

this issue

GPNW Updates	P. 2
Medical Software	P. 2
eHealth Program	P. 3
Practice Tips	P. 4
Immunisation Program	P. 5
Mental Health Program	P. 7
Nursing in General Practice Program	P. 8
Practice Manager Network	P. 9
Accreditation	P. 11
Lifestyle Modification Program	P. 11
Home Medications Review (HMR)	P. 12
National Prescribing Service (NPS)	P. 13
Other Information	P. 14

ISSUE

14

DECEMBER
2009



Merry Christmas from All the Staff at GPNW

This is the last Practice Staff newsletter for 2009, and how quickly this year has gone! GPNW would like to say a big thankyou to everyone for your support throughout the year, and hope you have a wonderful Christmas and New Year. We look forward to working alongside you all in 2010.

GPNW held The Annual All Practice Staff Christmas Function on Thursday 26th November. This year we held a Movie Night with 50 attendees. We would like to thank all those who came along and joined us to make it a great night.



GPNW are Re-Locating

GPNW are re-locating to Level 1, 11 Alexandra Road, Ulverstone, from the 17th December 2009. There will be interruptions to the service due to relocation of the phone and server systems. As of the 21st December 2009, GPNWs' new phone number will be 6425 0800 .

GPNW Clinical Services can still be contacted on phone 6431 2099 or fax 6432 4912. We apologise for any inconvenience.

We will be closed over the Christmas period from Wednesday 23rd December and will re-open on Monday 4th January 2010.

A Date for Your Diary



General Practice North West's Annual Weekend Education Event 2010 will be held on the 26th and 27th June at the Tamar Valley Resort (formerly Grindelwald).

[Click Here](#) to visit the Tamar Valley Resort

CONTACT

49-51 CATTLEY STREET
(PO BOX 1221)
BURNIE

TASMANIA 7320

PHONE (03) 6432 1440

FAX (03) 6431 7827

WEB www.gpnw.com.au



GPNW Updates

contact@gpnw.com.au



WELCOME

General Practice North West would like to welcome Dr Bekithemba Bulle as a new member of our Board.

Dr Bulle is a General Practitioner at City Medical Practice, Burnie and is a welcome addition to our team.

GPNW CLINICAL SERVICES - WAITING TIMES

GPNW Clinical Services Mental Health waiting times are 3-8 weeks (depending on the venue).

Diabetes Service waiting times are 9-11 weeks (depending on the venue) and 11-16 weeks for the West Coast. Appointments for newly diagnosed and insulin commencement clients may be available earlier.

During the relocation of the GPNW office Clinical Services can still be contacted on 6431 2099.



This November, two of our division staff members decided to put down the razor for one month for **Movember** which is an annual, month-long celebration of the moustache to help raise awareness and funds for men's health issues, specifically prostate cancer and depression in men.

Mo Bros, supported by their Mo Sistas, started Movember (November 1st) clean shaven and then have the remainder of the month to grow and groom their moustache. During Movember, each Mo Bro effectively becomes a walking billboard for men's health and, via their Mo, raises essential funds and awareness for Movember's men's health partners – The Prostate Cancer Foundation of Australia and beyondblue.

Kim Jordan and Gary Walker along with staff from GP North and GP Tasmania managed to raise \$ 1,124.85. A big **THANKS** goes out to all those who helped support them over the Month of November.



Kim Jordan



Gary Walker

Medical Software



Rebekah Sheehen

rsheehen@gpnw.com.au

If you are interested in receiving in-house training, resource creation, or templates for your medical software, please contact Rebekah on 6432 1440.

eHealth Updates

Gary Walker

gwalker@gpnw.com.au

CAT – NEW UPDATE 30TH NOVEMBER

Swine Flu Searching

A new graph is provided under the Immunisations tab for Swine flu. This will collect the following immunisations:

- Panvax
- Panvax H1N1
- Pandemic (H1N1) Influenza
- Influenza Panvax

The graph reports on the date of the last recorded immunisation.

Please Note: The Swine Flu Graph is initially available to MD users only.

Renal Failure Filter

In the new update there will be a new filter for Chronic Renal Failure. This condition has been listed under the new heading 'Renal' which also includes the existing condition 'Renal Impairment'.

