

May 2007

Hawkesbury-Hills Division of General Practice

Delivering Local Health Solutions Through General Practice

A proud member of



Suites 2-5
"The Terrace"
40 Panmure Street
ROUSE HILL 2155
Tel. 8884 9444
Fax 8824 7488

Darren Carr
CEO

Jody Fawcett
Business Manager

Kerryn Zadro
Practice Support
Co-ordinator

Karen Auld
Finance Officer

Rachael Adlington
Practice Support Officer

Lynne Fraser
Practice Support Officer

Carla Bosch
Practice Support Officer

Kate McDermott
Practice Support Officer

Sue Philpot and
Julieann Galea
AH GP Co-ordinator
&
Antenatal Shared Care

Jane Assange
Project Officer - Mental
Health

Debbie Howlett
Project Officer - Education

Gary Brown and
Christine Agius
NPS & HMR

Jamilah Massod
Project Officer - Practice
Nursing

Helena Pihlaja
Administration Officer

Jessica Mijikovich
Administration Assistant

CEO's Report

Darren Carr

Welcome to the second newsletter for 2007. I hope all readers had a safe and happy Easter and feel ready for what will probably be a busy winter flu season. The Division has been very active lately, with several new initiatives to be updated.

Access To Allied Psychological Services Groups will be starting in coming weeks. Psychologist Jenny Duggan commenced with the Division on the 30th of April and will implement and co-facilitate these groups and will be in touch with all GPs in coming weeks to advise further details about services available and patient referral processes.

The Division has been advised that our application for an Integrated Primary Health Care (also known as HealthOne) facility in Rouse Hill has been successful in proceeding to the next stage of development. This

will see significant work in coming months to develop a full proposal for establishment of the centre in our region in 2008. Local GPs will be consulted throughout the planning and setup of this project to ensure it effectively integrates state funded services with existing General Practices.

In the lead up to the state election, Division board members met with all state members and (ultimately successful) candidates in order to represent GP's concerns with current state health services and practices. Access to services for GP patients was raised as a strong concern as was the issue of health services placing increased expectations on General Practice without any consideration or resourcing of additional GP capacity to absorb this workload. We have already commenced meetings with federal members and in the lead up to the

federal election will meet with all federal members and selected candidates. The Division board will continue to advocate on behalf of members to represent the interests of GPs to key decision makers.

On Friday 16th March, GPs from the Hawkesbury region met with representatives of Hawkesbury District Health Service to discuss issues of concerns to both groups. Dialogue was frank and fruitful, with outcomes that should lead to improvements in communications between GPs and the health service. This meeting will be ongoing quarterly and all Hawkesbury GPs are welcome to attend. The next meeting is scheduled for 15 June at 7.30 am at the Hospital.)

Continues on page 3

From the Chair...

In March, our Division was involved in the inaugural North Western Sydney GP conference, run in conjunction with Hawkesbury District Health Services. This was a very successful event and a great opportunity for GPs and Hospital VMOs to meet each other and learn from each other. Thanks to all those involved from the Division in helping to organise this event, in particular Debbie Howlett, and to David Maher and his team at the Hospital.

Establishing better links between GPs and Hospitals is an important aspect of integrating health care. Last year (in conjunction with our neighbouring divisions) we held talks with the Sydney West Area Health Service in an effort to do just that. We have been continuing discussions to improve communication between all hospitals in Western Sydney's Area and GPs.

The After Hours Service at Hawkesbury continues to do a great job in providing extended hours care to the community. As we go to press, we are actually expecting a visit from the

Federal Health Minister the Hon Tony Abbott to discuss after hours care, and the possibility of further enhancing this service.

We have also received exciting news that our division will receive funding from NSW State Health to establish and run an integrated primary health centre (IPHC). This will be like the Community Health Centres that run out of public hospitals. The difference here is that it will be established at Rouse Hill and will be one of the first such centres not attached to a hospital. Also it will have a solid GP input from the Division into the structure and the services provided. This is an exciting opportunity to influence the delivery of health care in our growing community.

