

Winter 2007

Wheatbelt  
GP Network



Building healthy communities through General Practice.

## COMMUNITY RESILIENCE PROGRAM TO RAISE AWARENESS



Nadya, Claire and Garry - leading the Community Resilience Program

The latest project for the Wheatbelt GP Network is the Resilience Program which aims to build resilience in 10 Wheatbelt communities. The Program is funded by the Commonwealth Government through the Department of Health and Ageing.

Over the next 30 months, program staff will set about establishing Community Resilience Groups (CRG) in Dalwallinu, Moora, Bindoon, Gingin, Merredin, Northam, Beverley, Cunderdin, Kellerberrin and Wundowie. The CRG's will comprise 10 to 15 community members who will become the eyes and ears of the community and monitor the behaviour of other community members who may be at risk of suicide.

CRG members will be trained in recognising warning signs of a person in crisis; they will intervene appropriately and refer the person to qualified professional help.

So what is resilience? Resilience refers to an individual's capacity to withstand stressors and not manifest psychological dysfunction, such as mental illness or persistent mood. Research has discovered that people who are exposed to tragic or traumatic events can develop psychological disorders in response to the stimuli.

Then there are those in the community who are different from the norm; who may suffer from a mental illness or disability; are suffering intense emotional pain from the loss of a relationship or lifestyle. They may also be gay, a refugee or a returned serviceman still experiencing problems from serving in the armed forces.

Resilient individuals and communities are more inclined to see problems as opportunities for growth. When events become overwhelming, when adrenalin surges, when things go wrong, resilience emerges as the capacity to still find the wherewithal, the determination and reason to cope with the situation, regardless and despite all the odds and more often than not, to find ways through. Post traumatic stress disorder (PTSD) can develop in reaction to a traumatic experience. Not all people will develop PTSD but people who do, experience a range of symptoms in response to stimuli. The feelings stimulated by the event are primal - fight or flight - and the sufferer needs assurance that what they are experiencing is a normal response to an abnormal event. Usually the person's life is threatened in some way.

The Community Resilience Program is not just about suicide. It is educating people in communities about issues such as mental illness including depression, self-harm, critical incidents, post traumatic stress disorder, and appreciating differences.

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Nurse Coordinator*

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# YOUR NETWORK

## Chairman's Message

I would like to thank all those members who found the time to return proxies and ballots for the vote on our new constitution. I am pleased to say that the Division has a new up-to-date Constitution that should see us through for many years. A copy of the new Constitution will be posted to all members in the near future.

There have been a few changes lately. A new name - Wheatbelt GP Network. A new Constitution. A new way of providing some of our services including IT services. What has not changed is the Board's commitment to helping the GPs in the Wheatbelt. By helping the GPs both personally and in their businesses there will be a flow on effect in improving the Health outcomes in the communities serviced by GPs.

For the Division to function successfully and provide relevant services to its GP members we need a good Board. From the inception of the Division we have been very fortunate to have members who have taken up the opportunity to work on the Board. I believe they have all done an excellent job. More GPs are needed to fill these positions in the future.

Board membership is a paid position with training supplied. It is another avenue of service and an opportunity to learn other skills and have other interests apart from the clinical work we all do in our practices. It is not exceptionally time consuming. I have personally enjoyed my time as Board member and Chair and have developed skills that I would not have otherwise obtained. I would like everyone to give some thought to being on the Board and contact the CEO or myself for any information that might help you make a decision.

In 2006 the Division, WACHS, Shires and Wheatbelt Development Commission signed a MOU. This is so that there would be discussion and planning about the supply of healthcare in the wheatbelt and some co-operation between the people that have interests in these areas. The Wheatbelt GP Network was asked to join as it was acknowledged that it represents the individual doctors in the Wheatbelt.

The Board sees it as part of our role to represent GPs and we would like any GP with issues concerning them about their future working conditions to contact the Division. If the Division cannot help with a particular situation we will make sure that the right contacts will be provided.

I hope to see as many of you as possible at our September CME event. It is a good opportunity to meet other doctors from the Wheatbelt.

