

Primary Care Programs Update

September / October 2011

In This Edition

Hot Topics

- Burns clinical practice guidelines
- Drugs of dependence & injured Victorians
- GPV Staff Changes

Coming Events

Links with Health Care Services

- Aged Care & Palliative Care
- eHealth
- Primary Care Liaison

Systematic Care in General Practice

- Bowel Cancer Screening
- Closing the Gap
- Diabetes Prevention
- Health Benefits of Work
- Immunisation
- Nursing in General Practice
- Quality use of medicine

Hot Topics

Please disseminate the following information/news items to the practices in your catchments

“NEW” Burns clinical practice guidelines – of interest to general practice

Victorian State wide Burns Clinical Practice Guidelines developed by the Victorian Adult Burns Service (VABS) at The Alfred, in conjunction with the Royal Children's Hospital Burns Unit are now available. You can view them at: www.vicburns.org.au ... [\(full news item\)](#)

Focus on drugs of dependence and injured Victorians

The Transport Accident Commission and WorkSafe Victoria are committed to working with medical practitioners and pharmacists to ensure the responsible, safe and legal prescription of medications to people with a transport accident or work-related injury or illness.

What is changing from 1 November 2011?

From November 1, 2011 the TAC and WorkSafe will increase this focus by only funding privately-prescribed Schedule 8 medication in exceptional circumstances. ... [\(full news item\)](#)

GPV Staff Changes

Team Manager – Prevention, Aboriginal Health and Chronic Disease

Sönke Tremper has been appointed in this new position. Soenke has been instrumental in expanding the sh3ed program as program consultant. He is keen to also assist the emerging Medicare Locals in their efforts to focus on prevention and to tackle the growing tide of chronic disease.

Sexual Health, HIV and Hepatitis Education (sh3ed) program

Rebecca Reeves has joined GPV as a Consultant with the Sexual Health, HIV & Hepatitis Education (sh3ed) program. Rebecca has a Masters in International Health and has recently completed a project in Vietnam for the Care International Program.

Pam Reynolds will join GPV in early November as Consultant for the Hepatitis C Primary Care Support Program. Pam has been working at Latrobe Community Health to establish their Liverwise program. She is a highly experienced nurse in the areas of hepatitis C, mental health and intensive care.

GPV Programs & Consultants

Aboriginal Health:

Sönke Tremper

Bruce Henderson

Aged Care:

Lee Stamford

Alcohol & Other Drug:

Emma Barnard

Bowel Cancer Screening:

Martin Forrest

Cancer Survivorship:

Jacqui Raymond

Child Protection Health

Assessments:

Sonya Tremellen

Clinical Risk Management:

Lesley Hawes

Diabetes Prevention:

Bruce Henderson

eHealth:

Paul Macdonald

Ross Nable

Brendon Wickham

GP-Hospital communication:

Peter Gartside

Immunisation:

Michelle Wills

Kate Russo

Medicare Local Transition:

Helen Threlfall

Mental Health:

Lenora Lippmann

Nursing in general practice:

Lesley Czulowski

Palliative Care:

Lee Stamford

Peri-natal Mental Health:

Anne Diamond

Primary Care Integration:

Megan Buick

Policy:

Louise Willis

Public Health:

Michelle Wills

QI and CPD:

Debra Clayton

Quality Use of Medicines:

Lee Stamford

Health Benefits of Work:

Dan Miles

Sh3ed:

Rebecca Reeves

Pam Reynolds

Michelle Wills

Workforce:

Christine Macdonald

Coming Events

Event	Date
CPD Network	Wednesday 12 October
GPV Forum and AGM	Friday 21 October
ACIR Training	Tuesday 25 October
Immunisation Network	Wednesday 26 October
Nursing in General Practice Network	Thursday 27 October
GPL Network	Tuesday 8 November
IM & e-Health Network	Thursday 10 November

Links with health care services

Aged Care & Palliative Care

Lee: l.stamford@gpv.org.au

Tri-State Aged Care Conference – call for abstracts

The Tri-State conference is an annual event organised by the aged care peak bodies in Victoria, New South Wales and South Australia. In 2012 the conference will be held in Albury from February 26-28.

The conference theme is: *Aged Care: The New Frontier* and will look at the future of aged care as the industry embarks upon the journey into a new era of aged care provision following the 2011 release of the Productivity Commission's report.

