



ISSUE NO. 1
March 2008

WHITSUNDAY PASSAGES

MEDICAL ADVISOR'S REPORT

GP role in an emergency

We are grateful that the recent floods in Mackay occurred without loss of life and we sympathise with those who have suffered property loss and damage. It is a timely reminder to us as a profession that our services may be needed in an emergency with very little warning and we need to be prepared prior to the event. At present there is no formal role for GPs in Mackay in an emergency, although plans have been prepared in the past but details are out of date and many of our current GPs have not been consulted.

After discussion with John Nugent at the Mater, a sensible simple protocol would be to ring the Mater and leave your name and number with an offer of assistance if you are available. Currently the Division does not have a satellite phone and is unlikely to be in a position to coordinate GPs.

We thank those GPs who did stay on at the Mater when other doctors were unable to reach the facility due to flooding, and to those who lent a hand at the after hours service in the weekend where there was a steady stream of flood related injuries and illnesses.

North Queensland GP Partnership

This group meets quarterly to discuss Division activities in health services in North Queensland. Workforce issues are always a part of the agenda and Mackay has done well in securing locums for our busy GPs.

The Chronic disease partnership and capacity for local partnerships initiative, together with Continuity of Care Planning has generated a flurry of meetings with service providers including Queensland Health but outcomes and goals are still under discussion and access to funding complex.

Mental Health

The mental health planning day earlier this month saw local mental health service providers meet together to share planning ideas for a healthier Mackay. The inspirational input of Jeff Cheverton from Queensland Alliance directed our focus to recovery and establishing services that will prevent chronic mental illness and encourage patients to resume functional and meaningful lives.

The Division has recently employed Carol Sinclair, a mental Health Nurse, and she is available to help you with mental health plans and coordination of care for difficult patients, including medication compliance, with a view to keeping patients in the community as they make their recovery.

GPLO

Some of you will realise that I have resigned from my position with Queensland Health. However, I will continue the task in a smaller capacity through the Division. Key issues are patient continuity of care with hospital discharge summaries and medication summaries high on the agenda. Argus enabled electronic transfer of hospital discharge summaries has been welcomed by many practices in Mackay, but until hospitals adopt electronic medical records and prescribing, the information transfer is likely to be incomplete, delayed and at times inaccurate.

Hospital waiting lists are another problem for our patients and can be greatly assisted by appropriate GP referral with complete patient information, especially accurate medication lists and recent investigation results. Patients referred without prior investigations can require a second outpatient appointment to discuss results, denying another patient an appointment. Please look at your referrals and see if that is what you would like to receive if you were the consultant.

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MEDICAL ADVISOR'S REPORT

Medical conferences and holidays

With another year underway, remember to take time out for leisure and recreation. Medical conferences are a good way to make this a tax advantage. Planning ahead you might like to consider:

Dermatology Internal medicine and surgery www.cme.au.com
Dubai & Poland- Easter 2009
Antarctica 10-19 Feb

Unconventional conventions www.uncom-conv.com
South Africa Sept/Oct 2008
South America May/June 2008

WONCA Asia Pacific regional Conference and RACGP ASC
<http://www.racgp.org.au/asc2008>
Melbourne 1-5 October 2008



The Lighthouse Award

Leading the way for cutting edge General Practices



During 2007, we asked practices if they had developed a new or dynamic way of doing your work to benefit patients and staff to send us the details. A box of chocolates and certificate was present to the best innovation idea for the month and a hamper to be awarded to best idea for the year.

The Program Advisory Team made the selection and we are pleased to announce that the overwhelmingly choice of **overall best innovation for the year** was for Andergrove Medical Centre for the introduction of ARGUS for the Mackay District.



**Congratulations Andergrove Medical Centre
Overall Best Innovation For 2007**

*For all enquiries relating to the newsletter,
including advertising, contact the Division ph 4953 4491
or Email: admin@mackaydgp.com.au*

Better Access to Mental Health

The National Better Access to Mental Health through Medicare Benefits Schedule Training for GPs, Psychiatrists, Psychologists, Mental Health Nurses and Practice Staff was held on Tuesday 19th February 2008 at the Grand Mercure. The event was attended by 47 Local Mental Health service providers from all across both the private and public sector. Module A: An Overview of Better Access give GPs, Psychiatrists, Psychologists, Mental Health Nurses and Practice Staff information about the current Medicare arrangements, expectations and roles of providers, use of care plans and outcome tools and referral options available to providers were examined and discussed. Queensland's Senior Medical Adviser for Medicare Australia Dr Dilip Dhupelia facilitated the event which included lively case study discussions. For information on the next better Access Training Session contact Karin Barron at MDGP.