USING THE CLINICAL AUDIT TOOL FOR PIP'S

Identifying eligible females who have no pap smear recorded in the last 4 years

Best Practice in the prevention and early detection of cervical cancer recommends that eligible females aged 20-69 years are screened at least every 2 years. Further to this, a Practice Incentive Payment (PIP) of \$40 per patient is available to practices that screen eligible females who have not had the procedure for greater than 4 years.

Practices can use the Clinical Audit tool to identify eligible females aged 20-69 years who have not had a pap smear for greater than 4 years.

1. Load a previous extract, or create a new extract,
2. In the filter pane, under the General tab, choose Active (3x <2 years),
3. Tick the Female check box and under Age, type in a start age of 20 and an End Age of 69,
4. Click [Recalculate],
5. Once the CAT has recalculated, click the Pap Smear tab,
6. Under this tab, click the Pap Smear Done Date tab, then click to highlight the (>4 years) slice of the pie,
7. Click the [Export] button – you'll now have a list of eligible patient's names, addresses and phone numbers. You can print this list or export it to Excel.

For more CAT recipe cards, [Click Here](#) (Clinical Audit Tool) or [Click Here](#) (Melbourne East GP Network)



eHealth Updates cont'd

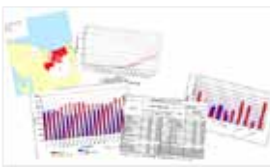
INFORMATION MANAGEMENT TOOLS AND ASSISTANCE

General Practice North West provide a number of tools and training to assist practices with data cleansing, patient analysis, practice benchmarking and proactive patient management. The tools and training are provided for free by GPNW.



CAT scrutinises a practice's patient information and presents it in a refreshing graphical format that is easy to understand. It can be used to assist with accreditation, or be used to produce a list of patients who fall into selected population 'target groups', making population health and quality care initiatives simple to act upon and measure, and allow a practice to identify business opportunities.

Practice Health Atlas



Aims to inspire **general practice teams** to reflect on their clinical activities and to develop innovative business models for more effective health care services/outcomes.

Broken into three main areas:

demographics | chronic disease | item number utilisation

If you want to know more about the Information Management tools available for your practice, contact Gary Walker.

Practice Tips

Rebekah Sheehen

rsheehen@gpnw.com.au

EFFECTIVE DISEASE REGISTERS AND RECALL/REMINDER SYSTEMS

Evidence shows that having a functioning disease register and recall/reminder system can improve patient care and health outcomes. Some tips have been listed below for establishing and/or maintaining a disease register and recall and reminder systems:

1. Practice agrees collectively on what diseases they would like to establish a register for recall patients e.g. diabetes, CHD, etc
2. Ensure that the whole practice team is aware of the system and processes involved
3. Start with one disease register e.g. diabetes
4. Use a non-GP staff member to develop the disease register e.g. using various searching strategies
5. Establish clearly defined roles for each practice member in maintaining the system e.g. GPs adding recall, Practice staff searching for recalls etc.
6. Nominate one staff member to be responsible for cleaning the database of inactive and deceased patients.
7. Nominate pre-determined intervals for cleaning and checking the database, registers, recalls and outstanding actions
8. Utilise the skills of a practice staff member to be responsible for the maintenance of the recall system
9. Establish an appointment system for attending to recalls e.g. allocate a specific time for managing patients, this may include appointments with the practice nurse
10. Nominate one staff member to oversee the register, recall and reminder system

For further advice or assistance in setting up or maintaining a disease register and/or recall and reminder system, please contact Rebekah at GPNW on Ph: 6432 1440, or email rsheehen@gpnw.com.au

Immunisation Program

Bronwyn McLaren

bmcclaren@gpnw.com.au

HPV

The HPV vaccination program is an ongoing program which will continue to offer vaccination to first year high school students either 12 or 13 years old dependant on the state, through school based programs. People outside the program may continue to receive the vaccination however, this will no longer be free.

