Wellness model adapts services to help close the gap

Tucked away in suburban Morayfield, a short drive from Caboolture, an innovative outreach health service is busy “closing the gap by filling the gaps” in Indigenous healthcare.

Melissa Walker and Stephen Hall are modest when they describe how they simply help to provide the things their clients cannot get from regular medical or community support services.

“I’m an accredited mental health nurse. I’ve been in nursing for, oh goodness, over 21 years now,” says Melissa, who runs Wellness Specialist Centres with Stephen.

“And we deliver health and wellness services in a style that fits with Aboriginal and Torres Strait Islander people.”

Melissa introduces herself as a Palawa Tasmanian Aboriginal who grew up in Quandamooka country (the waters and lands around Moreton Bay) and is now raising her family in the Gubbi Gubbi community (Brisbane North).

She and Stephen agreed to discuss the support they provide through their health service model for a YouTube video, due to be released in the lead up to National Close the Gap day (March 17) this year.

Continued page 3
National Health Performance Authority (NHPA) figures released in February 2016 show the immunisation rate in the Brisbane North PHN region for 5-year-old children had reached 93 per cent in 2014-15.

The rate for 1-year-old children was slightly lower at 92.6 per cent, while the rate among two-year-olds had fallen to 91.4 per cent.

The NHPA has acknowledged that the addition of three new vaccines to the National Immunisation Schedule in January 2015 caused a decrease in the reported immunisation coverage among two-year-old children.

Brisbane North PHN Chief Executive Abbe Anderson said the region was making good progress toward the national target, despite changes to the National Immunisation Schedule.

"Brisbane North PHN continues to work closely with GPs and other primary healthcare professionals to lift childhood immunisation rates,” Ms Anderson said.

“The information in this report will be useful for planning a childhood immunisation public awareness campaign that Brisbane North PHN will run again this year, in the lead up to World Immunisation Week (24–30 April),” Ms Anderson said.

The NHPA report presents updated immunisation data for each of the 31 Primary Health Network regions and also by smaller statistical areas and postcodes.

This year’s report shows there have been significant increases in the one-year-old immunisation rate, since the 2013-14 report, in areas around Indooroopilly (4 per cent) and Kenmore, Brockfield and Moggill (2.3 per cent). These areas were the focus of a coordinated media campaign in April last year.

The NHPA figures also reveal that more work is needed to lift one- and two-year-old immunisation rates in the Caboolture area and among Aboriginal and Torres Strait Islander children.

From page 1

“We focus on primary health care,” Melissa continues, “so, helping people get to the doctor, regularly have their medication, make sure that they can understand what they need to do. And then we focus on supporting the families.

“We have a particular strength in supporting individuals with mental health needs and making sure they’ve got services wrapped right around them,” she said.

Their ‘wrap-around’ approach to services even extends to a 24-hour client crisis line. Lunch is also provided daily for needy clients and their families.

Along with the links Wellness Specialist Centres has established with local GPs, it also connects to both Caboolture and Redcliffe Hospitals.

“We work really well with the other organisations, Indigenous and non-Indigenous organisations, in the area,” Melissa said.

The enterprising pair has set up an extensive network. In addition to their liaison with local Aboriginal and Torres Strait Islander organisations, Melissa and Stephen work closely with local schools, justice groups and legal aid services.

“‘We run education programs,” Stephen says. “We currently run a diploma of business and we’ve had 16 clients complete courses so far.

“We also do men’s business. We go out on fishing trips, which is fantastic for the boys. They love it,” he added.

Art programs, cooking and gardening classes are among some of the many other activities in which clients can become involved at the centres.

Temporary accommodation is another important element of the model.

Melissa says she and Stephen began to offer accommodation around two years ago in response to high needs identified in the local area, particularly among clients fleeing domestic violence (DV).

“So we, I suppose, just started helping people,” Melissa said.

“It started in one of our demountable accommodations and it’s grown and almost taken over most of our space.

“We help anyone, from people requiring palliative care, through to people needing DV services,” she said.

“It is very much based on need,” Stephen added. “If they need a certain service, we will link them up with that service.”

It was this ability to adapt services to meet community needs which led Brisbane North PHN to partner with the Wellness Specialist Centres.

The project supports Aboriginal and Torres Strait Islander people with mental illness, and people from other minority groups, and aims to improve their access to primary health care services.

“When Indigenous organisations cater to Indigenous people, they have a really high success rate in actually making a difference,” Melissa says.

“What we do here, actually, it does make a difference. People cope better. We have had no client suicides, which is huge in our community.

Stephen Hall from Wellness Specialist Centres based in Morayfield.

They also link up with Blue Care, Meals on Wheels, North Brisbane Partners in Recovery, Caboolture Housing, the Department of Human Services and the Department of Communities and Disability Services.