Till then, I hope it rains.

**Dr Frank Kubicek**



## Committee of Management

### Chairman

Dr Frank Kubicek

### Committee Members

Dr Tony Boyd

Dr Ken Gray

Dr Peter Lines

Dr Duncan Steed

David Singe

### Chief Executive Officer

Michael Keeble

## Staff

*Chief Executive Officer - Michael Keeble*

Member Services	Wheatbelt Support Services	Community Resilience Program	Administration
<i>Member Services Manager</i> Paul West	<i>Wheatbelt Support Services Manager</i> Heidi Kleinschmidt	<i>Wheatbelt Resilience Program Manager</i> Garry Salamon	<i>Office Manager</i> Kate Bond
<i>Program Officers</i> Emma Stevens Emily Woodvine Dr Hilda Turnbull	<i>Counsellors</i> Sue Cook Heydi De Waal Melinda Dodd Lynne Foote	<i>Education Officer</i> Claire Andrews  <i>Counsellor / Educator</i> Nadya Surawski	<i>Quality Project Officer</i> Patricia Meyland  <i>Administrative Support Officer</i> Danielle Gogan
<i>NPS Facilitator</i> David Lim	Gabrielle Fry Grayem White		
<i>Administrative Support Officer</i> Trisha Ellis		<i>Administrative Support Officer</i> Lee Carmichael	

# YOUR NETWORK



## New Office Location

The Wheatbelt GP Network has moved offices! Having previously been split into separate buildings, the organisation has come together as a whole into one building.

Now at 15 Elizabeth Place, Northam, staff are excited about the new office and enthusiastic about working together as a team.

Our phone numbers, fax numbers, email addresses and postal address remain unchanged.

## IT Support

From 2 July 2007, IT support will be provided by GP Coastal through a contract arrangement. Jared and Derek are the experienced and friendly IT staff providing computer support to practices.

Jared will be visiting your practice in the near future to undertake an audit of your current hardware and software, and make appropriate recommendations. If you haven't already been contacted by Emma Stevens, our Member Services Program Officer, she will soon be calling your office to arrange a suitable appointment time.

Should you require further information, please contact Emma on (08) 9621 1530.

## New Web-site

The Wheatbelt GP Network has revamped its web-site. Go to [www.wheatbelt.com.au](http://www.wheatbelt.com.au) to check it out.

In keeping up-to-date with technology, the Network is creating a password only area for practices and doctors to view restricted information. We will also provide media releases, information bulletins and this newsletter through the web-site.

Trisha Ellis is responsible for maintaining the web-site and ensuring the information is current. Emma Stevens will soon be contacting your practice to assist with setting-up your access and give you an on-line guided tour.

## Profile - Member Services

The Member Services section of the Wheatbelt GP Network is responsible for delivering various government initiated programs to GP's, keeping members up-to-date with industry changes, assisting with continuing professional development and other relevant services.

### Meet the staff...

*Paul West - Member Services Manager*

Email: [paulw@wheatbelt.com.au](mailto:paulw@wheatbelt.com.au)

- Workforce Support for General Practitioners
- Home Medicines Review (HMR)
- Aboriginal Health

*Emma Stevens*

Email: [memberservices@wheatbelt.com.au](mailto:memberservices@wheatbelt.com.au)

- Practice Support
- Immunisation
- Chronic Disease
- Mental Health
- Nursing in General Practice

*Emily Woodvine*

Email: [emilyw@wheatbelt.com.au](mailto:emilyw@wheatbelt.com.au)

- Continuing Professional Development
- Aged Care

*Dr Hilda Turnbull*

Email: [hildat@wheatbelt.com.au](mailto:hildat@wheatbelt.com.au)

- Medicare Around-the-Clock

*David Lim*

Email: [qum@wheatbelt.com.au](mailto:qum@wheatbelt.com.au)

- National Prescribing Service (NPS)

*Trisha Ellis*

Email: [trishae@wheatbelt.com.au](mailto:trishae@wheatbelt.com.au)

- GP Communication
- Web-site Maintenance

Member Services are happy to assist with your enquiries and can be contacted by writing to the above email addresses or by phoning (08) 9621 1530.

