESTON TAS 7250
<b>Email</b>	Written submissions can be emailed to <a href="mailto:adstopp@dhhs.tas.gov.au">adstopp@dhhs.tas.gov.au</a>
<b>Online</b>	You can provide feedback by completing the online survey at <a href="http://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug">www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug</a>
<b>In Person</b>	A series of community forums will be held around the State. Details of the forums are provided
<b>Date</b>	<b>Wednesday, 26th October 2011</b>
<b>Time</b>	<b>6.00 pm – 8.00 pm</b>
<b>Venue</b>	<b>TBA, Ulverstone</b> <i>Following the Feedback Process</i>

## How Can Clinical Information Sharing Be Improved?

Flinders University is currently undertaking research to investigate how clinical information sharing operates as part of the care planning process. We are interested in finding out how you share information as part of your practice and in hearing your thoughts about potential

improvements. This research is intended to inform future primary health care policy so make sure that your voice is heard. Please participate in the survey via the link:

[www.surveymonkey.com/s/APHCRIHealthWorkerSurvey](http://www.surveymonkey.com/s/APHCRIHealthWorkerSurvey)

## Position Vacant Intravenous Sedationist

We are seeking a doctor to train in procedures of pregnancy termination and Mirena & Implanon insertion. The position would suit a doctor with and O&G Diploma or a special interest in women's health. This is an opportunity to learn new skills and mix procedural work with general practice. It is also an opportunity to earn an excellent income. We adhere

to RACOG Guidelines of pregnancy termination and maintain very high standards in patient management. Our policy is to provide comprehensive unbiased information to a woman considering termination of pregnancy and a quality medical service that the patient would expect for medical treatment of any other condition. **Contact Paul Hyland 0408238202**

# GENERAL PRACTICE NORTH WEST

## gazette



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