According to Stephen, the idea to design their model around the idea of ‘wellness’ was a conscious decision to reflect the broad spectrum of services available from the centre.

Closing the Gap progress report

Prime Minister Malcolm Turnbull tabled the eighth Closing the Gap report in parliament on 10 February 2016 and acknowledged that progress on key Indigenous health targets had been mixed.

The report found the mortality rate among Indigenous children was down by around a third since 1998 and that the fully-immunised rate among under-fives had risen to 94 per cent.

But there has been no progress on closing the 10-year life expectancy gap between Indigenous and non-Indigenous Australians.

According to 2013 figures, Aboriginal and Torres Strait Islander males can expect to live to 69.1 years of age, on average, and women to 73.7 years.

To view the Prime Minister’s annual Closing the Gap report, visit http://closingthegap.dpmc.gov.au/.

Brisbane North PHN has partnered with the Institute for Urban Indigenous Health to deliver the Care Coordination and Supplementary Services (CCSS) program and the Improved Indigenous Access to Mainstream Primary Care (IIAMPC) program.

“I think we truly are closing the gap. We are making a difference. People are accessing the services in this area more frequently [and] we’re supporting them in that,” she said.

To find out more about Wellness Specialist Centres, visit http://wellnessspecialistcentres.com.au/.

For more information about the National Closing the Gap targets, see www.healthinfonet.ecu.edu.au/closing-the-gap/key-facts/what-are-the-targets.
Metro North Health Forum

Working together to improve health

Metro North Hospital and Health Service (MNHHS) and Brisbane North PHN are hosting the third Metro North Health Forum on Wednesday 1 June 2016 at the Royal International Convention Centre.

The forum will provide up-to-date information in the areas of:

- National Disability Insurance Scheme (NDIS)
- mental health
- better connected services for accessing the right care at the right time in the right place.

It will be an opportunity for you to learn first-hand how MNHHS and Brisbane North PHN are working together with a focus on integrated care.

The forum presents a networking opportunity for people working in health and community services as well as consumer and community groups.

Who should attend?

- health and community service providers
- non-government organisations
- consumer organisations
- health professionals
- professional associations.

Why should I attend?

- hear examples of what is and can be done to better integrate care
- gain an increased understanding of the collaborative work by MNHHS and Brisbane North PHN
- exchange and learn about opportunities for integration between services
- connect with people working across different sectors and exchange ideas for taking action to improve the health of communities in the North Brisbane and Moreton Bay region.

More information


Have your say on the Brisbane MIND program

Brisbane North PHN is currently seeking feedback on the Brisbane MIND program to assist with planning for 2016/17.

Feedback and input from GPs, allied health professionals and consumers will help us develop a program that better meets the needs of our communities.

Stakeholders are invited to complete a survey regarding current mental health services in primary care, barriers for consumers in accessing mental health services and feedback about referral processes and program delivery.

To complete the survey, visit www.surveymonkey.com/r/BrisbaneMIND.

Save the date for co-design workshops

Brisbane North PHN will be hosting two co-design workshops in April 2016.

The workshops, held in Herston on 19 April 2016 and in Caboolture on 20 April 2016 will discuss the priority areas that have been identified in our Health Needs Assessment, and potential solutions to address these areas.

For more information about the workshops or to register your interest, email myvoice@brisanenorthphn.org.au.
Several years of hard work is paying off for the team at Ferny Grove Family Practice, who have seen significant improvements in the quality of their patient data after working with their Primary Care Liaison Officer to improve their processes.

When Mr Shan Siva bought the practice in November 2013, only a fortnight out from accreditation, he said a lot of work was required to clear the administrative backlog and overcome longstanding issues. Data quality was only one of these areas.

Mr Siva said the tight-knit team attributed improvements to clinical and reception staff working together toward the same goal.

“Managing the team is very important, if the staff are happy it will improve their performance,” Mr Siva said.

Coupled with the support of Primary Care Liaison Officer Donna Hayward, Mr Siva said the practice began to tackle the issue of data quality by starting small and working up from there.

“Initially we focused on getting the basics right - allergies and smoking status, and we’ve achieved some significant improvements in these areas,” Dr Jinendradasa said.

“The next stage of our data cleansing was about ensuring we had height and weight record for all patients,” he said.

Dr Shan said the introduction of a new patient information form helped to capture the required data, and administration and clinical staff used every touchpoint with the patient to fill in any missing information.

Tools that integrate with medical software, such as Top Bar, gave the reception staff an opportunity to prompt the patient in the waiting room, especially patients who had not been at the practice for a long time.

Receptionist Vicki Freeman said keeping on top of data was often challenging, but processes for new patients and support from all staff meant that improving data quality was now part of everyday practice.