The HPV register does not cease after 31 December. The register will continue to take notification of vaccines and GP's are asked to still notify the register when they administer a HPV vaccination, however they will not receive the \$6.00 payment for this notification as they have done during the catch up period. The HPV register will continue to:

- send completion of vaccination statements to all individuals who have received the vaccine
- send reminders to individuals who are overdue for vaccination within the school-based program
- notify vaccinated individuals, in the event that booster doses are required in future
- provide reports on vaccination status to vaccination providers
- provide de-identified data to inform policy making and approved research and
- in the future, the HPV Register will facilitate cross-referencing of vaccination data with information from cervical cytology (Pap smear) or cervical cancer registries for evaluation purposes.

HPV REGISTER

The Health Professionals page on the [HPV Register website](#) have been reformatted, to allow for items to be posted that might provide new or important information for providers, as well as making the navigation a little easier.

EXTENSION OF ACIR REGISTER TO AGE 14

The Australian Childhood Immunisation Register (ACIR) records the details of vaccinations given to children under seven years of age and provides information to parents and guardians about their child's recorded immunisation history.

Previously, parents and guardians could get a copy of their child's immunisation history statement over the counter in Medicare offices and through Medicare Australia's Online Services if their child was under seven years of age.

From 14 September 2009, the age restriction for obtaining immunisation history statements from Medicare offices or via Online Services has increased to include children under 14 years of age.

Statements requested by parents or guardians for children aged seven to under 14 will not display the child's immunisation status, 'next due' immunisations or the school entry caveat, as the ACIR no longer assesses whether a child is due or overdue for immunisation after they turn seven.

The increase in the age restriction for getting immunisation history statements does not apply to any other aspect of ACIR reporting, such as information supplied to providers, practices or Divisions of General Practice.

Immunisation Program cont'd

BECOME A NURSE IMMUNISER

2 options available

Option 1 - Victoria

Programme Title:

Nurse Immuniser Program

Organisation:

Division of Nursing and Midwifery

La Trobe University

Length:

12 weeks

Workload is equivalent to a 20 credit point unit in a postgraduate diploma course (52 contact hours)

Method of Delivery:

Distance Education – Online (12 weeks)

Study guide and online learning materials and face to face tutorial.

Written activities, open book exam and clinical component supervised by an endorsed Immuniser.

This programme covers vaccination throughout the lifespan.

Requires and includes completion of Immunisation Emergencies Management & Resuscitation (IEMR) workshop also.

Option 2 - Tasmania

Programme Title:

Immunisation Education for Registered Nurses (CNA727)

Organisation:

University of Tasmania

Length:

1 Semester

Method of Delivery:

Flexible mode, including online lecture notes, one face-to-face tutorial, online tutorials, seminar day, supporting material and supervised clinical experience.

Provides registered nurses with the knowledge, skills, attitudes, and practical experience required to practice as authorised nurse immunisers. The unit content addresses the theoretical foundations of immunisation, and the clinical theory and practice of immunisation.

PERTUSSIS FIGURES REPORTED LAST WEEK

The importance of vaccinating against Pertussis.

Just to clarify the figures underneath the graph were the full reported numbers of Pertussis cases for each year

- 2009 – to date 509
- 2007 - 25
- 2005 - 33
- 2008 - 199
- 2006 - 41

Course Contact:

Administrative Officer

Nurse Immuniser Program

Division of Nursing and Midwifery

LA TROBE UNIVERSITY VIC 3086

Tel: (03) 9479 5951

Fax: (03) 9479 5988

Email: NIP@latrobe.edu.au

www.latrobe.edu.au/nursing

Course Contact:

Tel: (03) 6226 4750

Email: Course.Info@admin.utas.edu.au

courses.utas.edu.au

Immunisation Program cont'd

H1N1 UPDATE

- **Reporting of faulty syringes etc for Panvax** - I have previously advised this address to you but there have been discussions held at a national level on the problems being encountered with the vacpac equipment supplied with the Panvax. The TGA are adamant that there is nothing wrong with the equipment that they supplied and therefore it is very important that providers report any issues, to do this [Click Here](#). The TGA will not accept reports on equipment in any other format
- The US has declared a state of emergency with regards to H1N1 indicating the seriousness of this as they come into their winter and cases are ramping up in other areas of the Northern Hemisphere
- Having the Panvax is really important if travelling overseas and therefore should be included in normal travel medicine information
- There have been no major adverse events reported to ADRAC
- The vaccine has now been approved for children between 6 months and 10 years of age

H1N1

NCIRS has prepared an H1N1 influenza/vaccine (general Q&A format) fact sheet which provides useful advice for the general public and immunisation service providers. This fact sheet is now available from the [NCIRS website](#). Click on the H1N1 influenza link on the main page. NCIRS hope that you will find this fact sheet useful.