The changes to the operation of the industry are likely to be significant, and therefore, the conference will seek presentations that help outline what the future service delivery of aged care will look like and how the industry can deliver new directions of service provision to a diverse and ageing population.

International Association of Gerontology and Geriatrics Asia / Oceania Regional conference

When: 23 - 27 October 2011

Where: Melbourne

Every four years, the Asia / Oceania Region of the International Association of Gerontology and Geriatrics coordinate a major conference to highlight the latest developments in the area of ageing. In 2011, the Australian Association of Gerontology, in collaboration with the New Zealand Association of Gerontology, is hosting the 9th Asia / Oceania Congress of Geriatrics and Gerontology in Melbourne, Australia, from October 23-27.

The conference theme is *Ageing well together: regional perspectives*. It integrates the broad perspectives of ageing well from our diverse region, focusing on the key areas of health, function, psychological, social and spiritual well-being. Critically, as these ageing issues affect everyone - family, friends, the broader community and those working in the area - the different approaches, discussions and leanings from the conference will inspire us to reflect on our own current practices and systems.

To view the full program and to register to attend, visit: <http://www.ageing2011.com>

New aged care complaints scheme

The Aged Care Complaints Scheme (the Scheme's) improved management framework took effect from 1 September 2011. The improved framework is a result of the Australian Government's decision to implement recommendations from the independent Walton Review to improve the Scheme's operations, timeliness and transparency. This will involve expanding the range of resolution options, encouraging local resolution where possible, staff training and development, and broadening review rights.

Reforms are being delivered over four years through to 2013-14. Many improvements have already been rolled out to strengthen the Scheme's capacity to respond to complaints about Australian Government subsidised aged care services. The improved Scheme offers:

- A focus on achieving timely resolution of concerns
- A more flexible approach to resolving concerns
- Support for local resolution where possible
- Risk assessment of individual complaints
- Strengthened procedures
- Improved information for consumers and providers
- Greater transparency in how we operate

To reflect these improvements, the Department has updated their communication materials. These materials explain how the strengthened Scheme works and aim to meet the information needs of aged care recipients, their carers and families, and aged care providers. These are downloadable from: <http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-complaints-index.htm>

Pathways into aged care – AIHW report

The Australian Institute of Health and Welfare (AIHW) has released a report on the care pathways of older Australians through the aged care system for two years following their first assessment for such services. Care pathways are analysed according to the long-term care setting recommended by the ACAT.

In this report, analysis concentrates on the cohort of 34,400 people who had an ACAT assessment in 2003–04, and who had not previously used aged care services.

One-quarter of ACAT clients—including some recommended to live in residential aged care—did not use aged care services in the two years after assessment, with only a small proportion dying shortly after assessment.

Results suggest that use of community care delays entry into permanent residential care. For example, for people recommended to live in low-level residential aged care:

- 43% of those who had used both residential respite and community care had accessed permanent residential aged care within 12 months.

- A similar proportion (46%) of those who had used neither residential respite nor community care had accessed permanent residential aged care within only 3 months.

Results also suggest that timing of the use of community care is important in delaying entry.

Further analysis is currently being done to assess the relationships between use of care services over time and client demographic and health characteristics.

The *Pathways in Aged Care* report is available at: <http://www.aihw.gov.au/publication-detail?id=10737419871&tab=2>

Victorian Carer Services Network – respite seeker website

The Victorian Carer Services Network (VCSN) has developed the Respite Seeker website, an online tool that will make finding respite easier for carers easier and provide greater coordination between services.

Respite Seeker provides easy access to current respite information and streamlines searching for and booking respite. Respite services listed include day centres, outings and group activities, residential respite in aged care homes, overnight community respite and respite services delivered in the home.

To access the website, visit:

http://www.respiteseeker.com.au/?utm_source=infocast&utm_medium=email&utm_campaign=infocast

Staffing levels and skills mix in residential aged care facilities

The Australian Nursing Federation (ANF) has been funded by the Australian Government to undertake research into staffing levels and skills mix requirements of the residential aged care sector. The ANF will be working with Applied Aged Care Solutions (AACS) as consultants in undertaking this work which is, at this time, to be completed over the remainder of the 2011/12 financial year.