“It’s hard at times to remember to get it all in, but it’s been rewarding seeing the result at the end. It’s the teamwork, because we’re a small practice we work well as a team,” Ms Freeman said.

In testament to the hard work of the team, the practice is now above the PHN average for many indicators, celebrating substantial improvements across areas including smoking status, allergy status and alcohol consumption.

Commenting on the process of improving the practice’s data, Dr Shan said, “We’re ready to go ahead and make changes, if things are good ok but there are always areas that we can improve further,” she said.

“I would like to acknowledge the support and hard work of our whole team, without them each playing their part, we wouldn’t see the results we are seeing now.”

For more information on how Brisbane North PHN can support your practice to improve your patient data, speak to your Primary Care Liaison Officer or contact the Health Data team on 07 3490 3490.
State funding for integrated care applauded

Brisbane North PHN welcomed last month’s announcement from the Queensland Government that it will establish a $35 million fund to support integrated patient care.

Timely access to primary health care – for example, from a GP, pharmacist or community nurse – is a key element of integrated care and can help people to avoid hospitalisation for preventable conditions.

Brisbane North PHN Board Chair Professor Claire Jackson said the organisation had long been committed to facilitating strong partnerships between local GPs and hospitals in an effort to provide better patient care.

“The integrated care fund will significantly enhance this effort and is a welcome contribution from the Queensland Government,” Professor Jackson said.

Brisbane North PHN Chief Executive Abbe Anderson said the extra funding would support people to remain living healthier for longer in the community and in their own homes.

“Integrated patient care reduces demand on the state hospital system by ensuring people are only admitted when they really need to be in hospital,” Ms Anderson said.

“Primary Health Networks are ideally placed to work with hospitals and primary healthcare providers to keep people healthy and at home,” she said.

Brisbane North PHN is eager to continue working with the Metro North Hospital and Health Service to deliver better care for patients, especially those with chronic conditions.

In announcing the Queensland Government’s push towards greater healthcare integration, Minister for Health and Ambulance Services Cameron Dick said hospitals and health services were full of ideas for improving the patient journey.

To help those ideas become reality, he said the new fund would boost collaboration between the private, public and non-government sectors to better prevent and detect health issues.

Mr Dick said hospital and health services would compete for funding based on how innovative their ideas were, how well they supported partnerships and their potential to make a significant difference to the community.

The initial $35 million program will run until June 2018.

Health technology disposals program

Hospital and Health Service equipment becomes available to purchase from time to time, through a Queensland Health disposals sales program.

The Health Technology Sales site has been designed as an electronic, searchable catalogue of all medical equipment and health technology assets which Queensland Health has determined to be surplus to requirement and subsequently made available for purchase by interested parties.

All equipment is offered on an as-is where-is basis. Examples of equipment and assets are beds, scopes, dental equipment, CT scanners, ultrasounds, etc.

Organisations must register on the Healthy Technology Equipment Program database as a potential buyer of equipment on the Health Technology Disposals Sale Website.

To register, complete the Registration Form, uploaded to the PHN website at https://brisbanenorthphn.org.au/content/Document/Health%20Technology%20Sales%20Registration.docx and return to CommunityFunding@health.qld.gov.au with the subject heading: Registration Form - Health Technology Sales.
Brisbane North PHN recently spoke to the team at Better Access Medical Clinic in Bowen Hills about how the practice is well-placed to respond to the needs of fringe populations.

Run by Queensland Health Injectors Network (QuIHN), the Better Access Medical Clinic is co-located but separate to QuIHN’s needle and syringe program and alcohol and drug rehabilitation (non-residential) programs.

QuIHN clients make up just a portion of the practice’s patients, with increasing numbers of young people, LGBTI patients and people from culturally and linguistically diverse backgrounds also coming through the clinic’s doors.

Dr Merrilyn Williams said among the practice’s strengths was that clinical staff were used to asking the right questions and getting the right help for patients who present with challenging issues.

“We can afford patients the time and attention they need when they come to us with complex issues.

“We’ve been working in this space for a long time and have established connections with a broad range of local providers who we can connect our patients with for ongoing support,” Dr Williams said.

“As well as the full spectrum of general practice services, our patients can access onsite counselling, Hepatitis C treatment support, rapid HIV testing, Mirena implantation and access our in-house pathology service,”

“In addition to general sexual health testing, we complete quite a few sex worker health certificates because our patients know that when they come to our clinic they are in a safe space,” she said.

Practice Nurse Gary Keogh is passionate about the clinic’s role in supporting the local community.

“We’re seeing more young people coming through the clinic so far in 2016, and we are gearing up to respond to increased demand for specialised services when Hepatitis C medication becomes available on the PBS in March 2016,” Mr Keogh said.