Cathy Holland (Whitsunday Psychological Services), Dr Charles Voisot, Leda Barnett & Diane Barnett (Base Hospital)



Kate Reeves Saunders, Vicki Logie, Chris Brown, Dr Marijo Ramos (Sarina Family Practice)



Dr Jay (One Stop Medical), Dr Khan, (Hibiscus Medical Centre), Rick D'Amato (Hibiscus Medical Centre) & Heleen Dekker (MDGP)



Carol Sinclair (MDGP) & Dr Ronald Maligat (Fenner Family Practice)



Gary Batt (ATODS), Dr Virja Panday (ATSI), Niki Dean & Desley McIntyre (Wellsol)



Christian Strang (IMHS), Tonya Plumb (IMHS) & Roger Van DerVeen (IMHS)



Pamela Howell & Dr Mike Coward (IMHS) with Dr Katherine Jacoby (South Side Medical)



From the CEO's Hot Seat

Locum Recruitment Update

It is really great news that Dr Singh has arrived from the UK to work for the Division again. He will be doing a very short period of supported General Practice orientation with one of the other very experienced GPs in Mackay, and will then be working across a range of practices.

The Division is also delighted that another two GP Locums are likely to join the Division in the first half of 2008. It is a real concern for the Division that Mackay has lost its District of Workforce Shortage status. Negotiations are taking place with the Department of Health and Ageing in Canberra to allow the Division to bring in these two new IMG doctors (who have lots of family medicine experience). If you want to find out where any of the locums are working please go to the Divisions website (<http://www.mackaydgp.com>).

Reduced Waiting List for Division Psychology Services

As I have explained previously, if GPs keep using the 2710s to refer a large number of patients through to see psychologists, then the Division would be in a position to employ a fifth part time psychologist. The volume of 2710 referrals has continued at a high level of demand so the **Division's psychology service has expanded. So keep those 2710 referrals coming!**

The Division has also received some additional funding from the Australian Government to employ a sixth part time psychologist. There can be little doubt that over the next 12 months or so, people who have been emotionally affected by the flood in the region will begin to turn up in your surgeries. The Division would encourage you to refer these people to a psychologist if you think they would benefit from this counselling.

Staff Changes

A number of staff changes have taken place at the Division over the last few months. The newsletter has a list of all staff and the jobs they do.

Mental Health Nursing Services

The Division has established a Primary Mental Health Nursing Service. This Outreach Nurse is seeing patients who are at risk of being hospitalised or who have been recently hospitalised. She is working with people who could be described as having an on-going psychiatric disability. The group of people she is working with will be very different from the people you generally refer to the Division psychologists. She is also working closely with Dr Futter.

New Australian Government's Health Workplan

The rumour mill has it that the new Minister of Health has lots of changes on the drawing board for health care, including reviewing the complexity of items numbers. The level of co-operation between State and Federal Government Health Departments has improved. However, how this translates into improve health care for patients is yet to become evident. The Division is committed to working with all those who have a desire to improve the primary medical service for patients and to maintain the key role of General Practice in the health system. There does not appear to be any plan to roll out a super clinic in Mackay. With both a quality after hours service and no District of Workforce Shortage status, Mackay seems safe for the moment from dealing with this potential hazard.

Establishing a stand alone Allied Health Centre in Mackay.

As many of you will be aware Mary Butterworth has joined the Division as a Practice Manager to assist in establishing a major allied health centre in Mackay. The planning process continues as we work towards establishing a large range of allied health services that will be delivered through a Division operated fee-for-service model. As I have explained, the Division services will focus on both meeting the overall growth in demand for allied health services within the community, as well as better meeting the needs of disadvantaged people to access services at a reduced cost. Where government subsidies exist the Division will provide services at no cost to the clients. For more information please contact either Mary, a Board Director, or myself.

Mackay Ostomy Support Group

The Mackay Ostomy Support Group was formed in May 1999 and aims to foster support and friendship between fellow Ostomates and their families and to increase public awareness and knowledge of Stomal Therapy. Meetings are held on the Second Saturday every two months at the meeting room, Mater Hospital Mackay at 2pm.

For more information or general enquires contact Fay on Ph:4942 5135 or Gerry on Ph:4956 3409

Practice Support



Recording self-identified cultural background of patients

The RACGP Standards for general practice 3rd edition include a flagged indicator in relation to self identified cultural background of patients. The content of a patient's health record should be working towards including cultural backgrounds.

Patients can be encouraged to identify their cultural background either verbally or through a written form by practices. Some patients may give them this information without being asked.

There are several ways a practice might demonstrate that your practice is working towards recording self-identified cultural background of patients such as;

- A clinical audit to identify the patient health records which do not contain cultural identification information
- A sign at the reception desk or in the waiting room that outlines the importance of general practices knowing a patient's cultural background
- Include a section on new patient forms to record cultural background
- Staff education on the importance of identifying cultural backgrounds in relation to general practice
- Raising awareness in community groups of the importance of self identified cultural background to general practice
- In a practice newsletter

AGPAL Newsletter Dec 2007

Doctors' Health Advisory Services

The College is concerned that Fellows in crisis are unable to access the kind of support that they need when they need it. This support may be obtained from a range of services;

- Collegiate support from colleagues, Counselors, Regional committee members;
- General practitioner, Fellows should not dismiss their own symptoms and should consult that doctor if they are unwell;
- Doctors' advisory phone lines, some of which operate 24 hours per day. These services are usually strictly confidential.

Extract from the Doctors' Advisory Health Service (NSW) website;

The phone services are available to provide personal advice to practitioners in difficulties. The advice is used mostly in relation to drug and alcohol problems, stress and mental illness, or personal and financial difficulties. No problem is too trivial or too serious.