Just browse through this newsletter to see how much more the division is involved in and how much it can offer to your practice and to our community.

Remember it's your Division, and we are aiming to deliver local health solutions through General Practice.

Tony Rombola

HHDGP BOARD:

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Compulsory Drug Treatment Program

The Compulsory Drug Treatment Program is a multi-departmental, multi-disciplinary initiative involving the Department of Corrective Services, the NSW Attorney-General's Department, NSW Health, Justice Health and the Department of Housing. The initiative is the only one of its kind in Australia.

The CDTP targets recidivist non-violent male offenders with long-term illicit drug dependency. The aim of the project is to help participants take personal responsibility to lead productive crime-free and drug-free lives by supporting them through a rehabilitation program.

Participants will undergo a period of intensive rehabilitation and withdrawal management at the Compulsory Drug Treatment Correctional Centre (CDTCC) located by Parklea prison, followed by a further period of community reintegration. Participants will then reside full time in the community. It is important that participants are registered with a Medical Practitioner by this stage to ensure their health care needs are supported and that the Case Manager is informed of any medical problems that could risk the participant lapsing in their treatment program. NSW Health is currently seeking Medical Practitioners to provide this vital support to participants.

Medical Practitioners will be required to treat a participant when

needed and provide telephone updates to the Case Manager on their current physical and mental health. Justice Health staff at the CDTCC will initiate and manage this process and ensure Medical Practitioners are fully supported with clinical advice and liaison on the management of all health concerns or any behaviour management issues. Information on accessing Medicare item numbers will also be made available.

NSW Health has written to medical practitioners who have had experience of clients with a history of illicit drug use in the CDTP servicing areas to enquire whether they would like to be involved in this program. However, all Medical Practitioners with an interest in Drug and Alcohol clients in the CDTP servicing areas are welcome to get involved with this exciting initiative.

To register your interest in the project, or for further details of the program, please contact Katherine Wiggins, Project Officer, Mental Health and Drug & Alcohol Office, NSW Health at kwigg@doh.health.nsw.gov.au or on 02 9391 9286.

Hawkesbury After Hours GP Service

Benefits to GP's:

- * Access to after hours care for your patients.
- * Assistance in meeting accreditation and PIP requirements.
- * Guaranteed minimum payment.
- * Reduced time on call/after hours commitments.
- * Variety of work

Financial Benefits to GP's:

70% MBS fees to GP's.

SALARY SACRIFICE OFFERED

Patients attending the clinic will be bulk-billed. Guaranteed minimum hourly rate:

Mon-Thur \$100

Fri, Sat & Sun \$120

Public Holidays \$170

Xmas Day & Good Friday \$240

Below outlines the average earned per shift by GP's over a 6 month period:

Mon-Fri (4 Hours) \$550

Saturday (8 Hours) \$1,265

Sunday (8 Hours) \$1,360

No outgoings – consumables and support staff costs are met by the service.

Service Facilities:

- * Ability to negotiate shifts.

- * Own Receptionist.
- * Well equipped, 2 rooms.
- * Close to Emergency Department.
- * No overheads.
- * Medications provided.
- * Suture equipment provided.

**The Hawkesbury
AFTER HOURS SERVICE
Hawkesbury Community Health Centre
Cnr Day & Macquarie Street
WINDSOR
Weekdays: 6pm - 10 pm
Saturday, Sunday &
Public Holidays 2 pm -10 pm
PH. 4560 5780**

New Allied Health Group Services for Patients with Type 2 Diabetes

From 1 May 2007, new allied health items (81100 to 81125) will allow people with type 2 diabetes to receive Medicare rebates for group services provided by eligible Diabetes Educators, Exercise Physiologists and Dietitians, on referral from a GP.

To be eligible for these services, the patient must have a relevant GP Management Plan (Item 721) in place. They do not need to have a Team Care Arrangement (Item 723) service to access these new items.