The project will be exploring links between residents care needs, assessment tools and the staff (and other resources) required to meet those care needs. In order for the project to succeed the ANF will be looking to work collaboratively with providers and other relevant industry partners. AACS will be piloting data collection in the coming weeks. To express an interest in this project please contact Trish Currie at (08) 8334 1900 or trish.currie@anmfsa.org.au

Living well in the final stages of life

The National Health and Medical Research Council (NHMRC) has released 2 publications to support Australians facing their final phase of life in making decisions about their transition to palliative care.

The first publication outlines a framework for health professionals and has been designed to guide deliberations over ethical aspects of providing care at the transition phase of a patient's journey through an advanced chronic or terminal condition, including cancer.

There is also a guide for patients (of all ages), families and carers and has been designed to facilitate what can be difficult conversations about ethically related issues which arise at this time of transition e.g. preferred type and place of care – hospice, hospital, or home.

NHMRC's Australian Health Ethics Committee has developed this information to guide the ethical care of people of all ages who have advanced chronic or terminal conditions.

For further information, please visit

<http://www.nhmrc.gov.au/guidelines/publications/rec31>

Department of Health palliative care policy directions 2011-2015

The Minister for Health, the Honourable David Davis MLC launched 'Strengthening palliative care: Policy and strategic directions 2011-2015' on 26 August 2011.

This policy will guide the work of palliative care services, consortia and government from 2011 to 2015. The actions outlined in this policy will equip specialist palliative care services in Victoria to meet growing demand for palliative care. The strategic directions in this policy are consistent with the Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan.

The policy is available for download from: <http://www.health.vic.gov.au/palliativecare/palcare-policy1114.pdf>

eHealth

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General Practice Data Governance Council new website

Health information has enormous potential to deliver benefits beyond the direct care setting.

Otherwise referred to as 'secondary use', the ability to analyse data that is de-identified (i.e. data stored in such a way that a patient's identity cannot be revealed) is necessary for improving patient and population health outcomes through, for example, regional analysis, monitoring quality and safety, research and epidemiology.

On 29 August 2011, the General Practice Data Governance Council launched its new website www.gpdgc.org.au. The Council is a group representing peak general practice organisations that aims to guide the profession on the appropriate and secure use of electronic patient information beyond the general practice setting.

The website features papers on the four identified principles of data use, privacy, security and quality. The group's Chair, Dr Mukesh Haikerwal AO, said that the need for clear, current, cogent guidance to general practices for managing health information as part of clinical practice is crucial and urgent.

Healthcare Identifiers – Preparing Your Practice

Below is a newsletter article on the Healthcare Identifiers Service, prepared for practices by Mary Saunders of Dandenong Casey General Practice Association. We encourage you to adapt the article by including your local contact information and include it in your newsletters to practices and other stakeholders. Thanks to Mary for a great effort!

From 1 July 2012 members of the public will be able to apply for their Personally Controlled Electronic Health Record (PCEHR). Now is the time for practices to start preparing for the time when patients will arrive requesting their PCEHR.

An important building block for the PCEHR system is the national Healthcare Identifiers (HI) Service which helps to identify people and organisations involved in healthcare across Australia through the allocation of a unique number (healthcare identifier) to each individual and healthcare provider. The HI Service which is operated by Medicare Australia will give individuals and healthcare providers' confidence that the right health information is associated with the right individual at the point of care.

The HI Service allocates three types of Healthcare Identifiers:

Individual Healthcare Identifier (IHI)

The IHI is a 16 digit number allocated to all individuals enrolled in the Medicare program or those who are issued with a Department of Veterans' Affairs (DVA) treatment card and others who seek healthcare in Australia. IHIs do not replace Medicare or DVA numbers and do not affect the way medical benefits are claimed. IHIs are not health records, the information held is limited to demographic information (such as name, date of birth and sex) which is needed to uniquely identify an individual.

Healthcare Provider Identifier - Individual (HPI-I)

The HPI-I is a number allocated to each healthcare provider involved in providing patient care. If you are registered with the Australian Health Practitioner Regulation Agency (AHPRA), the agency will allocate you with a HPI-I and advise you of the number. You can check this number by looking at your AHPRA renewal notice.

Healthcare Provider Identifier - Organisation (HPI-O)

The HPI-O uniquely identifies each organisation where healthcare services are provided for example medical practices, pharmacies, hospitals. Practices will need to apply for their HPI-O via Medicare Australia.