Doctors' Health Advisory Service – Queensland 07 3833 4352 24 hour service

New Practice Resource from RACGP

A new, exciting and free resource for affiliate practice manager and practice nurse members. Together with the Australian Association of Practice Managers, Australian Practice Nurses Association and the Department of Health and Ageing, the RACGP has developed *MyGP for the Practice Team*. This new *MyGeneralPractice* portal was created specifically for practice nurses, practice managers and members of the practice team. All practice staff in Australia will be able to download the application from March 2008, however as a reward for being affiliated with RACGP, our practice manager and practice nurse members will have first access to this resource.

MyGP for the Practice Team brings together many of the resources you might use on a daily basis to help you save time. By using one simple application you can access government resources, forms, information about practice procedures, quality clinical resources and much more. We will continue to add resources to the application so if you have any ideas or feedback in this regard, please email us at the address below.

All RACGP affiliate practice nurses and managers have been preregistered with a user account; you will receive these details by 4 February. To download your own free version, visit www.mygeneralpractice.org.au and click on the 'Install' button. Please contact the helpdesk at contactus@mygeneralpractice.org.au or call 1800 284 789 if you have any problems.



Immunisation Information

November Quarter – Immunisation Re-Calculation Rates

| Age Range | Children (No) | Children Fully Immunised | Original Calculation Nov 2007 | Re-Calculation Nov 2007 | Increased |
|----------------|---------------|--------------------------|-------------------------------|-------------------------|--------------|
| 0 to 4 MTHS | 520 | 617 | 96.1 | 97.3 | é 1.2 |
| 4 to 12 MTHS | 1109 | 1163 | 87.3 | 90.6 | é 3.3 |
| 12 to 18 MTHS | 775 | 819 | 82.6 | 87.5 | é 4.9 |
| 18 to 48 MTHS | 4271 | 4263 | 94.2 | 94.4 | é 0.2 |
| 48 to 84 MTHS | 4805 | 4831 | 90.3 | 90.4 | é 0.1 |
| OVERALL | 11480 | 11693 | 91.1 | 92.0 | é 0.9 |

Immunisation News

FLUVAX VACCINE SUPPLY – 2008 SEASON:

CSL Biotherapies have confirmed that this year there has been a delay in producing the Fluvax vaccine due to the specific properties of two of the new strains (A/Brisbane-like and B/Florida-like strains) which have low yields and require longer time frames to produce.

As a result, the supply of the Fluvax vaccine into the PBS and private market will only commence in April. Supply of Fluvax vaccine to the Government for the *Influenza Vaccine Program for Older Australians* has already commenced.

Please contact the wholesaler to discuss the delivery of your practice's pre-season order of Fluvax.

New Medication available for Shingles

ZOSTAVAX[®] [zoster vaccine live (OKA/Merck)] is now available from wholesalers.

Indications: ZOSTAVAX is a zoster virus vaccine indicated for the prevention of herpes zoster (shingles), for prevention of post therapeutic neuralgia (PHN) and for reduction of acute and chronic zoster-associated pain in individuals 60 years of age or older. ZOSTAVAX is also indicated for the prevention of herpes zoster (shingles) in individuals 50-59 years of age based on a study demonstrating similar immunogenicity in this age group compared to those 60 years of age and older.

Dosing and Administration: Individuals 50 years of age and older should receive a single dose (0.65ml) of the vaccine by subcutaneous injection. Administer vaccine immediately after reconstitution to minimise loss of potency. ZOSTAVAX can be administered concurrently with inactivated influenza vaccine using separate syringes.

Presentation: ZOSTAVAX is available as a single-dose vial of lyophilized vaccine and a needleless syringe of sterile diluent in a composite pack.

Reimbursement: ZOSTAVAX is not currently funded on either the PBS, RPBS or via the NIP.

Storage: ZOSTAVAX must be stored refrigerated (2 to 8°C) until it is reconstituted for injection. The diluent may be stored at either room temperature (20 to 25°C) or refrigerated (2 to 8°C). Before reconstitution protect from light.

Want to know more? More information about herpes zoster, shingles and ZOSTAVAX can be found in the accompanying Product Information or at <http://www.csl.com.au/zostavax.asp> **ZOSTER PREVENT**



Immunisation Information

Vaccine Management

This article is a reminder about the importance of "Vaccine Management" and what can happen if policies and procedures are not implemented and adhered to.

Thousands revaccinated after shots spoil: *Poor refrigeration causes hundreds of thousands doses to go bad, CDC say.* **The Associated Press** updated 9:30 a.m. ET Dec. 19, 2007.

The following are excerpts from the above article:

"Every year, thousands of American children go through the tearful, teeth-gritting ordeal of getting their vaccinations, only to be forced to do it all over again. The vaccines were duds, ruined by *poor refrigeration*. It is more than a source of distress for parent and child. It is a public health threat, because youngsters given under strength vaccines are unprotected against dangerous diseases. And it accounts for a big part of the \$20 million in waste incurred by the federal Vaccines for Children program.

In one recent case in Sioux City, Iowa, more than *1,000 families* were notified by letter and telephone that they needed to get their children revaccinated. State officials found that the refrigerator at the clinic that administered the shots repeatedly dropped below freezing over a 17-month period in 2005 and 2006, potentially ruining the vaccines stored there". "We just didn't notice it," said Dr. Ray Sturdevant, president of the Prairie Pediatrics and Adolescent Clinic. Poor refrigeration has been blamed for similar problems elsewhere around the country over the past 2 1/2 years".