Mental Health Program

Sharee Taylor

staylor@gpnw.com.au

MENTAL HEALTH

Department of Veterans' Affairs

The Right Mix – Your health and alcohol www.therightmix.gov.au



The Right Mix: Your health and alcohol was originally developed by the Department of Veterans' Affairs (DVA) in 2001, primarily to help those in the veteran community to recognise drinking that is above low-risk levels. DVA has just revised *The Right Mix* website and information kit to reflect changes to the newly developed *Australian Guidelines to Reduce Health Risks from Drinking Alcohol, 2009* released by the National Health and Medical Research Council (MHMRC) earlier this year.

The key message from *The Right Mix* is about getting a balance with alcohol, diet and exercise to achieve a healthier and more enjoyable lifestyle. The Right Mix website has new interactive tools to help provide practical information and strategies to cut down drinking. This website and associated resources are useful to both members of the veteran community and health providers alike. Many of the available resources can be ordered at no cost from the website itself.



Nursing In General Practice Program

Bronwyn McLaren

bmclaren@gpnw.com.au

HERE IS YOUR GOLDEN OPPORTUNITY!

APNA National Conference Registrations NOW OPEN!

Registrations are NOW OPEN for APNA's second National Conference - Golden Opportunities, to be held on the Gold Coast on 6 - 8 May 2010. Based on your feedback from our inaugural conference - The Right Stuff - we have worked extremely hard to ensure that **the conference registration fees are as affordable as possible** so that as many of you as possible can attend. Additionally, the first 50 delegates to register will **go into the draw to win two nights accommodation** at the RACV Royal Pines Resort, where the conference is being held. [Click Here](#) to visit the conference website and register or view the preliminary program.



The DiVeRT (Domestic Violence Response Training) is still available for eligible Practice nurses and Aboriginal Health workers. There are a few online learning spaces left for 2009. The E-learning is well structured and very well supported by Lifeline Australia trainers.

Please contact Kathryn White on 0411 821 031 or Kathryn.white@lifeline.org.au for further information.

DOES YOUR PRACTICE HAVE A NEW PRACTICE NURSE?

GPNW offer a comprehensive Practice Nurse Orientation that includes:

- Basic Overview of Management of Clinical Software
- Overview of Medicare Item Numbers including nurse specific item numbers
- GPNW Immunisation / Nursing in General Practice Programs
- Relevant resources

If you would like further information or would like to organise an orientation or Practice based training for your Practice Nurse please contact Bronwyn McLaren on 6432 1440 or email bmclaren@gpnw.com.au

NUTRITION SHORT COURSE FOR PRACTICE NURSES – COMING IN 2010!

The Community Nutrition Unit (DHHS) are teaming up with GP North West to deliver the “**Strengthening Nutrition in General Practice**” short course again next year. Nurses from across the state who have completed the course previously have given extremely positive feedback, urging all Practice Nurses to participate.

There are 3 sessions to complete the course, each for 3.5hours and are facilitated by two Accredited Practising Dietitians. The course is very interactive, and allows opportunity for nurses to become familiar with and use the current version of the “*It Takes More Than An Apple a Day*” nutrition manual, which is provided free for each practice.

Session 1 focuses on healthy eating for adults and an introduction to using the tools and handouts in the manual. Session 2 explores dealing with weight issues, and session 3 focuses on diabetes, heart disease and case studies. **All 3 sessions must be completed to receive RCNA recognition.**

The sessions in the North West will be held at the new Ulverstone location of GP NW, and afternoon tea will be provided.

