



## Chair report

### Continued from p1

office and find out what we are up to.

You can call the Network office at any time with enquiries on 3284 5155. And jump on the website at [www.mbgpn.com.au](http://www.mbgpn.com.au) and have a look – lots of useful things are there and there is more to come!

We are always open to suggestions – go on, be daring, have a go – PARTICIPATE!

## Mental health group sessions

Psychologist Isla Gillespie will be running group sessions of focussed psychological strategies at the Redcliffe library. These sessions will be bulk billed. Please consider referring your clients under the MBS Item 80120.

- February 13 Signs and symptoms of depression
- February 27 Improving self esteem
- March 13 The nature of stress
- March 27 The importance of lifestyle factors: diet, exercise, sleep habits, caffeine, drugs, alcohol
- April 17 The ABC of social connectedness
- May 15 Structured problem solving
- May 29 Assertion skills
- June 5 Goal setting

Future group sessions will cover topics such as anger management, signs and symptoms of anxiety, changing negative thinking.

Bookings can be made by phoning 3284 1058.



## 'No Show' Fee

Paul Sutton

**O**N AVERAGE SIX PEOPLE DON'T show up to each Moreton Bay General Practice Network education workshop costing us a considerable amount of money per year!

Whilst most of our professional development and other events are free to you, they aren't free to put on.

It's not just the money, food or resources that are wasted when people don't show but the opportunity for others to attend in their place. Many of our events book out early and have waiting lists.

We also have sponsors who provide their resources to help us put together the quality education we offer. It's also disappointing for them when expected numbers are down.

For all of these reasons, Moreton Bay General Practice Network has decided to implement a 'no show' policy and charge a fee for those who register and don't show up without 24 hours notice.

From 1 January 2009, people who

register for our free professional development and other nominated events and who do not show up on the night without notifying us will be charged a \$25 'no show' fee.

For events where you do pay a fee, refunds will not be available unless we receive a cancellation at least 24 hours before. We understand emergencies, family matters and illness may stop you from attending. In these instances, we'd appreciate a phone call the next day and you won't be charged or if you are able to send a colleague in your place that would be greatly appreciated.

Many events also depend upon minimum numbers to make it a viable exercise. We'd appreciate it if you can make cancellations as soon as you know you can't attend. This way we can offer your place to someone else and will have a more accurate idea of numbers.

We know this won't inconvenience the majority and we hope you understand the need to tighten our approach.

## National Bowel Cancer Screening Program

**D**URING 2009 THE NATIONAL BOWEL Cancer Screening Program will continue issuing invitations to participate to everyone turning 50, 55 or 65 between 2008 and 2010.

It is important that all general practitioners and practice staff are aware of the correct referral process for participants of the Program with a positive Faecal Occult Blood Test (FOBT) result who require further assessment.

The NBCSP 'Assessment Form – Referred for colonoscopy / Not referred for colonoscopy' needs to be completed for all patients with a positive screening result. A copy needs to be forwarded to the Program's National Register and another copy must accompany the clinical referral letter. For patients accessing the public sector, both the Assessment Form and referral letter need to be forwarded to the local Queensland Bowel Cancer Screening Program Gastroenterology (GE) Nurse Coordinator. Contact details for both the National Register and GE

Nurse Coordinator are outlined in the "What to do with the NBCSP Assessment Form" resource/chronic disease/referral process page of the MBGPN website.

The Prince Charles Hospital remains the designated facility for all public sector assessment of NBCSP participants in the Brisbane North catchment, however any ongoing treatment or surveillance can be conducted at your patient's preferred facility. Referral for patients accessing the private sector for further assessment is as per usual practice, however the Assessment Form must still be completed and forwarded to the National Register.

Assessment Forms are available by calling the National Register on 1800 118 868. Electronic forms can be accessed at [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au).

Staff from the Queensland Bowel Cancer Screening Program are available to conduct practice visits to provide information about the NBCSP and local referral process. To arrange a visit please contact Michelle Hogan on 3139 4116.

# Australian Better Health Initiative

Liesl Counter

**A**S THE 45 YEAR OLD HEALTH CHECK workshops were cancelled due to lack of interest, education on this topic is offered to interested practices individually, either in the surgery, or in the MBGPN's education room. Please contact liesl@mbgpn.com.au if you would like to organise an education session, or if you need further information or resources on these health checks.