The clinic operates on Tuesday, Wednesday, Thursday and Friday each week and patients can make appointments with GPs Dr Merrilyn Williams or Dr Neil Hart via www.healthengine.com.au or by phoning the clinic on 07 3620 8111.
Packed agenda for first aged care forums of the year

Brisbane North PHN will host the first Metro North Community Aged Care Forums for the year in March and April 2016.

Over 100 representatives from the aged and community care sector will meet at the North Lakes Community Centre on 16 March 2016 to hear about a range of topics including:

- severe behavioural response teams information
- the residential care liaison service
- the Staying Healthy, Staying Home project
- service provider updates from transport providers
- an update from the Aged Care Assessment Team
- the National Code of Conduct for healthcare workers.

Meanwhile, another 40 representatives are expected to attend the April forum at Caboolture Hub on 18 April 2016. This event will cover:

- the Regional Assessment Service
- palliative care
- advance care planning
- a service provider update from the Caboolture Superclinic.

Other topics will be confirmed closer to the April event.

These events provide valuable updates on current aged care reforms, projects and professional development opportunities to support providers to meet the challenges of this evolving and complex aged care environment.

If you are interested in attending and wish to receive notifications about upcoming aged care events, please email the Brisbane North PHN Community Care team on Community.Care@brisbanenorthphn.org.au or phone Program Administration Officer Aisling Iddir on 07 3630 7307.

ACAT transition to My Aged Care

From 1 February 2016, the Aged Care Assessment Team (ACAT) has commenced using the My Aged Care online portal for community referrals and patient assessment.

This means GPs and other community providers must direct their ACAT referrals to the My Aged Care gateway - www.myagedcare.gov.au for registration and screening.

Referrals will then be forwarded to the Community, Indigenous and Subacute Services (CISS) Central Referral Unit for registration and triage.

Burnie Brae wins national award for Healthy Connections

Healthy Connections Exercise Clinic has been awarded an Exercise and Sports Science Australia (ESSA) industry award for Exercise Physiology Practice of the Year 2015, with Healthy Connections staff member Renee Weller being awarded Graduate Exercise Physiologist of the Year.

The national award recognises exercise physiology practices that provide exceptional services and programs to their clients, or that have developed innovative services or service delivery models, across the health sector.

ESSA’s graduate of the year award, won by Healthy Connections’ Renee Weller recognises a graduate’s exceptional understanding, commitment and contribution to the profession within the first 12 months of accreditation.

ESSA chief executive officer Anita Hobson-Powell congratulated Healthy Connections on its outstanding achievement.

“We are delighted to reward the fantastic work carried out by Healthy Connections Exercise Clinic, which, each and every day, is making a real difference to the lives of Australians.”

Healthy Connections Chermside clinic was launched by Burnie Brae in November 2011, and a second clinic opened at Taringa in 2014. The two clinics specialise in exercise prescription and interventions for older adults.
About Zika virus

Zika virus is a mosquito-borne flavivirus, similar to dengue. It is named after Zika Forest in Uganda, where it was first identified in 1947. Zika virus typically causes a mild illness that lasts for 4–7 days and includes symptoms such as low-grade fever, maculopapular rash, headaches, conjunctivitis, myalgia and arthralgia. About 80 per cent of cases are asymptomatic.

Zika virus came to international attention on 1 February 2016, after the World Health Organization declared a Public Health Emergency of International Concern around possible links between Zika virus infection and microcephaly (small head size associated with an underdeveloped brain).

Further investigations are underway to identify whether a causal relationship exists between Zika virus and birth defects.

In 2007, the first outbreak of Zika virus infection was reported in the Pacific, on the island of Yap in the Federated States of Micronesia. Since then, outbreaks have occurred in multiple Pacific nations and in the Americas, where 26 countries currently report Zika virus outbreaks.

In the Pacific, outbreaks are currently occurring in Samoa, Western Samoa and Tonga. Detailed information on areas with Zika transmission can be found at www.cdc.gov/zika/geo/index.html.

Spread of the virus occurs principally through the bite of an infected mosquito of the Aedes genus. The two mosquito vectors implicated in transmission are Aedes aegypti and Aedes albopictus. Neither of these mosquitoes is found in Brisbane, making local transmission of Zika virus highly unlikely.

As at 8 February 2016, there had been a total of 26 cases of Zika virus infection reported in Australia since 2012, all of whom were infected overseas.


Work is also underway to develop specific national advice around the management of pregnant women who return from an area affected by Zika virus.

This is expected to be made available on the Department of Health website in the near future.

Further information on the public health aspects of Zika virus can be found at http://disease-control.health.qld.gov.au/Condition/697/zika-virus, or by calling Metro North Public Health Unit on 07 3624 1111.