Session 1 – Wednesday 3rd March 1:00-4:30pm

Session 2 – Wednesday 17th March 1:00-4:30pm

Session 3 - Wednesday 31st March 1:00-4:30pm

Registrations will open early January 2010. Places are limited.

Practice Manager Network

Gaye Aitken

gaitken@gpnw.com.au

AAPM NATIONAL CONFERENCE

I recently attended the National AAPM Conference at the Melbourne Convention Centre on the 21st – 23rd October. Seven Practice Managers from the region also attended.

Keynote speakers included Allan Pease, Jeff Kennett and Amanda Gore as well as a wide variety of information sessions to choose from including:

- Challenges for practices
- Staff recruitment and retention
- Complaints
- Accreditation sessions with AGPAL and GPA Accreditation Plus
- Financial Management reporting
- Medicolegal
- Building the practice team and measuring capacity and demand
- The Practice Nurse of the future
- Communication in the practice
- E-Health topics

An electronic copy of most of the PowerPoint presentations from the conference are available, to view these [Click Here](#).

Please contact Gaye Aitken gaitken@gpnw.com.au if you have any questions regarding any of the presentations or the conference in general.

RACGP are currently undertaking a review of the 3rd Edition Standards for General Practices with a view to releasing the 4th Edition Standards for General Practices at the end of May 2010.

THE NEW MODERN AWARD INFORMATION SESSION – TCCI

On the 18th November, twelve Practice Managers, attended the “New Modern Award Information Session” facilitated by Cymone De Schipper, the TCCI Workplace Relations Adviser.

Cymone provided attendees with an informative presentation on the New Modern Awards; Health Professionals and Support Services Award 2010 and the Nurses Award 2010. The New Modern Awards come into effect on the 1st January 2010.

Cymone reiterated the importance of documenting individual flexibility working arrangements in writing; these arrangements must not disadvantage the employee.

TCCI are looking into the possibility of creating contract templates to minimise the workload for businesses. For further information please contact the TCCI on 6420 7542.

GPNW are not qualified to provide advice on Industrial Relations issues.

Practice Manager Network cont'd







PRACTICE COMPLIANCE DATA – AGPAL

AGPAL have recently developed some statistical data for each division which identifies the areas of low compliance of the RACGP 3rd Edition Standards.

Top 10 areas for improvement

As at November 2009, the indicators listed below are the top 10 indicators that practices do not meet. If you would like further information on these statistics please contact Gaye Aitken 6432 1440 or gaitiken@gpnw.com.au

Please note indicators with an asterisk are not flagged indicators. The RACGP state that these indicators are still important and provide guidance to practices about other ways to demonstrate commitment to quality and safety.

- 1) 5.1.3D* Our practice has a height adjustable bed.
- 2) 3.2.1 D* Our GP(s) have undertaken training in CPR within the past 3 years.
- 3) 5.3.4 B  Our GP(s) or staff members with designated responsibility can describe in detail how the use of sterile equipment is assured, including where relevant:
 - provision of an adequate range of disposable equipment,
 - procedures for having instruments sterilised off-site,
 - procedures for on-site sterilisation of equipment,
 - monitoring the integrity and validation of the whole sterilisation process and steriliser maintenance,
 - procedures for safe storage and stock rotation, and
 - education and training of staff involved.
- 4) 5.2.1 D  Our practice has a schedule for the maintenance of our key clinical equipment.
- 5) 3.2.3 C* Our administrative staff have undertaken training in CPR in the past 3 years.
- 6) 4.2.2 D  If our practice uses computers to store patient health information, our practice ensures that:
 - our GP(s) and staff have personal passwords to authorise appropriate levels of access to health information
 - screensavers or other automated privacy protection devices are enabled
 - backups of electronic information are performed at a frequency consistent with a documented information disaster recovery plan
 - backups of electronic information are stored in a secure offsite environment
 - antivirus software is installed and updated and
 - all internet connected computers have hardware/software firewalls installed
- 7) 1.7.2 B  At least 50 per cent of our active patient health records contain a health summary. A satisfactory summary includes, where appropriate:
 - adverse medicines events
 - current medicines list
 - current health problems
 - past health history
 - risk factors
 - immunisations
 - relevant family history and
 - relevant social history
- 8) 4.1.1 F* Our employed GP(s) and staff have position statements/job descriptions.
- 9) 1.7.1 D  Our practice can demonstrate that we are working toward recording the following information in our active patient health records:
 - self identified cultural background (e.g. Aboriginal and Torres Strait Islander self identification) and
 - the person that the patient wishes to be contacted in an emergency.
- 10) 3.2.1 C  Our practice can provide evidence of satisfactory participation in the RACGP QA&CPD Program by all our GPs; or our practice can provide evidence that our doctors participate in quality improvement and continuing professional development to at least the same standard as the RACGP QA&CPD Program.