The last EPC/CDM educational 'Health Checks' workshop was held on 10 December and covered such topics as the over 75 Health Assessments, the 45 Year Old Health Check, the 4 Year Old Healthy Kids Checks, the Type 2 Diabetes Risk Evaluation item, and the Aboriginal and Torres Strait Islander Health Checks. Feedback of this session was very positive with most finding at least one of the topics pertinent to their practice. Participants received many useful resources to take back to their practices as well as a copy of the MBGPN EPC/CDM Flowchart.

The next workshop was 'CDM for Practice Staff' that was held on 21 February. This was a repeat of the workshop held in August 2008 for which we had approximately 30 attendees. All practice staff were welcome to attend, including Practice Managers, Receptionists, Practice Nurses or GPs.

The next EPC/CDM workshop will be 'GPMPs and TCAs'. This is planned for Saturday 7 March 2009 in the MBGPN's education room, and is aimed at being a small sized interactive workshop. This is a repeat of a workshop that was held in 2008. All practices should have received workshop invitations via the usual fax-out. Please contact liesl@mbgpn.com.au if you have not received this invitation or if you would like further information. Please note RSVPs need to be received by Monday 2 March 2009.

## EPC/Chronic Disease Management Flowchart

Great news! The MBGPN EPC/CDM Flowchart is now on the MBGPN website. ([www.6ys.com.au/mbgpn/unt\\_fix.html](http://www.6ys.com.au/mbgpn/unt_fix.html)) This is an interactive electronic tool that GPs, PNs and practice staff alike can refer to when needing guidance or resources in the enhanced primary care or chronic disease management areas.

This site is currently undergoing development as the resources behind each interactive item number box are still being up-loaded, so please be patient. Despite this, the flowchart can be used as a stand-alone tool to guide you in performing EPC/CDM Medicare items.

Any feedback that you have on this tool would be greatly appreciated. To submit feedback, for further information, or to organise a practice visit please contact Liesl at MBGPN on 3284 5155.

## Lifestyle Modification Program (LMP) Development

Moreton Bay General Practice Network is developing a Lifestyle Modification Program called 'Re-Energize' to which GPs can refer their patients aged 40 to 49 with lifestyle risk factors of type 2 diabetes. These lifestyle education sessions provide GPs with a locally developed and delivered, rebated (for eligible patients) LMP that they can refer patients to, subsequent to performing the associated MBS items (713, 717 or 710). The MBGPN's Re-Energize LMP will be fully accredited in March 2009 and aims to be operational soon after.

The MBGPN's Re-Energize LMP will be a continuation of the existing LIVE! program that has been developed by MBGPN with the assistance of outside health care professionals. The LIVE! Program will continue to be delivered locally and has a general lifestyle modification focus.

Both programs provide participants with education on such topics as: Healthy eating; Food label reading and shopping tips; Exercise; Self-esteem; Relaxation techniques; and methods to support ongoing lifestyle change.

Once operational, this LMP will be available at no cost to pension or health care card holders. There will however be a minimal co-payment required from non-concession card holders or private patients.

To register your surgery's interest in the Re-Energize or LIVE! programs, for a practice visit, or for further information please contact Liesl Counter or Paul Sutton on 3284 5155.

## MBGPN Website

John Stafford

The biggest changes to the website over the last month is the addition of more resources (under the 'Resources' tab).

They include:

### 1. Bulk billed Specialist Outpatient Clinics

These pages list the names of the clinics and the specialists held at Redcliffe and Caboolture Hospitals along with the Referral Form for them. Referrals to these clinics have to be direct to a Specialist (by name) rather than just to the specialist and details of how to make referrals are included.

### 2. Free resources

This page has a list of free Rural Health Education Foundation DVDs and the schedule of satellite broadcasts for early 2009.

### 3. Trauma Disaster and Flood

This is a series of downloadable brochures developed by the Mental Health Branch of Queensland Health for health professionals and the public on how to cope with traumatic disasters.

### 4. Health Privacy Guidance Material For GPs And Other Providers

More information from the Office of the Privacy Commissioner including information on fees that can be charged for patients to access their records, the use and disclosure of health information, sharing health information within a treating team, and sharing health information with relatives of an incapacitated patient.

### 5. Aboriginal and Torres Strait Islander Health

A number of links to from the AGPN and the Department of Health and Ageing websites, on Aboriginal nutrition, how to use Aboriginal-specific MBS item numbers, and the "Closing the Gap" report.