Sexual health update from Metro North Public Health Unit

Focus on chlamydia testing

Chlamydia trachomatis infection is common – in fact it is the most common notifiable infectious disease in Queensland.

Rates have been increasing by 10–20 per cent per annum, prompting Metro North Public Health Unit (MNPHU) to alert GPs to the important role they can play in chlamydia prevention and control.

The Guidelines for preventive activities in general practice 8th edition (the red book) recommends annual chlamydia testing for all 15–19 year olds. Despite this, and for a range of reasons, few are tested in general practice.

Interesting new mathematical modelling shows that if only 20 per cent of people under 30 were screened each year for chlamydia, we would halve the prevalence of chlamydia in Australia in just four years.

General practice has the potential to make a huge difference to this disease and simple tests and single dose treatments help to streamline this process.

Testing for chlamydia is through a nucleic acid amplification test (NAAT) using a first catch urine sample, cervical or high vaginal swab.

Treatment can be administered as a single 1g oral dose of azithromycin or as a seven day course of doxycycline at 100mg twice a day. All partners of those infected should be tested but also treated presumptively.

Contact tracing prevents reinfections and further transmission and it should be initiated at the earliest opportunity.

Advice, support and assistance with notifying partners is available through MNPHU’s Contact Tracing Support Officer. Website and SMS means are now commonly used as an anonymous way of letting people know they should be tested.

For any further advice or information, please contact Dr Mandy Seel at MNPHU on 07 3624 1111.
New colposcopy service for women with an abnormal Pap test

Women whose Pap test result shows a change requiring further investigation can now be referred to the True clinic in Brisbane for a colposcopy.

A change on a Pap test may be investigated by colposcopy. This is a simple procedure where the cervix is viewed under magnification to identify where the change is on the cervix.

A sample can then be taken from the identified area to confirm the specific problem. Some problems may simply require a follow up Pap test or a further colposcopy; others may need treatment to remove the tissue change.

In launching the new service, True Medical Director Dr Vivienne O’Connor said “True’s doctors are trained and accredited to offer a diagnostic colposcopy service. “We are pleased to support GPs by providing their clients with a short waiting time and the peace of mind that this offers.”

GPs can refer clients directly to this service. A referral providing as much information about the client as possible, including relevant tests, is appreciated.

The referral should be addressed to Dr Tina Amies.

For more information, please contact the True colposcopy clinic on 07 3250 0200.

AMA Queensland News

Is your practice ready for Fair Work Ombudsman audits?

The Fair Work Ombudsman (FWO) has started a new education and compliance campaign in the healthcare and social assistance industries, which commenced in December 2015.

The campaign has been developed in consultation with key stakeholders including the AMA, and focuses on raising industry awareness of Australian workplace laws, providing education on these obligations where needed and improving compliance within the industry.

The FWO has indicated that the focus of the campaign is to ensure employers of reception and administrative staff in general practice and specialist practices are meeting their wage rate and record keeping obligations.

It is estimated that around 200 medical practices will be assessed by FWO inspectors.

Practices that are selected by the FWO to participate in the campaign will be directed to provide employee time and wages records for a recent pay period.

This sample should include (where applicable to the practice) a range of different employee classifications and employment types and must include all 457 visa employees.

The time and wages records for the selected recent pay period will need to specifically include the following information:

- payroll advice records or pay slips which clearly state amounts paid to employees, including base hourly rates of pay (or salary), loadings, penalties and allowances
- a sample payslip, which the FWO will assess against the payslip requirements prescribed in the Fair Work Regulations 2009. Compliance with payslip requirements will be one of the main areas of focus during the campaign, and FWO inspectors will have the discretion to issue on-the-spot fines for breaches
- attendance records (i.e. time sheets and rosters) showing hours worked by employees, including any overtime
- records of any hours where employees attended training sessions or staff meetings (note: inspectors will be looking to see that employees are being paid for these meetings if they are held outside an employee’s ordinary working hours)
- copies of any Individual Flexibility Arrangements (IFAs) made with employees
- copies of any apprenticeship or traineeship agreements.

AMA Queensland members can receive complimentary advice and support regarding the FWO audits.

Should any members be contacted by the FWO regarding the campaign and require assistance from AMA Queensland, they can contact the Workplace Relations Department on 07 3872 2222.

Not a member of AMA Queensland?

Join now to access free support workplace relations services and ensure your practice is compliant with the Fair Work Regulations: https://ama.com.au/join-renew
Meet our General Practitioner Liaison Officers - **Dr James Martin**

Brisbane North PHN is profiling each of our General Practitioner Liaison Officers through regular articles in Network Link.

Dr James Martin is a GPLO working with Brisbane North PHN and the Metro North Hospital and Health Service (MNHHS) in the area of rheumatology.