These services are in addition to the five individual services available under the Allied Health & Dental Care Initiative (Items 10950-10970). Should a GP also wish to refer to these services, it will still be necessary to have both a GP Management Plan and Team Care Arrangement in place.

There will be two elements to the provision of these new group services:

- ▶ An initial individual assessment undertaken by the allied health provider on referral from a GP (Medicare rebate \$60, one assessment per calendar year)
- ▶ Group services undertaken on referral from the allied health provider who performed the initial assessment (Medicare rebate \$15 per patient, up to eight group sessions per calendar year)

The allied health professional is required to provide written reports to the referring GP following the initial assessment and also after completion of the group services program.

Further information is available on the DoHA website: www.health.gov.au/epc or phone 02 6289 4297.

News from the Practice Support Team

Hello from the Practice Support Officer Team at the Division. We hope you all had a safe and enjoyable Easter, and some of you were able to have a short break.

Our Focus Month Calendar is well underway, in March we focused on "Seniors Health and Wellbeing". Practice Support Officers may have contacted you in relation to the resources developed for the Focus Month, which was advertised in our news faxes. We have had limited response, however positive feedback to the resources given, with one GP who is going to use her "Seniors Health and Wellbeing" pack as a waiting room tool for their clients.

If you are still interested in having a Seniors Health and Wellbeing pack dropped off and explained, please contact your Practice Support Officer for information.

Quality improvement through Systems is the Focus for May. During this month, it is our aim to **assist practices with putting systems in place within their practice.** Examples of systems could be recall and reminder systems for health assessments or for diabetes annual cycles of care. **If you are interested in improving or placing effective systems within your practice, please utilize the month to ask questions of your Practice Support Officer.**

Regards,
Kerryn Zadro

Sterilisation and Infection Control

DID YOU KNOW?

The Division can help your Practice with Sterilisation and Infection Control.

To arrange a Practice visit or request further information about the 4th Edition Infection Control Standards for Office Based Practices', call your Practice Support Officer at the Division.

Staff Member Profile

Name: Jody Fawcett

Position: Business Manager – my role involves managing all aspects of the day-to-day operations of the division with key responsibilities for Business, Financial, Human Resource and Contract Management.

How long have you been with the Division: Five years.

What do you like about working at HDDGP: The diversity of the division provides a lot of opportunities and life long learning for all staff members. Providing opportunities to support improved health within the community. The division also offers family friendly hours and flexibility with school functions.

Outside of work: I have recently taken a position lecturing part time at Macquarie University, which I enjoy. On weekends I try to devote time to my partner and son, usually with sport of some kind and extended family barbeques.

CEO's Report Continued...

Continued from page 1.

Lastly, let me introduce and welcome two new staff to the Division and wish another well as she leaves us for a while. **Jamilah Mas-sod** has commenced as our Nursing in General Practice Project Officer. Jamilah is able to assist practices with any aspect of recruiting nurses into General Practice or with making maximum use of nurses working in GP. **Jessica Miljkovich** has joined us in an Administrative Assistant role and will be the first voice you speak to when ringing in for half the week. Our long serving Finance Officer, Jo Kocanda, has recently left on maternity leave due to the impending birth of her third child. We all wish Jo and her family well for the coming weeks and months and will include details of her baby's arrival in an upcoming newsletter.

Darren Carr
Chief Executive Officer

Diabetes

Lynne Fraser

Diabetes Australia "LIFESTYLE COACH" Self Management Pilot

Some of your patients may be participating in a pilot program called *Life-style Coach* which has been recently launched by Diabetes Australia (DA). The Program aims to motivate people towards better diabetes self-management and improved lifestyle habits.

Funded by pharmaceutical company, Eli Lilly, *Lifestyle Coach* involves 1000 DA members who have been randomly selected to voluntarily take part in the program, which will run over a nine month pilot period.

As part of the *Lifestyle Coach* Program, members will receive telephone contact sessions with a Diabetes Educator to discuss their management progress, to provide support or advice, and to assess awareness of participants accessing local health professionals.