As always we are looking to meet practices' information needs and I welcome suggestions of other information that would be useful or that you have found and want to make accessible to other practices.

## New booklet

A new beyond blue booklet called *Taking care of yourself and your family after retrenchment or financial loss* is now available and is designed to assist Australians in looking after their health, well-being and families during tough global economic situations.

Please visit [www.beyondblue.org.au](http://www.beyondblue.org.au) to download this booklet (in PDF format) or for any other beyond blue resources.

## Advice update: National Human Papillomavirus Program

On 15 December 2008 the Australian Government updated advice about the National HPV Vaccination Program.

The community-based HPV catch-up program (delivered through general practice and community immunisation services), is provided for:

- 12 to 13\* (Year 8 in Queensland) to 18 year old girls who have not completed their course at school; and
- 18 to 26 year old women.

The program finishes on 30 June 2009 so to be eligible for free vaccine, all females in the above age groups must have started the course with their first dose of the vaccine on or before 30 June 2009, and complete all 3 doses by 30 December 2009.

\*Note - eligibility is from the age of the first year of secondary school.

## A new policy... National Women's Health

The Rudd Government has released a paper outlining the aims of a new national women's health policy. The policy will emphasise prevention, health inequalities in Australian society, and the social determinants of these inequalities. It will address the varied needs of all women at all ages, including Aboriginal and Torres Strait Islander women; women in rural and remote areas; women from culturally and linguistically diverse backgrounds, including refugees; and women from disadvantaged backgrounds.

For more information, including links to the background paper (Setting the Scene) go to [www.health.gov.au/internet/main/publishing.nsf/content/phd-women-policy](http://www.health.gov.au/internet/main/publishing.nsf/content/phd-women-policy)

# Focused Psychological Strategies

**F**OCUSED PSYCHOLOGICAL Strategies (FPS) are specific mental health care treatment strategies, derived from evidence based psychological therapies. They have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise. While FPS are derived from cognitive behaviour therapy and interpersonal therapy, they are not the same as 'fully fledged' CBT therapy or interpersonal therapy. Rather, FPS consist of a range of specific strategies drawn from CBT and Interpersonal Therapy.

FPS can be provided by a General Practitioner (GP) registered with Medicare Australia as having completed the necessary training.

To become registered for FPS the GP must have completed both Level One Mental Health Skills Training and Level Two Mental Health Skills Training, as accredited by the GPMHSC.

To find more about the required Level Two training programs standards please access the RACGP website at [www.racgp.org.au/gpmhsc/requirements](http://www.racgp.org.au/gpmhsc/requirements)

General Practitioners seeking Level Two accreditation within the Better Outcomes in Mental Health Care initiative and access to incentive payments must demonstrate knowledge & competence in:

### Psycho-education

- Including motivational interviewing

### Cognitive-behavioural Therapy

- Behaviour interventions
- Behaviour modifications
- Exposure techniques
- Activity scheduling

### Cognitive interventions

- Cognitive therapy

### Relaxation strategies

- Progressive muscle relaxation
- Controlled breathing

### Skills Training

- Problem solving skills and training
- Anger management
- Social skills training
- Communication training
- Stress management
- Parent management training

### Interpersonal Therapy

- Especially for depression

*(There is flexibility in the program to include, for example, narrative therapy for Aboriginal and Torres Strait Islander people.)*

GPs who have attained Better Outcomes in Mental Health Care initiative registration are required to demonstrate a commitment to ongoing Continuing Professional Development in the delivery of mental health services, through engagement with their peers in interactive learning activities.

FPS should be provided as part of an integrated GP Mental Health Care Plan, which may be completed by the General Practitioner providing the FPS, or by another practitioner who has referred the patient for FPS.

Up to six sessions can be provided initially, with a further six sessions available on review by the managing GP (generally the GP who developed the GP Mental Health Care Plan), and each session must have a minimum duration of 30 minutes.

The Medicare Benefits Schedule provides for two time bands: 30-40mins (item 2721, rebate \$82.10, schedule fee \$82.10); 40+ mins (item 2725, rebate \$117.55, schedule fee \$117.55)

Enquiries from general practitioners about training courses available should be directed to:

RACGP Qld

Program Coordinator: Ms Dianne Lane  
or

Administrator: Ms Jill Burnett

PO Box 1616 Coorparoo DC Q 4151

T 07 3456 8944

F 07 3391 7009

[qld.qacpd@racgp.org.au](mailto:qld.qacpd@racgp.org.au)

Enquiries from general practitioners about prospective applications should be directed to:

GPMHSC secretariat

T 03 8699 0554

[gpmhsc@racgp.org.au](mailto:gpmhsc@racgp.org.au)

# Mental health news

Mohammad K. Khayrolomoor

**C**HILDREN WHOSE PARENT(S) experience mental illness or alcohol/drug problems are identified as one of the most 'at risk' groups within the population for developing their own mental illness.