Information about the HPI-O registration process and forms are available via the Medicare website at <http://www.medicareaustralia.gov.au/provider/health-identifier/index.jsp>

Cradle Coast Electronic Health Information Exchange has also put together a useful guide and checklist to assist practices with the HPI-O application process it can be accessed via http://www.cradle-coast-ehealth.org.au/__data/assets/pdf_file/0005/108932/Howto-HPI-O-Health-Provider-Identifier-for-Organisations-v1.4.pdf

Suggested actions:

For a useful overview read the HI Service brochure tailored to healthcare providers available at <http://ehealthinfo.gov.au/assets/Hi%20Brochure.pdf>

Check your HPI-I (see your AHPRA letter)

Find your PKI (Public Key Infrastructure) details and confirm that it is current

Review the Cradle Coast checklist referred to above in preparation for applying for an HPI-O for your practice

For more information from Medicare on Health Identifiers call 1300 361 457 or email healthcareidentifiers@medicareaustralia.gov.au

Primary Health Care Liaison

Megan: m.buick@gpv.org.au

Service Coordination and Integrated Chronic Disease Management Survey

PCPs through their regional offices have been communicated with regarding the state-wide service coordination and integrated chronic disease management (ICDM) survey. The survey is part of the Primary Care Partnership (PCP) annual reporting requirements for the Department of Health. This process provides an opportunity for PCPs to engage agencies to self reflect on their current practice, and facilitates discussions around implementing service coordination and ICDM practice.

The survey will assist identification of agencies and sectors that may need support and those that are performing well and can lead practice. Following the survey a report will be provided by the department to give a local and state-wide comparison. The survey has been useful in assisting the Department in the past to focus on particular areas. Communication with General Practice is one area that has been identified over time that requires additional consideration and focus. It is through this data collection and analysis that has led to the increased focus by the Department on projects and areas of work such as; the Plan, Do, Study, Act (PDSA) Model for Improvement Project and the Department of Health guidelines on feedback to General Practitioners for community health services.

The survey and further information can be accessed through Primary Care Partnerships or www.health.vic.gov.au/pcps/coordination/cqi.htm and should be completed by the 31st October 2011.

What does this mean for Divisions/Medicare Locals?

Divisions as members of PCPs may be aware of the survey, and may have been invited to participate. It is up to Divisions/Medicare Locals whether it is relevant for them to complete the information. In some instances it may be relevant for Divisions/Medicare Locals providing direct patient services, for example, through the provision of mental health services through the mental health nurse program.

GPV encourages Divisions/Medicare Locals to communicate with their PCP about the relevance of completing the survey. Some Divisions have chosen to complete sections of the survey that are relevant, this enables your Division/Medicare Local to be registered as contributing to the survey.

A summary and analysis of last year's survey results is available here:

<http://docs.health.vic.gov.au/docs/doc/Service-Coordination-and-Integrated-Chronic-Disease-Management-2010-Survey-Report>

For further information or to provide feedback please contact Megan Buick at m.buick@gpv.org.au or on 9341 5206.

Contributions to the Victorian Service Coordination Practice Manual

GPV has been involved with the review of the Victorian Service Coordination Practice Manual. The manual describes how PCP member and associated agencies will implement Service Coordination. The review is nearing completion; the main areas of contribution by GPV have been in:

- care planning; describing GP involvement in care planning, including the range of chronic disease management items available to general practice through the MBS
- referral; strengthening the message that agencies should have policies and procedures in place regarding systematic referral and feedback to general practice, detailing key feedback criteria described in GPVs position statement and the Department of Health's guidelines for GP feedback in community health
- including a definition of Medicare Locals

The manual and associated resources will be released in early 2012. For further information or to provide feedback please contact Megan Buick at m.buick@gpv.org.au or on 9341 5206.

Systematic Care in General Practice

Bowel Cancer Screening Program

Martin: m.forrest@gpv.org.au

Faecal Occult Blood Tests

GPV has been funded by the Victorian Government Department of Health to run a program which raises the level of screening for Bowel Cancer by encouraging GPs to offer the test.

Faecal Occult Blood Tests (FOBT) is the first line of defence for this disease which is one of the most prevalent cancers within our community. Research shows that the most effective way of reducing the morbidities associated with the cancer is by screening at age 50 and over every two years. This is a simple test that can be conducted in the home, with kits available from Chemists, Pathology Centres and some surgeries.

The Commonwealth Government has been running a national program where tests are offered to Australians who are age 50, 55, and 65. This goes some way towards tackling the problem, but is not in accordance with the RACGP guidelines.