For any practice that did not attend a Vaccine Management Program information session, please call Joh at the Division to book a practice visit.

Medical Practitioners and the ACFI

The Aged Care Funding Instrument (ACFI) will be the assessment used to determine Government care funding for residential aged care facilities (RACF) from March 20. Existing residents will require an ACFI assessment during the twelve month period beginning 20 March 2008 as their existing funding classification expires.

ACFI assessments, which will be completed by the aged care homes, will not significantly impact on the work of GPs. New residents will require an ACFI assessment within two months of entering residential care.

The ACFI assessment may include medication charts, and also directives which GPs have written for particular health procedures. Comprehensive Medical Assessments (CMAs) are not required by the ACFI, however if one exists, the information may be used to complete an ACFI assessment.

Completion of ACFI will involve collating information about a resident's medical conditions and although diagnoses can be taken from existing documentation and care notes, GPs may be required to review or reconfirm the diagnosis of certain conditions. A diagnosis may be required to support a funding claim in two instances, one which relates to depression and the second which relates to behavior.

This may be necessary to prove medication and complex health care procedures have been appropriately authorised. Diagnoses do not need to be supplied in any specific form or format, however they must identify the name and profession of the person providing the diagnosis and be dated.

Further information from www.health.gov.au/acfi or from the Aged Care Information Line 1800 500 853



Quality use of Medicines



NPS Educational Visiting Program

The next National Prescribing Service educational visiting program will be on Diabetes focusing on the early use of insulin and oral antidiabetic agents. and will commence in early April 2008. Please look out for the flyer in the Friday fax. If you would still like a visit on the previous 'Osteoporosis' or 'Selective use of Antibiotics' programs, please contact Jonathan at the division.

NPS CLINICAL AUDITS

Update on the Clinical audits for GPs for QPI/PIP year 1 May 2007 – 30 April 2008

| Topic | Updates |
|--|--|
| Targeted use of antibiotics* | Certificates of completion were mailed out on 11 January 2008. |
| Optimising drug use in ischaemic heart disease (Clinical e-Audit)* | Certificates of completion were mailed out on 16 November 2007. |
| Management of hypertension* | <i>Feedback reports and Review phase packs</i> will be posted in February 2008. |
| Osteoporosis prevention and treatment* | <i>Feedback reports and Review phase packs</i> will be posted in March 2008. |
| Management of hypertension (Clinical e-Audit)† | Online enrolment closed. This is the last audit for the current QPI year ending 30 April 2008. |

*These clinical audits are included in the 2005–2007 triennium of the RACGP QA&CPD Program and ACRRM PD Program. NPS applies for 30 (category 1) points in the RACGP QA&CPD program and 27 (including 20 mandatory) points in the ACRRM Professional Development Program.

†NPS has applied for points in the 2008–2010 triennium of the RACGP QA & CPD Program and the ACRRM PD Program. Clinical audits qualify as an activity for the Quality Prescribing

NPS clinical audits available for the QPI year: 1 May 2008 – 30 April 2009

| Topic | Enroll | Collect Data | Complete |
|----------------------------|--------------|-----------------------------|---------------|
| Diabetes | March 2008 | March – May 2008 | November 2008 |
| Heart Failure | May 2008 | May – July 2008 | January 2009 |
| Clinical e-Audit: Diabetes | June 2008 | July – September 2008 | December 2008 |
| LABAs/corticosteroids | August 2008 | August – October 2008 | April 2009 |
| Clinical e-Audit TBC | October 2008 | October 2008 – January 2009 | April 2009 |

As with previous years, the advice is to COMPLETE CLINICAL AUDITS AS EARLY IN THE PIP YEAR AS POSSIBLE – DON'T LEAVE IT UNTIL THE LAST MINUTE!

HOME MEDICINES REVIEW

Just a reminder that if you or your practice are interested in utilising this valuable service then please contact Jonathan at the division for further information on the process. The division website also contains a range of resources including templates for Medical Director.

Pain Control Workshop

On the Evening of 23rd April we have arranged for a workshop on Opioids (including opioid switching and titration), NSAIDs, Shingles and quality use of medicines. Confirmed speakers include: Dr Sharon Roche - (director of Anaesthetics, Mackay Base Hospital) Dr Tony Jenkins, Dr Nicolae Crueru and Greg Kyle (Clinical Pharmacist from the university of Queensland). For Further information visit the events page of the Divisions Website www.mackaydgp.com/events.php



Quality use of Medicines



New in NPS RADAR for January/February

In line with monthly updates to the PBS, an interim *NPS RADAR* was published in January. An email alert was sent to subscribers on 7 January. The April print issue will contain the varenicline review and other forthcoming *NPS RADAR* reviews.