The Redcliffe-Caboolture KoPiNG Program works in partnership with families and community agencies with a view to preventing or reducing these children's risk of developing mental illness, conduct disorder and drug/alcohol problems, or ameliorating existing mental health issues. RC-KoPiNG offers group support and strength-based early intervention for children who have a parent or sibling diagnosed with mental illness or dual diagnosis.

The Program helps children and young people to:

- Understand mental health issues affecting their family
- Strengthen resiliency and coping skills to effectively manage their worries and life stressors
- Deal with stigma and misunderstandings
- Connect with and mutually support other children in similar situations
- Establish personal and family supports within the extended community

Referrals are now sought for 'Gaining Ground' (age 14-17) and 'Middle Earth' (age 10-13) groups. 'Kids Club' (age

6-9) is under development for roll-out by October 2009. Groups are organised once 8 eligible participants are referred for a group. Groups run during school hours, one day per week over three consecutive weeks. There is no cost involved.

This program may be beneficial for some of your young patients or adult patients' children. Referrals are accepted at any time by phone, fax or email by contacting Lucianne Alit (KoPiNG Co-ordinator), Redcliffe-Caboolture Child & Youth Mental Health Service.

T 5499 3100 F 5499 3171  
Lucianne\_alit@health.qld.gov.au. Or

Referral forms and brochures are also available by contacting Kathie Jenssen the MBGPN office T 3284 5155.

## Article of the Month

Finally, the article of the month is Guthrie, E. *Medically Unexplained Symptoms in Primary Care - Advances in Psychiatric Treatment*. 2008, Vol. 14, pp 432-440

Copies are available on request and you can contact me on T 0448 741 736 or Mohammad\_Khayrolomoor@health.qld.gov.au. The article is also available for download from the mbgpn.com.au resources page.

# Indigenous health

**T**HE STATE OF ABORIGINAL AND Torres Strait Islander health is appalling and one that needs concerted action to improve.

The Government has committed additional funding to improving Aboriginal health, especially in the form of Aboriginal and Torres Strait Islander health checks and adult immunisation.

The Moreton Bay General Practice Network also has a commitment to improve Aboriginal Health and has begun a process of engagement with the local community groups and Aboriginal and Torres Strait Island local health forums to increase Aboriginal involvement with general practices.

We will be using two avenues to improving Aboriginal involvement with practices.

The first is to help practices to become more responsive to Aboriginal and Torres Strait Island needs. Some of the strategies we are developing for this are to improve the recording of Aboriginality on patient registration forms, increasing the use of reminder systems for health checks, and helping to make practices more accessible to Aboriginal and Torres Strait Islanders. MBGPN has already increased the knowledge of available resources through workshops and on our website ([http://www.mbgpn.com.au/page/Resources/Indigenous\\_Health/](http://www.mbgpn.com.au/page/Resources/Indigenous_Health/)) and can also assist by loading templates onto Medical Director and Best Practice.

Our second avenue is to use Aboriginal and Torres Strait Islander networks to promote the  
*cont. sidebar p7*

# The Program of Experience in the Palliative Approach

The Program of Experience in the Palliative Approach provides an opportunity for primary health care providers to develop skills in the palliative approach by undertaking a workforce placement with a palliative care service (host site) with in a metropolitan or larger service. It has three components:

- Supervised clinical placement
- Integration of learning into the participants practice
- Post placement support

Please access the PEPA website for details:<http://www.pepaeducation.com/>

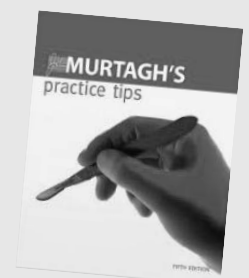
PEPA is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care program.

## Practice tips

Copies of Murtagh's Practice Tips (5th edition) are available free to practices.

John Murtagh, AM, is Professor of General Practice at Monash University and one of Australia's preeminent general practitioners. His 240-page book 'presents a solution to common technical problems encountered in everyday general practice' covering 18 chapters such as treatment of lumps and bumps, common trauma, musculoskeletal medicine and tips on treating children.