# LATEST NEWS

## New Medicare Benefits Schedule Item Numbers

**Item no: 718** *(Courtesy of Disability Services Commission)*  
Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) AT CONSULTING ROOMS for a health assessment - of a patient with an intellectual disability - not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 719.

Fee: \$199.60                      Benefit: 100% = \$199.60  
*(See paragraph A.27 at MBS Online for explanatory notes to this Category)*

**Item no: 719** *(Courtesy of Disability Services Commission)*  
Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) NOT BEING AN ATTENDANCE AT CONSULTING ROOMS, A HOSPITAL OR RESIDENTIAL AGED CARE FACILITY for a health assessment - of a patient with an intellectual disability - not being a health assessment of a patient in respect of whom, in the preceding 12 months, a payment has been made under this item or item 718.

Fee: \$222.05                      Benefit: 100% = \$222.05  
*(See paragraph A.27 at MBS Online for explanatory notes to this Category)*

**Item no: 10997** *(Courtesy of Emma Stevens)*  
Provision of monitoring and support for a person with a chronic disease by a practice nurse or registered Aboriginal Health Worker.

Service provided to a person with a chronic disease by a practice nurse or Aboriginal Health Worker if:

- (a) The service is provided on behalf of and under the supervision of a medical practitioner; and
- (b) The person is not an admitted patient of a hospital; and
- (c) The person has a GP Management Plan, Team Care Arrangement or Multidisciplinary Care Plan in place; and
- (d) The service is consistent with the GP Management Plan, Team Care Arrangement or Multidisciplinary Care Plan to a maximum of 5 services per patient in a calendar year.

Fee: \$10.60                      Benefit: 100% = \$10.60  
*(See paragraph M.2 of explanatory notes to this Category)*

## Practice Staff Network Group Meeting

The next Practice Staff Network Group Meeting will be held on:

Saturday, 18 August 2007  
at  
15 Elizabeth Place, Northam.



You will receive a fax in the near future with more information.  
*Emma Stevens & Emily Woodvine*

## Rotavirus Vaccine Program

The Rotavirus vaccine program commenced from July 2007.

All children born from 1 May 2007 are eligible to receive the free Rotavirus Vaccine from their GP or local health service.

### Important Note:

- Rotavirus vaccines are ORAL vaccines, and
- have a limited administration time frame.

In WA Rotarix is the vaccine that is used by jurisdiction.

	Rotarix
Method	Oral
No of doses	Two (2) oral doses
Age for routine Administration	2 months 4 months
Minimal intervals between doses	4 weeks
Age limits for dosing	1 <sup>st</sup> dose by 14 weeks 2 <sup>nd</sup> dose by 28 weeks

Further information about Rotavirus Vaccine is available on the Rational Assessment of Drugs and Research Website (RADAR): [www.npsradar.org.au](http://www.npsradar.org.au)

Please call Emma Stevens on (08) 9621 1530 for further information.

*Emma Stevens*

## National Medicines Symposium 2008

QUM - what does it really mean for you?  
The science, the policy and the practice.

Wednesday 14 - Friday 16 May 2008  
National Convention Centre, Canberra

To register your interest go to  
[www.nps.org.au/events](http://www.nps.org.au/events)  
or call the symposium secretariat  
**Expert Events** on +61 7 3848 2100  
or email  
[nms2008@expertevents.com.au](mailto:nms2008@expertevents.com.au)

## HPV Vaccination

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The Human Papillomavirus (HPV) vaccine, Gardasil, has received widespread media coverage for both its anticipated public health benefits and for its adverse effects. The latest issue of NPS Radar (which can be viewed at [www.npsradar.org.au](http://www.npsradar.org.au)) considers both of these aspects of the vaccine.

The quadrivalent HPV vaccine is intended to protect against HPV types 6, 11, 16 and 18, which are responsible for 70-80% of cervical cancers. The vaccine does not protect against all HPV types that cause cervical cancer, or cervical cancer caused by HPV infection acquired before vaccination.