Brisbane North PHN recently spoke to Dr James Martin about his work.

**Tell us about your work:**

For eight years I have been a full-time GP in a small family-owned practice at Sandstone Point in the Moreton Bay North region. The majority of our patients are either retirees or from disadvantaged socioeconomic groups, presenting challenges that we rely on an outstanding practice team to address.

I have been a GPLO for almost three years and am most closely allied to Caboolture Hospital. I have particularly focussed on trying to improve rheumatology services in the area.

The advent of clinical streaming and creation of the dynamic and enthusiastic rheumatology sub-stream has allowed the specialty to design and enhance its own service delivery and greatly improved my opportunity to contribute to this.

**What prompted you to be involved in the GPLO program?**

I always gain most satisfaction from my work when it is not restricted to clinical general practice. When asked if I would like to be a GPLO it seemed a good opportunity to find out more about health care delivery, think creatively and try something varied and different.

**What have been some of the highlights from working as a GPLO?**

I have enjoyed the autonomy of the role as well as meeting and working with a variety of dedicated and enthusiastic colleagues in the PHN, MNHHS and community.

Having first-hand experience of how a process like streaming can lead to rapid, cost-effective benefits to patients and clinicians has also been very interesting and rewarding.

**Tell us about your conference abstract – “Going with the flow”**

I am going to talk about the streaming process, its effectiveness and the benefits of embedding a GPLO within the group. Streaming grants the specialty genuine power to shape itself and its future.

It provides a regular forum to highlight issues of genuine concern, formulate solutions in consultation with key stakeholders and collaborate to achieve these. This is often what we are trying to do as GPLOs but in a piecemeal fashion.

In streaming meetings I have access to key MNHHS rheumatology staff at a time they have set aside to consider service improvement.

I can contribute usefully both as a GP and GPLO to discussions and am aware of relevant developments at the PHN and within other specialties through my GPLO colleagues.

I am able to use my GPLO time outside the meetings to progress certain projects in a more timely fashion. I am going to highlight this with specific examples and have data to support some of these.

All GPLOs I have spoken to find effecting change within a health service feels like battling upstream. Using streaming often feels like one can achieve the same objectives much less stressful by “going with the flow”.

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Expertise just a call away at TPCH

The GRACE (GP Rapid Access to Consultative Experience) project will improve GPs access to medical expertise from senior members of The Prince Charles Hospital Internal Medicine Team.

GPs will be able to phone the hospital between 7:00 am – 7:00 pm seven days a week for expertise regarding assessment, management and treatment of patients requiring acute care.

The aim of the service is to:

• improve the link between GPs and acute services
• promote patients receiving the right care in the right place the first time
• get back to basics with a phone call, guaranteed to be answered
• provide same day or next day referrals for patients requiring acute care.

If you have a patient in your surgery today whom you are considering sending to TPCH Emergency Department ask the following:

• Is it a medical problem?
• Do I have working diagnosis?
• Is the patient haemodynamically stable?
• Do they need immediate specialist assessment?
• If you answer yes to all of these then call GRACE on 07 3139 6896

Calls will be answered by a senior member of the Internal Medicine team, either a consultant physician, medical registrar or a clinical nurse consultant.

From 29 February 2016, GPs will be able to access this support by phoning 07 3139 6896.

My Health Record update from the Department of Health

The Department of Health has released the first issue of a monthly digital bulletin to communicate key updates about the My Health Record with providers.

The first issue of the digital bulletin was released in February 2016 and focuses on:

• an overview of My Health Record
• the benefits of using My Health Record
• upcoming changes to My Health Record including: system improvements, new training opportunities, the automatic creation of records and more.

The bulletin also highlights new ePIP eligibility requirements.

From May this year ePIP general practices will need to contribute about five Shared Health Summaries per GP per quarter, to maintain eligibility for the incentive payment.

The key contribution required from general practices is the shared health summary information for their patients.

This will provide valuable clinical information for individuals and other healthcare providers involved in treating them.

Formal, written notification from the Department to general practices of the new requirements will occur in March.

Metro North Public Health Unit

Cryptosporidiosis: four-fold rise in our region

The North Brisbane and Moreton Bay region has seen a significant rise in the notification of cryptosporidiosis in recent weeks.

As of 14 February 2016, Metro North Public Health Unit (MNPHU) received 110 notifications of cryptosporidiosis as compared to an average of 33 for the same time period over the previous five years. The majority of cases have been in children, particularly those less than four years of age.

Cryptosporidium, often called crypto, is a protozoan that occurs worldwide. Crypto infections cause acute gastroenteritis and are recognised as an important cause of both sporadic and epidemic human illness, especially in children.