For your free copy contact MBGPN T 3284 5155 or [mbgpn@mbgpn.com.au](mailto:mbgpn@mbgpn.com.au)



## Improving access

Andrea Daly

Improving Access Pathways to Specialist Outpatient Clinics is an initiative currently underway in MBGPN. Clinical Reference Groups are being established in both Redcliffe and Caboolture with GP representation as well as hospital specialists and other key staff and will hold their first meetings in March.

The aim of this 12 month program is to work in partnership with Queensland Health to improve the specialist outpatient clinic referral process and reduce aged wait lists, hopefully resulting in more timely access to these clinics for your patients. We anticipate this may include trialing information management technologies such as e-referrals with Redcliffe and Caboolture hospitals.

The project will also look at creating pathways for patients, who may not require a referral to specialist outpatient clinics, to access treatment in the community setting. The Project is working with four identified specialties – Orthopaedic and Urology in Redcliffe Hospital and Paediatric and Gastroenterology in Caboolture.

GPs will be kept informed on progress throughout the year via our monthly and weekly newsletters, fax and letters. Educational and awareness sessions will also be run during the year to communicate any process improvement changes.

# Outbreaks: Hepatitis A, Measles, Whooping Cough. Invasive Pneumococcal Disease

## Hepatitis A

There has been an outbreak of Hepatitis A in Brisbane that may affect all of the population surrounding Brisbane.

Recommendations for Hep A vaccination, doses and schedules is on p143 The Australian Immunisation Handbook 9th Edition. Remember to promote to people working in food or health industry and travellers and to those wanting to protect their families. 2 doses are recommended, 1st dose now and 2nd dose in 6months.

Promote simple precautions such as routine and frequent hand washing before preparing food and after dirty activities (spread oral faecal route).

Please remember Hep A due on NIPS at 18 months and 2 years for A&TSI children.

## Measles

Queensland Health is alerting general practitioners to be on the look out for the symptoms of measles. Four cases of measles in children and young adults have recently been acquired in the Brisbane and Sunshine Coast areas from unknown sources. Additionally there has been one case in Brisbane acquired in Tasmania. Victoria, NSW, Canberra, SA, and the NT have also all recently seen cases of measles.

Please provide opportunistic vaccinations for unimmunised, age-eligible patients attending for any reason. All staff in your practice born since 1966 should have documented evidence of two doses of MMR vaccine.

Please remember MMR due on NIPS at 12 months and 4 years.

If you require another copy of the QH guidelines from Communicable Diseases

Branch for the management of measles in General Practice please contact MBGPN T 3284 5155.

## Whooping Cough

Newly released guidelines from the National Health & Medical Research Council (NHMRC) recommend a booster vaccination with a pertussis-containing vaccine (dTpa) for adults planning a pregnancy, for new parents as soon as possible after the birth of an infant, for other adult household members, grandparents as well as, carers, childcare workers and all healthcare workers.

A single booster dose of a pertussis-containing vaccine (dTpa) is the most effective way to prevent pertussis infection in adults with waning immunity. The booster will help block transmission of disease to vulnerable infants, who do not receive their full primary pertussis vaccination course until 6 months of age.

## Invasive Pneumococcal Disease

Invasive pneumococcal disease is now on the increase again.

Please encourage the uptake of vaccination in age eligible adults and completion of 7vPCV (Prevenar) in childhood NIPS for all infants 2months of age with catch up of children up to 2 years of age. Note 23vPPV at 18 -24 months for A&TSI children.

## Contact Numbers:

Moreton Bay Population Health Unit  
T 3142 1812

Moreton Bay General Practice Network  
T 3284 5155

Figure 1. DCP Software

Appointment day sheet action list for Dr. [REDACTED] [08/12/2008]

MR [REDACTED] Age (68y 6m 8d) 7:31 AM  
 Clinical Alcohol status not recorded  
 Items DMMR TCA GPMP  
 Imm's Pneumovax(0)[Age≥65] ADT(0)[Age≥50]  
 Measurements BP:(25/10/2006)=100/55 Height:(25/10/2006)=183 CVRisk UA Prot FootEx:(25/10/2006)=0  
 Podia:(25/10/2006)=/ / Dietic:(25/10/2006)=14/02/2005 Ophthal:(25/10/2006)=/ /  
 Visual Acuity:(27/01/2005)=R: 6/5 , L 6/5 [glasses:False] Phys Act'y Assess Medication Review  
 Tests Elec No Previous Glu 27/01/2005 FOB No Previous MicAlb 30/06/2004