Varenicline (Champix) for smoking cessation New product PBS listed January 2008

Varenicline, a new non-nicotine drug for smoking cessation, was PBS listed on 1 January this year. In clinical trials more smokers randomised to varenicline had quit at 1 year than those randomised to bupropion or placebo. Only one full-course of PBS-subsidised varenicline can be authorised per person per year. A course of treatment with varenicline is 12 weeks and requires 2 prescriptions; the first for an initial 4 weeks of treatment and the second for a further 2 months of treatment. Varenicline should only be prescribed in conjunction with a comprehensive smoking cessation support and counselling program. Some psychiatric adverse effects have been reported with varenicline, so it should be prescribed with caution to people with existing psychiatric conditions.

The latest issue of *NPS RADAR* outlines the potential benefits of varenicline for smokers who wish to quit, as well as the potential harms of this new drug that require special attention. See the complete review on the *NPS RADAR* website (www.npsradar.org.au).

Also newly available on the NPS website are three new issues of *Medicine Update* for consumers that discuss:

- Alendronate (Alendro Once Weekly, Fosamax Once Weekly, Fosamax Plus) for osteoporosis in people at high risk of fracture
- Fluticasone with salmeterol (Seretide) for chronic obstructive pulmonary disease
- Varenicline (Champix) for smoking cessation.

AUSTRALIAN PRESCRIBER VOL 31 NO 1 FEBRUARY 2008

Articles include:

- The dilemma of polypharmacy [editorial]. SN Hilmer
- Long-term management of patients taking proton pump inhibitors. S Al-Sohaily, A Duggan
- 'Sulfur allergy' label is misleading. WB Smith, CH Katelaris
- Interpreting risks and ratios in therapy trials. I Scott
- On the correct use of eyedrops. M Steiner
- Diagnostic tests: Emerging indications for magnetic resonance imaging in neuroradiology. GA Bateman
- Neurocognitive effects of chemotherapy in adults. J Vardy.

Plus features:

- New drug reviews — nitric oxide, varenicline, zoster virus vaccine
- Letters to the Editor
- Medicinal mishap: Neutropenia with quetiapine. J Landau, K Lu, C Choo, P Greenberg
- Medicinal mishap: Cabergoline-induced valvulopathy. S Headrick, M Adsett, C Lander.

Practice Nurse News

RCNA - Launch of Nurse info Website

The Royal College of Nursing Australia has launched the new Nurse info Website <http://www.nurseinfo.com.au>.

This is an exciting new website providing a directory of all the information you could possibly need on nursing and midwifery in Australia. Developed by the Royal College of Nursing Australia and funded by the Department of Health and Ageing, the site is user friendly and aims to provide succinct and accurate information. The site went live on Monday 3rd December 2007.

Nurse info provides information for current nurses and midwives looking for information on issues like professional development or registration; those looking to re-enter the professions; students and individuals interested in nursing and midwifery as a career; and overseas qualified nurses and midwives wanting to work in Australia.

Date Claimer:

Boot Camp: Friday May 30th from 7pm to Sunday 1st June 1pm @ Action Challenge Camp. Flyer out soon. Limited to only 10 places, run in conjunction with Rockhampton Practice Nurses. More information in next newsletter.

Mackay Mental Health Planning Day

Local organisations who are engaged in mental health work came together on Tuesday 12th February 2008 at the Ocean International for a Mental Health Planning Day. The Mental Health Planning Day provided an opportunity for local mental health service providers to identify the need for improved services. The Planning Day had a focus on building industry partnerships that will improve patient outcomes. The aim of the day was to develop an overview of existing services and to map what else is needed to improve the regions mental health services. All agencies are dedicated to creating a local inter-agency plan that better cares for people with a mental health problem and their carers. Ultimately, the outcomes of the planning day will assist local mental health service providers to improve the quality of life and the mental health of the local community. Mackay Division of General Practice and Queensland Health were the co sponsors of the event.

The Mackay Mental Health Planning Day and a recently formed local mental health network group are a response to the Council of Australian Governments (COAG) Initiatives in Mental Health including the National Action Plan on Mental Health. The Australian Government committed \$1.9 billion over five years in the 2006 Budget aimed at improving the access to mental health services, and to provide additional support to people with mental illness, their families and their carers.