Clinics will be supported by participating Divisions and Medicare Locals to bring about an increase in the rate of screening. The ordering and completion of tests will be tracked using software tools, and the GP will also be provided with a decision making tool, that will assist in identifying eligible patients and prompt the GP to consider offering testing. Changes to the rate of testing will be monitored over the duration of the program. These software tools are in many cases already familiar to Division staff, the Pen CAT and Sidebar have been widely distributed and used successfully by a variety of programs. The additional functionality will provide clinical screening support for breast, bowel and cervical cancers.

The Cancer Council of Victoria is assisting by developing program resources and contributing towards a change management strategy for clinical staff, events will as soon as possible across the state to bring the program message to the General Practice community.

Service Agreements have recently been sent to the 23 Division CEOs who previously responded to an expression of interest. From this process, it was determined that up to 250 clinics will potentially participate in the program which runs until the 30th June 2012.

For more information, please contact Martin Forrest (03) 9341 5247 or email m.forrest@gpv.org.au

Closing the Gap

Bruce: b.henderson@gpv.org.au

The Deadly Health Radio Show

Thanks to the Northern Division of General Practice, Indigenous Health Project Office the Deadly Health Radio show is available for download, and there are currently a number of shows online.

<http://www.atsihealth.org/www/758/1001638/displayarticle/1002764.html>

Byalawa Resources

The Byalawa resources are online digital learning and teaching materials designed to help health sciences students across a range of disciplines learn to interview indigenous patients and clients. The project includes web based video, learning goals and lesson plans and was funded by the Australian Learning and Teaching Council. The video vignettes and learning points come from the stories of our Aboriginal partners. The Faculty of Health Sciences led the project team which included other University of Sydney health faculties and James Cook University. For more information, go to <http://www.byalawa.com>

Diabetes Prevention

Bruce: b.henderson@gpv.org.au

New system of Measures for Diabetes HbA1c measures

Laboratories in Australia are starting to report HbA1c test results in the new international standard mmol/mol units as well as the current percentage units. Dual reporting is expected to continue for about two years and then only the new mmol/mol units will be used.

For further information please contact your Pathology Provider

Lifestyle Modification Program

LMP funding for Divisions has now been finalised with DoHA and contracts for Divisions will be sent out in the next week. For those Divisions that had underspends in the **previous** year a date for repayment has not yet been set but will occur sometime in the period of November, December. Once Divisions have signed their new contracts they will be able to invoice GPV for the \$15,000 GST exclusive.

From Diabetes Australia Victoria

A useful article on Diabetic Food Products, prepared by Catarina Yeung - Accredited Practising Dietitian, Credentialed Diabetes Educator, DA-Vic.

Diabetic food products – is there a place for them in the nutritional management for people with diabetes?

People with diabetes were once advised to eat special diabetes food products such as diabetic jams, sugar-free chocolates and diabetic cakes. These products can be costly; often don't taste very nice and the artificial sweeteners used can cause diarrhoea if consumed in excess.

The dietary advice for people with type 1 and type 2 diabetes has changed over the years. A special 'diabetic diet' is no longer recommended and people with diabetes do not need to avoid certain foods or purchase special 'diabetic' and sugar-free products. Although lower in sugar, these products can also be much higher in fat and still with the same amount of energy. The advice has now been replaced with a healthy well-balanced eating plan low in saturated fat, sodium and added sugar, and high in fibre. In fact, this is the eating plan that all Australians with or without diabetes are encouraged to follow. Whether they are sugar free or not, treats can be enjoyed occasionally in small quantities.

Facts about some typical 'sugar-free diabetic' products:

Jam: The shelf life of 'diabetic' or sugar-free jams tend to be short and their taste compromised due to the artificial sweeteners used. Varieties such as 100% fruit spreads or low sugar jams are acceptable and can be consumed by a person with diabetes. These jams do contain sugar but a thin spread on multigrain toast will have minimal impact on a person's blood glucose levels.

Chocolate: All chocolate is high in fat, particularly saturated fat (the type of fat that raises cholesterol levels). In fact, sugar-free or 'diabetic' chocolate is much higher in fat than regular milk chocolate.