Mrs [REDACTED] Age (50y 3m 11d) 7:45 AM  
 Clinical Fam Hx not recorded  
 Items DMMR  
 Imm's ADT(0)[Age≥50]  
 Measurements BP:(03/04/2008)=117/56 CVRisk UA Prot Phys Act'y Assess:(30/01/2003)=Low  
 Tests Glu No Previous FOB No Previous Mamgm No Previous



# Collaboratives News

Barbara O'Toole

**D**O YOU WISH IT WAS EASIER TO provide proactive care for your patients? Do you get frustrated by the lack of features in your clinical software?

Recently, a GP Dr Anton Knieriemen spoke at a Collaboratives Learning Workshop in Sydney and demonstrated his computer program that links with both Medical Director 3 and Best Practice.

It may be just the thing you're looking for if you answered yes to the above questions as it lets you know which of the RACGP Preventative Activities are due for the patient you are seeing, according to that patient's specific age and history.

Anton's program is called Doctors Control Panel (DCP) <http://pracsoft.utilities.com>.

About the program, he writes, 'I am passionate about preventive care and change principles. I leverage the software that I create to implement change in the way I practice medicine. A feedback loop for improvement has emerged. With better information access and workflow improvements new opportunities for innovation have arisen.'

The program DCP continues to improve, and new features are added regularly. It can read your appointment list at the start of the day, so that your practice support team can see what needs to be done (Mr Jones needs his BP documented and his Pneumovax updated. Mrs Smith hasn't had her weight measured.) They can then grab the patients while they wait to see you. See Figure 1 (bottom page 6):

After Learning Workshop One, Anton was concerned that practices were having to create spreadsheets of their diabetes patients manually. He added the capability for DCP to create and export a spreadsheet of diabetes patients, containing appropriate clinical information, colour-coded.

According to Dr Anton Knieriemen, the DCP has been developed with considerable effort and time expense. The DCP is not free. To make it free would undervalue the time I have spent creating the software on this site. It is charityware. If you find the software useful please consider making a small donation to UNICEF. Doing so will give you a warm fuzzy feeling and help make the world a better place.

You can hear and see the slides from

the Learning Workshop if you go to the site above, click on the info tab and then on the DCP Introduction Video. While you are there you should also look at the diabetes register section.



Figure 2. Screen Shot of the DCP popup panel which appears above the tray area of the desktop. It shows some of the range of prompts available. Headings are blue; items are coloured red if not done, yellow if overdue for repeating and green if up to date. Prompts are tailored to the individual patient.

The DCP uses a set of configurable rules to determine whether prompts are shown and uses information in the database to determine status. The DCP also allows printing of 'data collection sheets' and 'Action lists' for the day's appointments. This allows staff to implement the data collection, which the doctor can simply enter into software at consultation. The DCP also creates reports on basic statistics. The results of implementing the DCP are generally very impressive:

- greatly improved coherence with Red Book Guidelines particularly BP, height, weight and waist measurement.
- trends within the practice to utilise electronic recording of measurements within MD3 over paper files.
- reassuring when the DCP is 'green across the board'.
- increased utilisation of preventive care MBS Items and thus increased billings on these items.

Utilisation of the DCP is growing at a rapid rate.

## Chronic disease Self management

Trish Evans

Self-management of chronic disease in the Deception Bay area is a new and exciting project for MBGPN, and will centre on education for health professionals regarding the self management of chronic disease, specifically for patients in the Deception Bay area. There will be two education events this year on self management, and also an education event on motivational interviewing.

In addition, an introduction to chronic disease self management education event is tentatively planned for Wed 25 March, with Sean Lowry to present. Invitations have been sent out to all the GP's and key practice nurses involved in the management of patients with a chronic disease. Participation in this project is open to all general practices, allied health professionals and domiciliary agencies in the Deception Bay area, and we look forward to exploring the needs of GPs with regard to self management of chronic disease.

A steering committee of Deception Bay GP's will be formed to guide us through the lifetime of the project, and we hope to recruit one GP from each of the Deception Bay and Rothwell practices. Community education is also a large part of the project, and we will be engaging the Deception Bay community during the coming weeks.