Sonetta Fewquandie, Leda Barnett
Beven Doyle, Karen Hale-Robertson,



Rebecca Chamberlain, Kym Rogerson,
Gillian Hogben



Fiona Millard, Karen Andrew,
Georgena Watt



Jeff Cheverton, Carol Sinclair,
Danny Hember



Kelly Biggs, Suzanne La Fontaine,
Nicola Chambers



Troy Vankerwyk, Alison Watson,
Wayne Horwood



John Langford, Christian Grieves,
Greg Bently



Cicely Knight, Annie Weinrich,
Mike Coward, Renee Ryan,
Angela Erskine

**Consumer Programs/Groups for 2008
Home and Community Health Unit**

| PROGRAM | DATE | TIME | VENUE | ROOM | COST | CONTACT |
|--|--|--------------|------------------------------------|---------------|---|--|
| March | | | | | | |
| Living Strong Support Group | 25th | 10am-12noon | Slade Point Community Hall | | Gold Coin Donation for morning tea | Samantha Hansen 4968 3823 |
| Lymphoedema Education Session | 27 th | 1pm | Mackay Community Health | Fern 2 | | Jocelyn Dewar 4968 3823 |
| April | | | | | | |
| Chronic Disease Support Group | 4 th | 9.30 – 11.30 | Mackay Community Health | Fern 1 | Gold coin donation | Julie Weir Shirley Bowman 49683823 |
| Diabetes Management Program | 3 rd -17 th Weekly Thursdays | 9.30-11.30 | Mackay Community Health | Fern 1 | Gold coin donation | Kirsty Bannon 49683 23 |
| Lymphoedema Support Group | 4 th | 12 noon | Mackay Community Health | Fern 1 | | Jocelyn Dewar – 4968 3823 |
| Headway Support Group | 4 th | 1–3.30pm | Mackay Community Health | Fern 2 | Gold coin donation for light lunch | Anne Jennings 49683823 |
| Lighten Up program | 1/4-20/5 weekly | 1-3pm | Mackay Community Health | Fern 1 | \$15 for workbook plus \$2 per week for afternoon tea | Samantha Hansen 4968 3823 |
| 50 and Better | 8 th | 1:30pm | Mackay Community Health | TBA | Annual \$2 membership fee | Anne Jennings 4968 3823 |
| Lighten Up Support Group | 21 st | 10-11:30 | Mackay Community Health | Fern 1 | Gold coin donation | Julie Weir, Cheryl Brooks, Shirley Bowman, Samantha Hansen 49683823 |
| Multiple Sclerosis Support Group | 21 st | 10am | St Vincent De Paul Regional Office | | | Jocelyn Dewar – 4968 3823 |
| Lymphoedema Education Session | 24 th | 9am | Mackay Community Health | Fern 2 | | Jocelyn Dewar – 4968 3823 |
| May | | | | | | |
| Chronic Disease Self-management Program (Aboriginal, Torres Strait and Australian South Sea Islander community) | 1/5-5/6 weekly Thursdays | 9am | Mackay Community Health | Fern 2 | Nil | John Kennell/Anne Jennings - 4968 3823 |

MDGP WELCOMES NEW STAFF

Name: Anette Goodchild
Position: Office Manager

After nearly 5 years as a stay at home mum I am very happy to be back in the workforce. I worked 7 years for Medicare Australia as a Branch Manager in Bundaberg and Kingaroy. I have lived in Mackay now for over 3 years and enjoy the lifestyle. My 13 yo daughter is a keen horse rider and in my spare time travel for her to compete. My husband works in New Guinea so I am kept very busy between work and looking after my 2 children. I'm enjoying my new role at MDGP.



Name: Carol Sinclair (RPN,RN, BN)
Position: Mental Health Nurse



Carol began her nursing career in Manitoba, Canada in '73, was recruited to Fresno, California in '78 to work with addictions, then did 5 years of community nursing in B.C., and for the past 5 years hospital acute mental health. Carol is a qualified generalist counselor. She became an Australian Massage/Bowtech therapist whilst raising 4 kids and she & her husband have been surf lifesavers over the past 10 years. She sees her role primarily as providing holistic care for clients with real or potentially harmful mental health issues and as a co worker for the psychiatrist, G.P. and psychologist. Referred clients will obtain a mental health assessment, care plan, and integrated therapy intervention.

Name: Bianca Toby
Position: Indigenous Project Officer

I am of Aboriginal and Torres Strait Islander descent. My father is an Aboriginal and South Sea Islander man, descended from the Bindal tribe in the Townsville region and my mother descends from Hammond Island in the Torres Straits.

I am now married to my husband, Clinton, who is an Aboriginal man who descends from the Gangulu tribe in the Rockhampton region. We are the proud parents of our baby girl, Taylah, who is now 20 months.

My family extends far and wide and I am proud to be apart of such a rich and passionate Indigenous culture.

My work background stems from Education – I have been a Secondary Teacher for 7 years – and took 2 years leave to be a mother. I studied at CQU in Rockhampton – graduated in 1998 and was appointed to my first school – Gladstone State High School in 1999. After spending 4 years in Gladstone I then put in for a transfer and was appointed to Mackay State High School and taught there for 3 years.

After being on leave for two years I now find myself at the Mackay Division of General Practice as the Indigenous Project Officer. I am excited about working in health and in particular indigenous health and look forward to venturing out in the community.



MDGP WELCOMES NEW STAFF

Name: Mary Butterworth
Position: Practice Manager

Mary has worked in General Practice for approximately 30 years. Mary joins the Division with extensive GP experience including being an accreditation surveyor. Mary has decided that she needed a career sea change and has taken the challenge of managing a super Allied health service for MDGP to support general practices in the Mackay District. Mary and her partner Darryl enjoy travelling the world.



Name: Cassie Stevenson
Position: Administration Trainee



Cassie was born in England and moved to Australia when she was 5. She has a passion for fitness and loves sports like hockey and snowboarding. Cassie recently finished grade 12 at St. Patrick's college in 2007. Cassie has joined the MDGP Admin team as an Administration Trainee and she is currently studying certificate 3 in business admin, medical. Cassie will be working within the allied health team for the next 2 months and already has proved to be a great attribute to the MDGP admin team.

Name: Angela Mutch
Position: Receptionist

When you call our office I am the friendly voice on the end of the phone ready to direct your call. I grew up in Mackay and after completing year 12 at Mackay High Moved to Brisbane & Gold Coast for 6 years. Last year I moved back and worked at the Daily Mercury in Advertising Dept.. I Have 2 beautiful dogs called Bella & Jock. I love dancing, movies horse racing and board games.