The General Practice HPV Vaccine program commenced July 2007 and will run until June 2009. The HPV Vaccine is funded for:

- Young women who have not received the vaccine through the school program;
- Females aged 12-18 years who missed doses during the school-based program;
- Females aged 18-26 years, however the full dose must be completed prior to the woman turning 27 years of age and before the end of June 2009.

The HPV Vaccine is administered in a series of three (3) injections over a six (6) month period. The free vaccine should not be administered to males.

When administering the vaccination, GPs should take the opportunity to remind women about the continued importance of regular pap smears.

Consent needs to be obtained for both administering the vaccine and lodging the data on the register. A National HPV Register is currently being developed by the Australian Government. It is anticipated the HPV Register will be operational later this year. GPs are required to collect their own data until this register is operational.

### **HPV Vaccination Register**

All practices need to collect HPV data and hold it for future lodgement. Data will then be entered in the register once it is operational.

### ***Which data should be collected?***

The proposed register will receive HPV Vaccination data for all girls aged from 12-18 years of age. Data for females aged 18-26 years of age should also be recorded until the end of June 2009.

A \$6 administration fee (+GST) will be paid to the GP by the Commonwealth for lodging each HPV immunisation encounter for 12-18 year olds once the register is operational.

### ***What the data will be used for?***

Personal information collected will not be made public but will be used to evaluate the impact of the HPV Vaccine Program on cervical cancer rates. Information lodged can also be used to assist practice staff to issue reminders and contact females in relation to booster shots and follow up vaccinations.

### ***How can you collect the data?***

Using your medical software – Medical Director, Genie and Zedmed. Instructions can be accessed on AGPN's Immunisation web-site: [www.adgp.com.au/site/index.cfm?display=1813#Register](http://www.adgp.com.au/site/index.cfm?display=1813#Register)

If you do not have desktop software further spreadsheet templates are available on AGPN's website: [www.adgp.com.au/site/index.cfm?display=1813](http://www.adgp.com.au/site/index.cfm?display=1813)

### ***How do you submit your data when the system is operational?***

Using your medical software – Information can be printed and faxed when the register is operational. Instructions are included on the web-site mentioned above.

Using the spreadsheet template mentioned above – the information can be printed off and faxed when the register is operational.

Please contact Emma on (08) 9621 1530 for further assistance.

*Emma Stevens*

## Selective Use of Antibiotics

Wheatbelt GP Network is participating in a new National Prescribing Service Limited (NPS) program - *Selective use of antibiotics*. This program focuses on best practice antibiotic therapy in mammalian bite wounds, acute bronchitis, acute exacerbations of chronic obstructive pulmonary disease (COPD), acute sinusitis, acute otitis media, and acute sore throat.

This program provides an opportunity to discuss up-to-date, independent, evidence-based information on current therapeutic issues for antibiotics with a trained NPS Facilitator focusing on:



- Why phenoxymethylpenicillin continues to be the recommended first-line agent for acute sore throat caused by *Streptococcus pyogenes* infection;
- Successful strategies for addressing patient/parent expectations for antibiotic use, in acute otitis media, sore throat, acute bronchitis and acute sinusitis where the benefits are limited;
- Why high dose amoxicillin is effective when antibiotic therapy is indicated in acute otitis media and acute sinusitis;
- Why roxithromycin, cephalosporins, and quinolones are not first-line agents when antibiotics *are* indicated for upper respiratory tract infections (URTIs);
- Benefits of antibiotic therapy in acute exacerbations of COPD where cardinal signs and symptoms of bacterial infection are present;
- The rationale for withholding antibiotics in acute bronchitis in immunocompetent patients;
- Assessment of infection risk from mammalian bites to identify where presumptive antibiotic therapy is warranted.

*NPS News 50* along with Case study 46: Antibiotic therapy for animal bites and *Prescribing Practice Review 36* were released in February / March 2007 and can be accessed at <http://www.nps.org.au>. *NPS News* discussed the evidence that inappropriate antibiotic use remains the primary cause of antibiotic resistance.