Diabetes Australia stresses that the *Lifestyle Coach* Program does not replace regular visits to health professionals, but rather encourages participants to access their local health professionals if they have a need.

For more information contact Diabetes Australia NSW on 1300 136 588



IS YOUR DIABETES REGISTER DRIVING YOU MAD?!!!!

Establishing an accurate register of your diabetes patients can dramatically simplify the process of:

- ♦ **Identifying patients overdue for review**
- ♦ **Targeting patients with elevated HbA1c or Total Cholesterol readings**
- ♦ **Claiming your SIP payment for completing an annual cycle of care**



The Division has developed a kit which outlines the few simple steps needed to correctly enter a diabetes diagnosis in your clinical software package, repair your current register to remove inactive or deceased patients, and perform some basic database searches to identify patients missing from your diabetes register. We also have directories of local allied health professionals, physical activity programs such as Heart Moves & Just Walk It and LifeScripts Kits to promote healthy lifestyle choices at your diabetes reviews.

If you'd like a kit for your Practice or some assistance in establishing your Register please contact

Lynne 02 8884 9444

Inaugural Sydney North West GP Conference

The Inaugural **Sydney North West GP Conference** was held on March 17, at the Hawkesbury District Hospital.

The Hawkesbury District Health Service and Hawkesbury- Hills Division presented a variety of speakers to appeal to the multi-faceted audience of GPs and VMOs. Two sessions ran in concurrence allowing delegates to choose educational topics most relevant to their Practice.



Hands on approach with Dr Aczel

The Conference, which was well attended, provided the opportunity for GPs and VMOs to network and meet their colleagues. Many GPs commented that they "had referred to some of the Specialists for years but

until the Conference, never had the chance to meet them in person."

Those who attended the dinner afterwards at the Sebel were riveted by UWS Medical School Foundation Dean, **Professor Neville Yeomans** as he described the future of tertiary medical education in the Western Sydney region. At the completion of the address from Professor Yeomans and after a gamut of questions, it was clear that the outlook for General Practice in Western Sydney is bright.



Professor Neville Yeomans and Dr Helen Clarke

Sydney West Acute Surgical Units

A consultant driven **Acute Surgical Unit (ASU)** service has commenced at both Nepean & Westmead Hospitals.

Patients admitted via the Emergency Department for general surgery or trauma management will be admitted to the Acute Surgical Unit, under the ASU doctor of the day. This will be noted in i.PMs as Dr ASU.

The service will be conducted 7 days a week with 12 hours Consultant presence on site at Nepean Hospital and 4 days a week Monday to Thursday also with a 12 hour Consultant presence onsite service at Westmead Hospital.

The service will provide immediate senior medical officer assessment and intervention for all acute surgical patients in General Surgery and Trauma improving the assessment and treatment of patients presenting to the tertiary hospitals with acute surgical conditions.

The service will also accept acute surgical patient transfers from the metropolitan hospitals within SWAHS whilst maintaining call back emergency rosters within those hospitals (Phase 1).

Outside of the Acute Surgical Unit hours the usual call back system will remain in place.

The current registrar and JRMO allocation will be reconfigured to ensure the service has adequate registrar and JRMO cover.

Please contact the Network Nurse Managers for a copy of the business rules for ASU services at Nepean and Westmead Hospitals.

Paul Summers

A/ Network Director

Surgery & Anaesthetics



The Hawkesbury
AFTER HOURS GP SERVICE
Hawkesbury Community Health Centre
Cnr Day & Macquarie Streets
Windsor

Weekdays
6pm-10pm

Saturday, Sunday
& Public Holidays
2pm-10pm

☎ 4560 5780



Antenatal Shared Care



Spaces are still available in the following sessions. Bookings are essential, please contact **Julieann/Sue on 8884-9444.**