Transmission is by the faecal-oral route, through:

- person-to-person spread, especially in households and child care settings
- exposure to contaminated recreational water, for example in swimming pools and dams.
- handling of infected pets, farm animals, or their faeces
- contaminated, untreated or incompletely treated drinking water. There is absolutely no evidence that drinking water is associated with the rise in notifications seen in south east Queensland.

Definitive diagnosis of crypto is through laboratory testing of faecal specimens: through microscopy for oocysts, detection of crypto specific antigen or detection of crypto by NAT.

There is no specific treatment for crypto. Maintenance of hydration is key, especially over the summer months. MNPHU investigates any potential clustering in time and place and provides advice and guidance on the prevention and control of transmission.

Key points for treating doctors:

- Please consider laboratory testing for any person presenting with a diarrhoeal illness.
- Good hand hygiene is the most effective protection against crypto. This means thorough hand washing with soap and water before preparing or eating meals, after contact with pets and after using the bathroom or changing nappies.
- Children with diarrhoea must not return to childcare settings until at least 24 hours after the resolution of symptoms.
- People diagnosed with crypto infection should be advised that they must not use swimming pools until at least two weeks after the cessation of symptoms.

A Queensland Health factsheet on cryptosporidiosis is available at http://conditions.health.qld.gov.au/HealthCondition/media/pdf/14/165/33/cryptosporidiosis-v3

COPD workshop ahead of RACGP clinical update weekend

Lung Foundation Australia has developed an active learning module for GPs to increase their knowledge, confidence and skills in the diagnosis and management of patients with chronic obstructive pulmonary disease (COPD).

Worth 40 category 1 points, the RACGP QI and CPD accredited activity for the 2014-2016 Triennium will be conducted as a pre-conference workshop on 29 April 2016 ahead of the RACGP 59th Clinical Update Weekend in Brisbane from 30 April – 1 May 2016.

For more information about the workshop, visit www.racgp.org.au/facultyeventlinks/QLD1516_17.pdf.

New inhaler device technique instructional videos

Lung Foundation Australia has released a series of instructional videos demonstrating the correct inhaler techniques for 10 inhalers.

These videos have been produced in response to the range of new medicines and inhaler devices introduced in the past few years. Patient handouts are also available. Visit http://lungfoundation.com.au/patient-area/resources/inhaler-technique-fact-sheets/for more information.

BreastScreen Queensland set to launch online booking system in 2016

In 2016, BreastScreen Queensland (BSQ) will be introducing an online booking system that will provide all eligible clients with the ability to use their mobile devices or computers to manage their own breast screening appointments, update their personal information and view their BreastScreen correspondence.

It will introduce easy, 24/7 self-service access for busy women to make their screening appointment at a time and place of their choice. The Online Booking System will also enable greater access to receive more timely notification from BSQ.

Online users will also be able to choose how to be notified of their appointment, either via SMS (mobile) or email (PC or mobile).

For more information about this new service email BSQOP@health.qld.gov.au or visit www.breastscreen.qld.gov.au.

More Noticeboard stories on page 14
Anorexia nervosa survey seeks GP feedback

A postgraduate study from the Australian National University School of Medicine is seeking input from GPs about knowledge and attitudes towards anorexia nervosa.

GPs who are interested in participating in a 5-10 minute online survey, can review the participant information sheet and complete the survey at [https://anu.co1.qualtrics.com/SE/?SID=SV_bggJr3XbfhEvILf&Q JFE=0](https://anu.co1.qualtrics.com/SE/?SID=SV_bggJr3XbfhEvILf&Q JFE=0). Please email Michelle Genovas at u5598798@anu.edu.au if you require further information.

Practice involvement sought for evaluation of venous leg ulcer risk management tool

General practices that regularly treat patients with venous leg ulcers (3 – 5 new cases per month) are sought for a Queensland University of Technology (QUT) evaluation of a newly developed risk assessment tool.

This risk assessment tool has had good results when tested in community care and hospital settings and they are now looking to introduce the tool to general practice.

The study is seeking general practices that are regularly treating patients with venous leg ulcers and ideally seeking practices where treatment is being completed by a registered nurse, or an enrolled nurse working under the supervision and guidance of a registered nurse.

The study is being conducted by QUT and the Institute of Health and Biomedical Innovation.

For more information or to discuss participation in the study, contact Terri Bissell on 0403 933 940, Dr Christina Parker on 07 3138 9757 or Dr Kathleen Finlayson on 07 3138 6105.

What’s coming up

Please contact the relevant organisation for more information about these events. Note, these are not Brisbane North PHN events.