“The facts in *NPS News 50* about antibiotic resistance are alarming. It is slow to reverse and in some cases is irreversible - on the other hand the evidence tells us that best practice prescribing has been shown to be the most effective response,” says Professor John Turnidge, a clinical microbiologist and infectious diseases physician. “Current independent, evidence-based information provides the basis for best practice recommendations to manage common conditions seen in general practice,” he concluded.

The *Common Colds Need Common Sense - they don't need antibiotics* annual campaign assists GPs to inform patients about appropriate antibiotic use. Revised and new health professional and consumer resources, including updated symptomatic management pads for GPs are available. For more information about the campaign and to order resources visit the NPS website <http://www.nps.org.au>.

For more information please contact David Lim on (08) 9621 1530 or email [qum@wheatbelt.com.au](mailto:qum@wheatbelt.com.au).

David Lim

## Web-site Update - From the Desk of the RPH Liaison GP...

- **The RPH 2007 GP Handbook** is currently being updated and will soon replace the 2006 version on the RPH website <http://www.rph.wa.gov.au> – click on “Publications”. At this stage, a hard copy will not be produced, as it is harder to regularly update. If you feel a printed version is needed, please send an e-mail to [Jacquie.Garton-Smith@health.wa.gov.au](mailto:Jacquie.Garton-Smith@health.wa.gov.au).
- **Useful Warfarin information sheet for patients** developed by the Haematology collaboration between RPH, Perth & Hills and Canning DGPs: <http://www.rph.wa.gov.au> - click on “Patients and Visitors” then “Warfarin Information”.
- **Diagnostic Imaging Pathways** developed at RPH for on-line evidence based clinical decision support about diagnostic imaging <http://www.imagingpathways.health.wa.gov.au/>.

Dr Jacquie Garton-Smith, RPH Liaison GP

# LATEST NEWS

## Introducing...

### Allison Fosbery, Rural Cancer Nurse Co-ordinator - Wheatbelt

I would like to introduce myself and my new role as Rural Cancer Nurse Co-ordinator for the Wheatbelt Health Region. This position has been jointly appointed through WA Country Health Service (WACHS) and the WA Cancer and Palliative Care Network.

This regional role is developed as part of a network of 20 Cancer Nurse Co-ordinators across the state. There have been seven Rural Cancer Nurse Coordinators appointed within WACHS, one for each region and 13 Coordinators based in Perth covering the three Tertiary Hospitals.

The initial task of the Cancer Nurse Co-ordinator is to map current cancer services in each of their regions.

Over the past five months I have been identifying and documenting the health services in the Wheatbelt that are currently available to patients and their families who are diagnosed with cancer. This service mapping process has involved liaising with health care providers and consumers throughout the region to ascertain who provides cancer care, and where Wheatbelt cancer patients are referred for diagnosis, treatment and follow-up. This mapping process is ongoing.

From the mapping process a report will be submitted to the WA Cancer and Palliative Care Network identifying rural strengths, gaps and recommendations to improve outcomes for cancer patients in the Wheatbelt. This process will be integral in the implementation of recommendations made by the Western Australian Cancer Services Taskforce.

Throughout this mapping process I will be developing strong networks and contacts within the region to improve co-ordination of care and streamline the cancer patients' journey. Part of this mapping process will also identify key areas of facilitation for my evolving role.

A key component of my role includes liaison with the Patient/Family (as requested), the Metropolitan Cancer Nurse Co-ordinators, local Health Service providers, and GPs involved in a clients care. This will ensure that all aspects of a patient's cancer care is provided for and their cancer journey outcomes are improved through a coordinated care plan.