Cake: There is no such thing as a 'diabetic' cake. Ingredients such as flour, milk and dried fruits are also carbohydrates that break down into glucose during digestion. For a better alternative, people with diabetes can choose fruit-based cakes without the icing. The uses of dried fruit or fruit juice as a natural sweetener is recommended in baking, and always take care on portion sizes.

Other 'sugar-free' items: Ice-cream, biscuits, snack bars and fruit juice can never be 100% sugar-free. Whilst the manufacturer may not have added extra sugar into the product, ingredients such as milk, flour, muesli, cereal, fruit and dried fruits are all carbohydrate sources and will have an impact on the person's blood glucose levels if consumed in large quantities.

Diabetes Australia – Vic is the leading charity and peak consumer body representing people with diabetes in Victoria and providing vital support and information to the community about diabetes. For more information about food choices, your patients can speak to a DA–Vic dietician on 1300 136 588 or join one of our supermarket tours throughout Victoria (visit www.diabetesvic.org.au).

Health Benefits of Work

Dan: d.miles@gpv.org.au

General Practice Resources - Mailout

At the end of September, all divisions have been involved in a mail out to all general practices in Victoria. This mail out included posters for practices and information for GPs from the RACGP to help with increasing the awareness of the extensive evidence base outlining the health benefits of returning to suitable work in a timely way. Thank you to all those who assisted in this process.

To read more about the health benefits of work evidence base and the Australasian consensus statement, here is the link to the web reference <http://www.racp.edu.au/page/racp-faculties/australasian-faculty-of-occupational-and-environmental-medicine/realising-the-health-benefits-of-work/media-pack/>

Health Benefits of Work Program at GPV

As part of a 12 month pilot, GPV is working with Dandenong & Casey GP Association and Inner East Melbourne Medicare Local to deliver an education program. The education aims to improve the knowledge base, skills and confidence of those working within general practice to assist their patients with returning to work in a timely fashion. The program has an external evaluator, Dr Jane Sims, who is advising GPV in the set up of the program and evaluation framework.

For further information about the pilot please contact Dan Miles on 9341 5252 or d.miles@gpv.org.au

“NEW” - Burns Clinical Practice Guidelines – of interest to general practice

Victorian State wide Burns Clinical Practice Guidelines developed by the Victorian Adult Burns Service (VABS) at The Alfred, in conjunction with the Royal Children's Hospital Burns Unit are now available. You can view them at: www.vicburns.org.au

These clinical practice guidelines are targeting Victorian pre- hospital, hospital and community based clinicians who manage burn injuries outside the states' two burns services. Over 5000 burn injuries present to emergency departments across the state each year, approximately only 400 require specialist burns service care, with most of these injuries being managed by clinicians outside of the burns services. The guidelines encompass:

- Burns assessment
- Initial assessment and stabilisation of severe burns
- Guidelines for the management of minor burns that do not require the burns service expertise

The guidelines present best available evidence; they are benchmarked nationally and internationally and engaged other key stakeholders such as Ambulance Victoria, Adult Retrieval Victoria and metro, regional and rural clinicians who provided feedback regarding content.

Of particular interest for GPs are:

- downloadable Wound Care Charts and Burns Surface Area assessment charts
- Patient Information Sheets for skin care following burn injury; care of minor facial burns at home
- information regarding return to work for professional and patients
- referral information for both burns services (both urgent and outpatient)
- analgesic guidelines for minor burns (targeting GP needs)

Focus on drugs of dependence and injured Victorians

The Transport Accident Commission and WorkSafe Victoria are committed to working with medical practitioners and pharmacists to ensure the responsible, safe and legal prescription of medications to people with a transport accident or work-related injury or illness.

What is changing from 1 November 2011?

From November 1, 2011 the TAC and WorkSafe will increase this focus by only funding privately-prescribed Schedule 8 medication in exceptional circumstances. A clinical rationale must be provided by a medical practitioner in writing to the WorkSafe Agent or the TAC for an exemption to be granted. If an exemption is not granted, the WorkSafe Agent or the TAC will not pay for privately prescribed Schedule 8 medication that is available on the PBS. Exceptions to this policy will be made where the patient is ineligible for Medicare. Schedule 8 medications can be funded under the PBS where clinically appropriate.

PBS prescribing as a safety measure

The PBS provides a framework to ensure that medications are prescribed safely and that relevant authorities are informed. Due to the risks associated with S8 medications the TAC and WorkSafe will only fund S8 medications prescribed outside the PBS in exceptional circumstances.