Accreditation

THE RACGP 3RD EDITION STANDARDS FOR GENERAL PRACTICE

The RACGP are currently reviewing the 3rd Edition Standards for General Practice; the revised, evidence-based 4th edition of the Standards is expected to be released by October 2010; with implementation expected to be approximately 12 months later.

Any queries please contact Gaye Aitken gaitken@gpnw.com.au or your accreditation provider.

Lifestyle Modification Program

Sharee Taylor



staylor@gpnw.com.au

TYPE 2 DIABETES PREVENTION PROGRAM

(Accredited Lifestyle Modification Program)

A BIG THANK YOU to East Devonport Practice

For getting enough referrals to start the very first group session in the Devonport area.

Targeting 40-49 year old patients

The Program consists of:

- ✓ 7 sessions (run over six months)

The schedule is as follows:

- Introduction and what is pre-diabetes?
- Physical activity and healthy weight
- Introduction to healthy eating/carbohydrates & fibre
- Preventing cardiovascular disease
- Staying motivated and positive thinking
- Stress Management
- ✓ Group motivational & educational sessions supporting lifestyle changes & adoption of healthy lifestyle choices
- ✓ Detailed Participants Manual
- ✓ Australian Government subsidised, patient pays \$50 for the complete program. (No cost for concession card holders/pension). Private health fund - may be eligible for rebates.

For more information on the program please refer to [our website](#) or contact Sharee Taylor



Facilitator: Elisa Williams
(Clinical Nurse Consultant &
Credentialed Diabetes Educator)



Facilitator: Dr Michelle Towle
(Healthy Lifestyles Consultant)

Home Medicines Review (HMR)

Rebekah Sheehen



rsheehen@gpnw.com.au

HOME MEDICINES REVIEW

How to make it work...

Evidence supports the fact that Home Medicines Reviews (HMRs) are done more often and more efficiently in practices where responsibilities are shared between GPs and practice staff.

Practice nurses are in prime position to identify eligible patients for HMRs, particularly if they are involved in GP management plans (item 721), team care arrangements (item 723) and/or health assessments. The role of the practice nurse will vary for each individual practice depending on the agreed systems, job roles and practice philosophy. However, there is ample opportunity to flag patients for a HMR during treatment sessions, for example, diabetes and asthma patients during their annual cycle of care visits.

Anyone of concern to the GP or a member of their health team in regard to their medication management is eligible for a HMR. However, it is more commonly the over 75s who are being prescribed the mixed bag of medications that may be causing confusion and compliance issues.

An added benefit with HMRs is that the HMR accredited pharmacist who does the home visit interview also reviews any OTC medications, herbal and complementary preparations the patient might be taking along with their prescribed medications and can highlight any potential problems in the HMR recommendations report to the GP.

Home Medicines Review: MBS 900 (\$140.20)

Bulk Billing incentive: MBS 10991 (\$9.80)

Total \$150.00

For more information about how to make HMRs work for you, please contact Vince McAllister, HMR Facilitator on 0408 468 43 or email peterthompsons.pharmacy@ninet.com.au, or Rebekah Sheehen on 6432 1440 or email rsheehen@gpnw.com.au

BETTER OUTCOMES BY USING HMR and EPC TOGETHER (effective from 1 Nov 2008)

Home Medicines Review

Item 900

\$ 143.40

A HMR can be done as a stand alone item, but a patient who has one of these other item numbers in place would probably benefit from a HMR as well.