I am based at Northam Hospital and available Monday to Friday between 8.00am and 4.30pm. My contact details are as follows:

*Allison Fosbery - WACHS - Wheatbelt Region*

Postal Address: PO Box 312, Northam WA 6401  
Email: allison.fosbery@health.wa.gov.au

Phone: 08 9690 1781  
Mobile: 0427 988 226



*Allison is available to assist both the GP and cancer patients to liaise with the other Health Care Providers referred to as part of a Team Care Arrangement - MBS Item No 723.*

*Need help with Chronic Disease GP Management, Plans and Team Care Arrangements? Phone Emma Stevens on (08) 9621 1530.*

## Help your Patient be Triage'd by the Breast Clinic - From the Desk of the RPH Liaison GP...

Patients are currently waiting around four months for a routine, new appointment at the RPH Breast Clinic. The Breast Physicians are concerned that some patients with malignancy may be waiting too long for appointments due to lack of information or prior work-up. Referrals to the Clinics are assessed for urgency, so the more relevant information that you can provide, the better able the staff are to prioritise the referral. *In particular, copies of breast ultrasound and mammogram reports done prior to referral are much appreciated* - the presence of a concerning finding on imaging will be given priority for an urgent appointment. If you think the lesion is suspicious clinically, please mention this also.

*Dr Jacquie Garton-Smith, RPH Liaison GP*

# IN CLOSING...

## Network Education Day 2007



DON'T FORGET!

Emily Woodvine will have already faxed you a Registration Form for the upcoming Network Education Day:

### RECENT ADVANCES

Venue: Trinity College (UWA), Perth  
Date: Saturday, 15 September 2007  
Time: 8.30am - 5.00pm

Partners and children may attend the Rural Medical Family Network Day at the Perth Zoo while GP's are attending the Recent Advances conference.

An evening dinner, commencing at 6.30pm, will be held at the Old Swan Brewery on Mounts Bay Road following the Education Day and may be attended by GP's and their families.

If you haven't already, please forward your Registration Form to Emily Woodvine by fax to (08) 9621 1532. If you have misplaced your form but would like to attend, please call (08) 9621 1530 for a replacement form.

We look forward to seeing you there.

*Emily Woodvine*

## Electronic Communications - From the Desk of the RPH Liaison GP...

Over the next few months the facility to send electronic discharge summaries to GPs will be expanded to Fremantle, Bentley, Armadale, Rockingham and Swan Districts Hospitals, and the range of GP software ready to accept the summaries has also increased. If you would like to receive electronic discharge summaries, please ask your practice staff to request an expression of interest form by phoning HealthLink on 1800 125 036.

*Dr Jacquie Garton-Smith, RPH Liaison GP*

## Wheatbelt Support Services Summary

Our new Referral System, which started from 1 July 2007, will have a database link with the Community Resilience Program through our referral intake (phone and fax). Lee Carmichael, our new Administrative Support Officer, will be responsible for transferring the manual system onto the new DIS database. This will stream line our statistics as well as provide us with accurate records for both our Team and the Resilience Program. This will help with client monitoring and keeping our counsellors aware of their self care.

Heidi will be undertaking a new venture. She has been contracted by the Wheatbelt Regional Co-ordinated Response to Family and Domestic Violence to co-facilitate and plan the content for the perpetrators programme. She will work alongside Eric, the Manager from the Wheatbelt Community Drug Service Team and with Penny McDonald who will be the Project Manager. Penny is the Regional Co-ordinator of the DV Response Committee.

Between January and 24 April 2007 there were 256 reported cases of Domestic Violence in the region. Of the 29.2% of incidences where police laid charges, referrals were made to the Department of Child Protection. Funding was granted last month from the Ministry of Justice/Corrective Services. This funding will be managed by Share and Care, enabling a training program to be set up as well as provide a process for evaluation. The course is not only for mandated clients but will include self referrals and will become part of our referral system for GP's who have clients wanting anger management / conflict resolution skills.

We are aware that this is but the beginning of a new impetus to deal with violence and abuse in our region and that the need for a specific area of child therapy will need to be made available. This will extend the work for WSS as well as other support agencies and give us a local opportunity to set up a training which can, at a later date, become part of an accreditation format.

*Heidi Kleinschmidt*

A proud member of



Australian  
General Practice  
Network



Funded by  
Australian Government  
Department of Health and Ageing

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Wheatbelt GP Network is an initiative of the Central Wheatbelt Division of General Practice Inc  
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