Are TAC clients and injured workers entitled to the PBS?

All TAC clients and injured workers with a Medicare card are entitled to medications under the PBS. Medicare Australia outline that a PBS prescription can be written for a patient receiving compensation provided they are an eligible Australian resident and hold a valid and current Medicare card.

Please visit www.medicareaustralia.gov.au/pbs for more information on the PBS and compensation.

For more information about the TAC and WorkSafe's pharmacy policies, visit tac.vic.gov.au or worksafe.vic.gov.au

For further information regarding regulatory prescribing requirements visit:

Drugs and Poisons Regulation Group (www.health.vic.gov.au/dpu/reqhealth) refer to information sheets:

- Key prescribing requirements for medical practitioners
- Interventions by Pharmacists

Immunisation

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Kate: k.russo@gpv.org.au

Whooping Cough website

Sanofi Pasteur has launched a website for Australian healthcare professionals, public health workers and patients regarding whooping cough. The site features a video to help users recognise the symptoms of whooping cough and appreciate the seriousness of the disease. For more information, go to www.whoopingcough.com.au

Stay well, stay immunised

The Department of Health has developed a new resource regarding recommendations for immunisation for people who work with children.

People who work with children are at increased occupational risk of getting and transferring infectious diseases. Some of these can be very serious, for example whooping cough (pertussis) can be deadly for young babies, but will often be a mild illness in adults. It is important that people who work with children stay up to date with all the necessary vaccinations to protect themselves and the children they are in regular contact with.

The Department of Health has recently issued a fact sheet advising people who work with children to talk to their doctor about vaccine-preventable diseases such as whooping cough, measles, mumps, rubella, chickenpox, hepatitis A and seasonal influenza.

View the fact sheet online at: <http://www.health.vic.gov.au/immunisation/factsheets/factsheets/immunisation-for-people-who-work-with-children>

Progress towards control of Meningococcal Disease Workshop

To be held Tuesday 15 November 2011 at Grand Hyatt Melbourne 12.00pm - 5.15pm

For registration enquiries contact Danni Marchant at daniellm@chw.edu.au

Fax: +61 2 9845 1418 Ph: +61 2 9845 1402

Prevenar 13

As of 1st October 2011, Prevenar 13 supplementary dose is funded for children aged 12 months to 35 months. Prevenar 13 is licensed for children less than 6 years of age. If a parent would like a child over 3 years to receive a Prevenar 13 supplementary dose they would be required to pay for the vaccine and the child must be less than 6 years of age. For Prevenar 13 info go to www.health.vic.gov.au/immunisation

Vaccine Storage Tip: Please encourage practices to store their vaccines in their original packaging in the refrigerator.

Supporting HPV Immunisation in General Practice

In November 2006, the Australian Government announced funding for a HPV vaccination program. The HPV vaccination program is listed on the National Immunisation Program (NIP) Schedule and funded under the Immunise Australia Program.

An ongoing school-based program is routinely delivered to girls in the first year of secondary school. Girls in Victoria who commence the HPV immunisation course in Year 7 have until the end of Year 8 to complete the three-dose course free-of-charge. In addition to school settings, immunisations can also be obtained via public council immunisation sessions or a general practitioner. Therefore General Practice clinics in Victoria are required to provide the HPV vaccine (doses one, two and three) for free to all girls who meet these criteria. Older girls requesting HPV immunisation must purchase the vaccine at approximately \$150 per dose.

General Practice orders for the HPV vaccine need to be made through the Department of Health on 1300 882 008 and the National HPV Vaccination Program Register needs to be notified of each dose given. The Register can be contacted on 1800 478 734.

Vaccine coverage rates released by the Register show that in Victoria, only 73% of school girls are completing the full three doses required. This is a drop-off of around 10% of girls who have the first injection.

In order to increase uptake and completion of the HPV immunisation course, it's imperative that we continue to educate girls and their parents on the importance of the vaccine in helping to prevent cervical cancer, and to remind them of the time restriction they have to complete the course at no cost.

Cancer Council Victoria is currently rolling out a Department of Health-funded communications initiative to help address this issue. General Practices can assist by proactively promoting these key messages to girls in Years 7 and 8 and their parents, and by encouraging them to complete all three vaccine doses.

As part of the communications drive, Cancer Council Victoria has distributed to all Victorian secondary schools an article to be included in their newsletter and a letter to all parents of girls in Year 8. These items are available on the website and may be used to help guide you in initiating discussions with girls and their parents.