Name: Nicole Porter
Position: Casual Admin



After completing my year long traineeship within the engineering industry, I have found myself as the new admin assistant within the division. So far, my experience with working in the division has been somewhat interesting, as I am still trying to work out the medical lingo! I am currently trying to juggle working along with fulltime uni - I am studying to gain my accounting degree at CQU.

INVITATION TO ALL GPs

To join the GP Panels and Allied Health Expansion Initiative
Next meeting 6.30 pm, Wednesday, May 28 at MDGP

The Mackay Division panel has a membership which includes GPs, RACF managers, a physiotherapist, occupational therapist, and a neuropsychologist.

The Panel meets every three months with the aim of developing activities which improve both access to medical care and quality of care for residents of RACFs.

Core activities include issues of resident access to GPs and allied health service providers, development of protocols which help improve medical care for residents, and provision of education for RACF staff and residents.

Please contact Diana on 4953 4491 dkupke@mackaydgp.com.au

New Clinical Neuropsychologist

DEIDRE BRADSHAW, BSc, MSc (Clin. Neuropsych) MBPS,
DoN Clinical Neuropsychologist
River City Psychology Centre



My name is Deidre Bradshaw and I am a Clinical Neuropsychologist. I have returned to my hometown, Mackay, after having studied, lived and worked interstate and overseas for the past 17 years. I completed my Masters Degree in Clinical Neuropsychology at Melbourne University in 1996. In 1998 I left for the UK where I spent a total of six years gaining expertise in the assessment and management of patients with neurological disorders. I worked at Addenbrooke's Hospital, Cambridge, for two years and then on the Neurorehabilitation Unit at the National Hospital for Neurology and Neurosurgery (NHNN), Queen Square, London. I returned to Australia in 2004 and took up a clinical/research position with the Melbourne Neuropsychiatry Centre. In addition, I worked as a Senior Clinical Neuropsychologist on the Neuropsychiatry Unit at Royal Melbourne Hospital and at a secure extended care facility at Sunshine Hospital (Adult Mental Health Rehabilitation Unit, AMHRU). I have recently set up my own private practice in Mackay, which I have based at the River City Psychology Centre in Milton St. I also had my own private practice in Melbourne for two years. I continue to work clinically, spending one day per week at the Mackay Base Hospital, and two days per week at the Mackay Community Mental Health Service.

So what does a neuropsychologist do? A neuropsychologist is interested in brain-behaviour relationships, in particular, the assessment and treatment of cognitive disorders which may be present in a variety of neurological and psychiatric conditions, as well as acquired brain injuries. A neuropsychological assessment involves testing a person's cognitive skills (ie., memory, attention, concentration, problem solving, reasoning, judgment), and determining whether there are cognitive deficits as a result of an injury/illness. In addition, the assessment provides a profile of cognitive strengths and weaknesses, which assists in providing appropriate treatment and rehabilitation planning. You may refer to a neuropsychologist for an assessment in the case of a suspected brain damage following a Traumatic Brain Injury as a result of a work-related incident or motor vehicle accident, for example. You may also refer for an assessment to aid in the diagnostic process (ie., dementia versus depression), or to simply determine whether a person has cognitive deficits as a result of a neurological condition, including Multiple Sclerosis, Epilepsy, Encephalitis, Stroke, and Tumour. In addition, assessments are useful in the area of mental illness given the wealth of evidence for cognitive dysfunction in neuropsychiatric disorders such as Schizophrenia, Bipolar Disorder, and Major Depression. Furthermore, an assessment may assist in making important life/medical decisions, including whether a person is capable of driving, making a will, returning to work, or living independently.

How to refer to the Neuropsychologist

Fax Referrals to: 4968 3894

River City Psychology Centre

101 Milton Street, Mackay

Mobile: 0418 717 211

Email: deidreockssa@yahoo.co.uk

ACUTE REFERRALS OF CHILDREN AND ADOLESCENTS TO MACKAY BASE HOSPITAL

When you have a child or adolescent (<18 years) who you would like seen urgently at the Mackay Base Hospital or who you feel requires urgent admission please ring the on-call child and adolescent health doctor through switch (4968 6000). The exception for this would be a patient with a fractured bone or a patient who clearly needs surgery, where the direct referral should be to the orthopaedic or surgical teams. If the patient has a possible surgical problem the CAHS doctor will ensure that there is a referral to the surgical team after arrival at the hospital.

The CAHS doctor would plan to see the patient on arrival at the triage desk at the MBH ED unless arrangements are made to see the patient in the Child and Adolescent out patient area on week days. Alternatively during working hours, calls can be made directly to me (4968 6047 or via switch and paged).

If there are any concerns or questions about this policy please do not hesitate to contact me. We hope by having direct referral to us that this will ensure timely and efficient care for your patients at the Mackay Base Hospital.