- March - Epilepsy Awareness Month (Epilepsy Australia)
- March - March in Yellow for Endometriosis Awareness Month
- March - Muscular Dystrophy Red Bow Appeal
- 6 March - Clean Up Australia Day
- 13–20 March - Coeliac Awareness Week - Coeliac Australia
- 6–12 March - World Glaucoma Week (World Glaucoma Association and the World Glaucoma Patient Association)
- 10–13 March - World’s Greatest Shave for a Cure (Leukaemia Foundation)
Mental health in North Brisbane and Moreton Bay - information sessions for general practice

Brisbane North PHN is hosting local information sessions for GPs, practice staff and pharmacists on the mental health sector in the North Brisbane and Moreton Bay region. Topics will include:

- a general overview of the local mental health sector (including Partners in Recovery and Brisbane MIND)
- information and updates from mental health services in your local area (including My Mental Health website)
- how mental health fits within the National Disability Insurance Scheme
- the latest from Metro North Mental Health (including 1300 Mental Health call)
- creating a mental health friendly environment (during practice managers and reception staff session only).

The events will also provide an opportunity for you to network with colleagues and staff from local non-government mental health services.

**Event dates**

All events will be held from 6 pm - 9 pm. Dinner will be served from 6 pm - 6:30 pm.

**For GPs, practice nurses and pharmacists**

- Tuesday 8 March 2016 – Caboolture Hub
- Tuesday 15 March 2016 – North Lakes Golf Course
- Tuesday 12 April 2016 – Summit Restaurant, Mount Coot-tha
- Tuesday 19 April 2016 – Kedron Wavell Services Club, Chermside

These events will attract 4 category 2 RACGP CPD points (Activity ID 38238).

**For practice managers and reception staff**

- Tuesday 3 May 2016 – Brisbane North PHN North Lakes office
- Wednesday 11 May 2016 – Brisbane North PHN Lutwyche office

**Registration**

To register for these events, email Carla Mendoza from Brisbane North PHN on Carla.Mendoza@brisbanenorthphn.org.au with the names and numbers of people attending.
What's on elsewhere

Please contact the relevant organisation for more information about these events. Note, these events are not Brisbane North PHN events.

7 Mar  
Nutritional interventions for eating disorders and obesity - The Australian Centre for Eating Disorders  
Brisbane  
t 0421 747 129  
e Allison.acfed@gmail.com

3rd international primary healthcare reform conference  
Brisbane  
t 07 3366 2422  
e iphcrc@yrd.com.au

9 Mar  
Diabetes management for health professionals – Diabetes Queensland  
Brisbane  
t 1300 136 588  
e info@diabetesqld.org.au

12 Mar  
Improving outcomes for a timely diagnosis and management of dementia in general practice – Brisbane South PHN  
Calamvale  
t 07 3864 7522  
e rparolin@bsphn.org.au

12 Mar  
Paediatric optometry alignment program – Children’s Health Queensland Hospital and Health Service  
Brisbane  
t 07 3068 4363  
e hannah.johnson@health.qld.gov.au

12 Mar  
Innovation at its best...The St Andrew’s way CPD weekend - St Andrew’s War Memorial Hospital  
Surfers Paradise  
t 07 3834 4371  
e susan.walsh@uchealth.com.au

14 Mar  
Neuroscience for Clinicians: Brain change for stress, anxiety, trauma, substance abuse and depression - TATRA  
Red Hill  
t 08 8221 6668  
e info@tatratraining.com

19 Mar  
Go rural student skills and information day – Health Workforce Queensland  
t 07 3105 7835  
e hwqevents@healthworkforce.com.au

19 Mar  
3rd international primary healthcare reform conference  
Brisbane  
t 07 3366 2422  
e iphcrc@yrd.com.au

22 Mar  
Acute Rheumatic Fever and Rheumatic Heart Disease workshop - RHDAustralia  
Brisbane  
t 08 8946 8654  
e info@rhdaustralia.org.au

24 Mar  
Vaccine management program workshop – Metro North Public Health Unit  
North Lakes  
e tracey.richards@health.qld.gov.au

6 Apr  
Hepatitis C - QuuHN  
Bowen Hills  
t 07 3620 8111

11 Apr  
Culture-Centred Care from an Indigenous perspective  
Herston  
t 07 3646 6216  
e hpepaqld@health.qld.gov.au

12 Apr  
Engaging men – Men’s Health Services  
Brisbane  
t 0417 772 390  
e training@menshealthservices.com.au

12 Apr  
Medical education and clinical training – True Relationships and Reproductive Health  
Windsor  
t 07 3250 0240  
e info@true.org.au

13 Apr  
Mentoring and coaching skills to empower – Workforce Council  
Online  
t 07 3234 0190  
e registrations@workforce.org.au

13 Apr  
Dealing with complaints – Workforce Council  
Online  
t 07 3234 0190  
e registrations@workforce.org.au

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