For more information please visit www.cervicalcancervaccine.org.au.

Nurse numbers on the rise

There are more working nurses, but 14,500 registered or enrolled nurses are still looking to get into the workforce, new survey data shows. The number of employed nurses has increased by 13 per cent since 2005, a report released by the Australian Institute of Health and Welfare (AIHW) has found.

In 2009, 276,751 or 86 per cent of registered and enrolled nurses were actually employed in nursing, up from 244,360 in 2005. However, nationally 14,500 registered and enrolled nurses were currently unemployed but looking for work. A further 15,000 nurses were identified as outside of the labour force altogether. On average, those in the nursing workforce worked 33.3 hours per week, a slight increase on 2005. 31,000 nurses reported having a second job, working on average an additional 12.6 hours.

Ninety per cent of nurses were employed as clinicians – working mostly in medical and surgical areas (32 per cent), followed by critical care (17 per cent) and aged care (10 per cent). Overall, 52,273 nurses were authorised as midwives. Of the non-clinical workforce, 37 per cent reported working in lecturing, education and supervising new nurses, and nine per cent as researchers.

Regionally, very remote areas had the highest supply of employed nurses and major cities had the lowest. Nursing continued to be a female dominated profession, with only 9.6 per cent of nurses being male in 2009, up from 7.9 per cent in 2005.

The average age of employed nurses was 44.3 years. However, the nursing workforce is an ageing profession, with the age profile of nurses shifting toward the older age groups in recent years. In 1999, the 40–44 years age group included the greatest number of nurses. By 2009, it was the 50–54 years age group that included the most nurses.

In 2009, there were 1,605 employed nurses who identified themselves as Aboriginal or Torres Strait Islander, representing 0.6 per cent of nurses for whom indigenous status was provided. The report's findings were based on data collated from the AIHW's annual Nursing and Midwifery Labour Force survey in 2009.

Sources:

<http://www.nursingreview.com.au/pages/section/article.php?s=Breaking+News&idArticle=21898>

Free online chronic care management training

AGPN in conjunction with APNA, Flinders University and Baker ID Heart and Diabetes Institute have been engaged by the Department of Veterans' Affairs (DVA) to provide training and resources in chronic disease management for GPs, practice nurses and community nurses who will be implementing DVA's new Coordinated Veterans' Care (CVC) Program.

There are 4 online modules in the CVC training program, with the first 6 hour module being made

available in August. All modules incorporate the latest evidence to allow you to upgrade your skills and further develop your understanding of the benefits and processes of multi-disciplinary care in a primary care environment. For training information, resources and to enrol, visit www.cvcprogram.net.au.

RCNA Community and Primary Health Care Nursing Conference 2011

When: 19-21 October 2011

Where: Wrest Point Conference Centre, Hobart, Tasmania

Leading the way to local care

The Community and Primary Health Care Nursing Conference (CPHCNC) aims to profile nurses and midwives working at the forefront of community and primary health care and across all primary health care settings. More importantly, the conference will reach those leading the way, bringing a diversity of care that is unique from other professions in primary health care.

Registration and conference program are available <http://rcna.org.au/conferences/cphcnc/welcome>

Quality Use of Medicines

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Australian Prescriber Journal

Australian Prescriber is a free, independent publication providing readily accessible information about drugs and therapeutics, published by the NPS. It covers topics for health professionals, students and consumers. The latest edition of Australian Prescriber has information about managing the adverse effects of anti-psychotic medications, and the management of a trial fibrillation. There is also an article on the management of aggressive and violent patients, and a downloadable wall chart on the emergency management of anaphylaxis. *Australian Prescriber* is downloadable from:

<http://www.australianprescriber.com/>

NPS RADAR

NPS also publishes regular updates through RADAR (Rational Assessment of Drugs and Research). RADAR provides independent evidence-based assessment of new drugs, new PBS listings and the latest research for doctors, pharmacists and other health professionals. The latest edition covers updates on PBS for sublingual buprenorphine products. RADAR is available at:

http://www.nps.org.au/health_professionals/publications/nps_radar

National Medicines Symposium

This biennial conference will be held in Sydney 24-25 May 2012. The theme is Building a Medicine wise Community. Call for abstracts will commence in October 2011. Further information is available on the NPS website.