Michael Williams
 Director Child & Adolescent Health
 Mackay Base Hospital
 Phone: 4968 6047
 Fax: 4968 6067
 Mobile: 0419 673 547
 E-Mail: michael_williams@health.qld.gov.au

HAVE YOUR SAY ON HOW THE MEDICAL WORKFORCE AFFECTS YOU

The North Queensland General Practice Partnership Group, has been in place since 2003, as a way of identifying issues common to both General Practice and Queensland Health. Difficulties in recruiting and retaining the medical workforce in North Queensland have been identified as contributing to many of the common challenges for government and the private sector. Another opportunity has been created so you can have a say on what is impacting on you and your practice.

The Joining Forces for North Queensland Medical Workforce project has been funded by the Department of Health and Ageing and Queensland Health to provide recommendations on how working together can improve the situation of those in the medical workforce. There is a recognition that this can't be done without input from doctors, who are experiencing challenges on a daily basis.

You are encouraged to participate in this process through whichever mechanism suits you. Please contact Penny Ison, Queensland Health on (07) 40801506/0447411055, or via email: penny_ison@health.qld.gov.au by 03/03/08, to arrange an appropriate date/time/consultation method. These will include Face-to-Face Interview, Telephone Interview, Written Survey, Submission, and Group Discussion.

This is a great opportunity to identify the issues which are important to doctors in North Queensland with all feedback and individual information from this process being kept confidential.

CAMPAIGN TO TARGET UNDERSCREENED WOMEN

The Queensland Cervical Screening Program is targeting over 160 000 Queensland women who are underscreened for cervical cancer.

Eligible women aged 20-69 years who are registered on the Queensland Health Pap Smear Register and have not had a Pap smear in the last four years will receive an invitation letter and brochure providing information about human papillomavirus, cervical cancer and the benefits/importance of regular Pap smears.

The mailout of invitations is set to commence in March with a staged rollout statewide until June 2008. The Queensland Cervical Screening Program will also promote Pap smears to eligible women during this period through advertisements in magazines, newspapers and restrooms.

The mailout will only target women who are currently registered on the Pap Smear Register. Women who have never been screened or were screened before the establishment of the Register in 1999 will not receive a letter but will be exposed to the campaign material described above. It has also been demonstrated that a health care provider's recommendation to have a Pap smear strongly influences a woman's decision to participate in cervical screening.

To support this campaign a brochure (CERV99) and an A3 poster (CERV106) are available free to GP practices. These can be ordered online under the resources section at www.health.qld.gov.au/cervicalscreening.

If you would like further information about this strategy to promote participation in cervical screening to underscreened women please contact the Queensland Cervical Screening Program on ph: 3234 1596.



CALENDAR OF EVENTS

* Workshops in italics are non-divisional activities.

| FOR | TITLE | DATE | TIME | VENUE | CONTACT/REGISTER |
|------------------|--|---------------|---------|------------------------|--|
| GPs | Diabetes | 27 March | 6:30pm | The Church on Palmer | Eli Lilly |
| GPs & PNs | <i>Sexual Health Course</i> | 29 & 30 March | All Day | TBA | Jean Martin UQ Ph: 3346 4813 |
| PNs | Practice Nurse Meeting "Changes to Immunisation Handbook" | 7 April | 6:00pm | MDGP | MDGP - Joh Ph: 4953 4491 |
| IMGs | IMG Forum | 9 April | 6:30pm | MDGP | MDGP - Val Ph: 4953 4491 |
| GPs | Pap smear Training | 19 April | All Day | Central Qld University | MDGP - Karin Ph: 4953 4491 |
| PNs & Admin | Emergency Medicine Training | 19 April | All Day | Mater Hospital | John MacIntosh Flyer out Soon |
| GPs | Emergency Medicine Training | 20 April | All Day | Mater Hospital | John MacIntosh Flyer out Soon |
| GPs, PNs, Psychs | Better Access Module 3 "Mental Health Case Studies" | 21 April | 6.30pm | Mercure | MDGP - Karin Ph: 4953 4491 |
| ALL | Diabetic Patient Resource Launch | 22 April | TBA | TBA | MDGP - Mandy Ph: 4953 4491 |
| GPs, PNs & RACF | Pain and Titration | 23 April | 6:30pm | Shamrock Hotel | MDGP - Diana & Jonathan Ph: 4953 4491 |
| GPs | <i>Cardiology Workshop</i> | 29 April | TBA | <i>Mercure</i> | <i>Sanofi-aventis</i> |
| GPs | Diabetes Management for GPs with Professor Prins | 30 April | 6:30pm | Mercure | MDGP - Karin Ph: 4953 4491 |
| GPs, PNs & RACF | Palliative care for People with Dementia | 8 May | 6:30pm | Mercure | MDGP - Diana Ph: 4953 4491 |
| PNs | Practice Nurse Meeting "Diabetes Patient Resources" | 12 May | 6:00pm | MDGP | MDGP - Joh Ph: 4953 4491 |

Whitsunday Passages is a monthly publication. It is a source of information, ideas and opinions for General Practice in the Mackay/Whitsunday region. The views expressed are those of the authors and do not necessarily represent or reflect the opinions of the Board of Directors, staff or the members of the company. We reserve the right to alter, omit or to edit articles. No responsibility is taken by the Directors, staff, members or others associated with the company for the quality of products or services promoted in advertisements or in any article. Information on a product or service should not be taken as an endorsement of that product or service.