GP Management Plan [GPMP]

Item 721 \$133.65

+ HMR = \$277.05

Review GPMP

Item 725 ... \$66.80

+ HMR = \$210.20

Health Assessment

Item 700/704 \$179.15

+ HMR = \$322.55

Item 702/706 \$253.30

+ HMR = \$396.70

45-49 Year Old Health Check

Item 717 \$ 106.95

+ HMR = \$250.35

Team Care Arrangement [TCA]

Item 723 \$ 105.90

The pharmacist is one of the 2 extra providers, but patient can use all 5 visits to the other AHP

+ HMR = \$249.30

Review TCA

Item 727 \$66.80

+ HMR = \$210.20

Contribution to a Multidisciplinary

Care Plan

Item 729 \$ 65.20

+ HMR = \$208.60

GP Mental Health Care Plan

Item 2710 ... \$160.45 + HMR = \$303.85

GPMHCP Review

Item 2712 ... \$106.95 + HMR = \$250.35

GPMHCP Consultation

Item 2713 ... \$70.60 + HMR = \$214.00

QUALITY USE OF MEDICINES VISITING PROGRAM

Dr Alison Tasker is finalising practices visits in the region presenting the topic, 'Antiplatelet and Anticoagulant Therapy in Stroke Prevention'. Since the commencement of the topic in October, Alison has delivered a range of case studies, individual visits and power point presentations to 49 GPs, 2 Practice Nurses, 1 Medical Student, and 12 Pharmacists. Several practices are booked in to be seen in the coming weeks.

If you are interested in receiving a visit by Dr Alison Tasker before the completion of this topic, please contact Rebekah Sheehen at GPNW on 6432 1440, or Dr Alison Tasker on 0418 594 738.

NPS Stroke Program Key Messages:

- Systematically assess and re-assess the risk–benefit of warfarin and antiplatelet agents
- Aspirin is the antithrombotic of choice in primary stroke prevention when cardiovascular risk is high, however in atrial fibrillation most patients require warfarin
- Aspirin, aspirin plus dipyridamole, or clopidogrel are the main antiplatelet options in secondary stroke prevention
- Use strategies to ensure concordance and maintain INR in therapeutic range

Quality Prescriber Initiative – financial rewards for NPS Visits

The QPI is one of the incentive programs of the PIP and aims to help practices keep up to date with Quality Use of Medicines (QUM) information. The QPI provides financial rewards to general practices for GP participation in a range of voluntary educational activities recognised or provided by NPS. Each activity is undertaken by individual GPs but payments are made based on practices meeting a minimum participation level in QPI activities. http://www.nps.org.au/health_professionals/activities/about_points



HAVE YOU SUBSCRIBED TO NPS RADAR?

It's free and it's great!

NPS RADAR gives you access to timely, independent, evidence-based assessment of new drugs, new PBS listings and research for health professionals. The next NPS RADAR is due out this month.

Be the first to know at www.npsradar.org.au

NPS MEDICINES TALK – GREAT FOR WAITING ROOMS

MedicinesTalk is a quarterly newsletter providing information for consumers about using medicines wisely. The Winter 2009, released in August, covered the following topics:

- Getting a good night's sleep
- Shed those extra kilos for your health!
- Quitting is worth it
- More than medicine...peer educators helping seniors to become more aware of the benefits of lifestyle changes
- Medicines Talk Quiz



To request copies of *MedicinesTalk* or to download the current issue [Click Here](#)

Other Information

contact@gpnw.com.au

BEHAVIOURS, HEALTH AND MEMORY FORUM

There was an overwhelming response to a special forum on dementia and aged care held in Devonport in November.

Participants came from Smithton and Launceston and from a range of sectors, including; hospitals, aged care facilities, general practice, community nursing and other service providers.

Dr Jane Tolman, the Director of Rehabilitation and Aged Care Services of the Royal Hobart Hospital, spoke about the diagnosis of dementia and the specific signs to look for. She gave advice on how to care for people with advanced dementia avoiding hospital admission and the smart use of acute care beds.

Professor of Aged Care Nursing, Andrew Robinson, spoke about his research paper discussing; issues facing residential aged care facilities; the ageing RN workforce and the high rate of part time RNs.