### Indigenous health Continued from page 5

use of general practice, how to find general practitioners, the need for informing practices of their Aboriginality, to promote indigenous health checks and immunization. We have held meetings with the Brisbane Northside Local Health Forum Executive, the Aboriginal groups in our district, Queensland Health, and the Moreton Bay Regional Council. This consultation has revealed the need for information pamphlets to spread the word among their community – these are in preparation.

We would urge you to get behind this strategy and become a leader in improving indigenous health status. Contact John Stafford or Sharon Doyle phone 3284 5155 for further information.

## Hearing Services

New voucher application process

Do you have a patient with a hearing impairment? There are now changes to the Australian Government Hearing Services Program provided through the Office of Hearing Services.

New clients to the Australian Government Hearing Services Program are required to fill out a Voucher application form for a Hearing Services Voucher. You can help your patient fill in the form which can be downloaded via the Australian Hearing website at [www.hearing.com.au/info-for-gps](http://www.hearing.com.au/info-for-gps). Your nearest Australian Hearing centre can also provide your surgery with these forms. Simply call **131 797** to request a supply.

For your patients who have previously had a Voucher from the Office of Hearing Services (OHS), there is a new process in place. From 5 November 2008, your patient will receive a renewal letter on the second anniversary of their last Voucher issue.

Your patient will need to contact the OHS if their last Voucher was received more than two years ago. Australian Hearing can assist them with this process. Your patient can call **131 797** or drop into their local hearing centre.

Want to know more? Go to [www.hearing.com.au/info-for-gps](http://www.hearing.com.au/info-for-gps) to find out how Australian Hearing can help your patient with their hearing loss including hearing assessment, hearing aid fittings and follow up specialist hearing advice.

## Invitation

Participate in the collaboratives program

Barbara O'Toole

If you have been reading our newsletters over the last few months, you would be aware that four practices from within MBGPN have been participating in the Australian Primary Care Collaboratives (APCC) program. The aim of the program is "to encourage and support general practices throughout Australia in delivering rapid, measureable, systematic and sustainable improvements in the care they provide to patients, through the sound understanding and effective application of quality improvement methods and skills". The program focuses on improvement in three core areas: diabetes, coronary heart disease and patient access to timely and effective care.

The opportunity has arisen for more practices to participate in this program at a local level. More information about the APCC program can be had by going to its website: [www.apcc.org.au](http://www.apcc.org.au). If you wish to discuss this opportunity further or if you wish to discuss the program with a participating practice, please contact me on my mobile **0438 388 303** and I will assist you. I would suggest that you not delay with this if you are interested as the opportunity to participate passes to other divisions if we do not fill our quota.

## Seachange

in the new year?

Scarborough (North Brisbane). Part-time/fulltime—no after hours.

Modern, well equipped, computerised, family general practice on waterfront.

Full time RN cover. Excellent remuneration and fabulous hours.

Phone **3880 2111** for further details and start living again.

## Advertisement

### Attention Practice Managers and Principal Doctors

Does your surgery need assistance performing Care Plans or Health Assessment items (including home visits)? Would you like to have a Well Baby Clinic operating in your surgery? Total Nursing Solutions can supply Specialised Registered Nurses for immediate start in these areas. Contact Liesl on **0411 344 222**.

## Welcoming our new ATAPS psychologists

We are happy to inform you that we have two new contracted psychologists for referral to through the MBGPN ATAPS program (Access to Allied Psychological Services). They are Jeanette McLean and Rachael Moore both from Rhonda Lawson and Associates (The Kingsgate Centre, Suite 27, 44 King Street Caboolture). Phone **5498 9642**.

## December - Thursday Grand Rounds

Venue: Lecture Room 4, Redcliffe Hospital. 12.00pm to 1pm

- 05.03.09** **Problematic Opioid Use - Licit and Illicit**  
Dr Bill Genn (SMO, ATODS)
- 12.03.09** **Who's patient? Surely not mine! (Communicating patient transfers, getting it right the first time!)**  
Dr Donna O'Sullivan (A/Executive Director & Director of Medical Services)
- 19.03.09** **A Mish Mash of Mesh - Update of Pelvic Organ Prolapse**  
Dr Graeme Jackson (Director O&G)
- 26.03.09** **Radiology related topic**  
Craig Hacking (Radiology Registrar, Medical Imaging QDI)

Thanks

 **QWL Pathology.**  
For delivering the Moreton Messenger

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