This was a conjoint event with the Mersey Community Hospital & GPNW.

A copy of Jane's handouts are available via [our website](#)



Dr Jane Tolman, Professor Andrew Robinson and Raelene Smith

ADDICTION MEDICINE IN GENERAL PRACTICE

**Presented by Dr Richard O'Regan, Addiction Medicine Specialist,
Alcohol and Drug Service North, 29 September 2009**

Tobacco is by far the most lethal drug of abuse, and 21.5% of Tasmanians smoke. Dollars spent for tobacco-related illnesses dwarf all other drug-related costs. Alcohol is the most prevalent drug. Prescription drug abuse in Tasmania is much more common than heroin use. Benzodiazepines are prescribed in Tasmania at 1.5 to 3 times the national average, with alprazolam up to 270% of the national average.

While 11% of Tasmanians over 14 have used marijuana in the past year.

Amphetamine use is growing and it is the most commonly injected illicit substance in Australia (9% of the population have ever used it, with 3% in the last 12 months).

GPs often lack confidence and time in treating addiction.

Alcohol guidelines were recently decreased from 4 to 2 standard drinks daily, with some alcohol free days each week. Drinking more than 2 to 3 standard drinks daily gives you a 1 in 100 chance of death from alcohol-related illness.

Prescription opioid use in Australia increased from 1991 to 2006 by 700%. Tasmanian opioid prescription use is up to 50% higher than the national average, and is associated with 20-30 deaths annually in Tasmania.

Alcohol and Drug Services North/North West provide a multidisciplinary team approach which includes social workers, psychologists, nurses and doctors. The referral template to this service is on the GP North website. Waiting time to engage with the service is less than a week, although patients wishing to access methadone or buprenorphine from the North West are required to attend Launceston for medical review up to 3 times weekly for the first two weeks of therapy.

For further advice on addiction related issues phone Alcohol and Drug Services North West on 6429 8555.



CHOOSE LIFE SERVICES (CLS)

Formerly Parakaleo

CLS is a Tasmanian suicide intervention service providing counselling services across the State.

CLS is not funded by Government Departments, is a not for profit Non Government Organisation whose Mission is "To provide an effective and positive response to the issue of suicide that encompasses intervention, support, healing, community awareness and education".

Counselling staff operate in a non-medical model, referring on to other health professionals and agencies as needed with a network of referral points around Tasmania. Face to face counselling support is offered in all areas of Tasmania.

CLS operates within the LIFE (Living Is For Everyone) Framework, the accepted and promoted suicide prevention strategy in Australia.

CLS counselling services are available to anyone with issues around suicidality or self harm and is a free service. Clients may access the service simply by calling our 1300 number asking for an appointment.

CLS can generally provide an appointment within a few working days and in crisis situations can be available outside of normal working hours.

CLS will refer the client back to the GP if necessary, and will provide a report back to the GP if required.

For more information: www.chooselifeservices.org.au or call 1300 132 098.



AUSTRALASIAN COLLEGE OF SKIN CANCER MEDICINE

2 Day Certificate Workshop Program:

The course is an introduction to skin cancer medicine for doctors working in general practice and skin cancer clinics. The workshops include hands on practical training and are eligible for both CPD points or credit towards the ACSCM Fellowship. The certificate course focuses on core skills and the safe practice of skin cancer medicine.

For more information and to register [click here](#)



GPNW Wish You A Safe and Happy Christmas



Disclaimer:

General Practice North West makes this material available on the understanding that users exercise their own skill and care with respect to its use. Before relying on the material in any important matter users should carefully evaluate the accuracy completeness and relevance of the information for their purposes and should obtain appropriate professional advice relevant to their particular circumstances. The material may include views or recommendations of third parties which do not necessarily reflect the views of General Practice North West or indicate its commitment to a particular course of action.

GENERAL PRACTICE NORTH WEST

gazette



ABN 54 801 950 482
49-51 CATTLEY STREET
PO BOX 1221

BURNIE

TASMANIA 7320

TELEPHONE (03) 6432 1440

FAX (03) 6431 7827

WEB www.gpnw.com.au