Antenatal Tutorials @ Westmead Hospital ANC

**Wednesday Mornings
8.30am-9.30am**

30 May, 25 July,
26 September, 28 November

Antenatal Tutorials @ Blacktown Hospital ANC

**Tuesday Mornings
8.00am-9.00am**

26 June,
28 August & 30 October

Quality Use of Medicines Gary Brown & Christine Agius



Clinical audits for GPs for PIP year 1 May 2007 – 30 April 2008

| Topic | Enrol | Collect data | Complete |
|--|-------------|------------------------|---------------|
| Targeted use of antibiotics | March 2007 | March–May 2007 | December 2007 |
| Optimising drug use in ischaemic heart disease (electronic audit)† | March 2007 | March–May 2007 | October 2007 |
| Management of hypertension | June 2007 | July–August 2007 | March 2008 |
| Management of osteoporosis | August 2007 | September–October 2007 | April 2008 |

† These clinical audits are included in the 2005-2007 triennium of the RACGP QA&CPD Program and ACRRM PD Program

NPS Clinical e-Audit now available

GPs can now participate in a paper-less NPS Clinical e-Audit that:

- ✓ gives immediate patient-specific feedback on best practice clinical indicators
- ✓ assists with implementing changes in practice to improve patient care.

Dr Bo Wong from Tamworth was one of the first GPs to test the audit and remarked that "this is a lot better way of collecting and submitting information." He regarded the audit as a useful tool for GPs wanting to review clinical management of ischaemic heart disease.

GPs who participated in a previous clinical audit (paper-based) identified that 86% of patients with ischaemic heart disease who were able to use an antiplatelet agent were using an antiplatelet agent, and 60% of patients with a previous myocardial infarction were using a beta blocker.

The Clinical e-Audit has been approved by the RACGP QA&CPD Program (30 Category 1 points) in the 2005-2007 triennium and the ACRRM PD Program (27 clinical audit points including 20 mandatory points). The activity is recognised for the Quality Prescribing Initiative (QPI) of the PIP year ending April 2008.

The Clinical e-Audit: *Optimising drug use in ischaemic heart disease* is now open for enrolment. Completing the audit gives GPs an opportunity to:

- ✓ Review drug use in patients with ischaemic heart disease
- ✓ Optimise reduction of risk of future cardiovascular events
- ✓ Optimise symptom control in angina
- ✓ Assess and manage coexisting dyslipidaemia and hypertension
- ✓ Review strategies for optimal patient compliance with drug treatment.

- ▶ Enrol at www.nps.org.au/healthpro to receive the free Clinical e-Audit on CD (installation requires Windows 2000 or above).
- ▶ Submit de-identified data for 20 patients with ischaemic heart disease securely online by **1 June 2007** (using an internet connection).
- ▶ Complete the review phase (accessible 12 weeks after submission of initial data) by **5 October 2007**. The review phase identifies individual patients for review, allows GPs to reflect on their improvements in clinical practice and to compare practice to other participants.

Patient consent no longer required in NPS clinical

Recently the RACGP has confirmed that GPs do not need to gain patient consent to use their de-identified health data in an NPS clinical audit. Previously NPS was advised that verbal (or written) consent was required from each patient. However, since the health data used in NPS clinical audits is de-identified, consent is not required.

Patients need to be aware that their anonymous health information may be used for clinical audits, which are a quality assurance activity. GPs are asked to display the poster *Quality assurance in this practice and your privacy* and make available the patient leaflet *Your health records and NPS clinical audits* supplied in the audit pack.

Feedback from GPs indicates that obtaining patient consent is a significant barrier to GPs participating in NPS clinical audits. Facilitators are encouraged to inform GPs of this new procedure for clinical audits.



Aged Care

Carla Bosch

FOCUS on PALLIATIVE CARE

On Monday 26 March, 2007 new General Practitioner and Patient Carers Families and Friends resources were launched within **CareSearch**. The CareSearch website is the result of a project funded by the Department of Health and Ageing to improve the evidence for palliative care clinicians, researchers and educators. It contains many excellent and practical resources.

There is a section on **Palliative Care for GPs**, under which can be found links to the following information and resources:

Quick Clinical Guidance:

- ✓ Assessing prognosis
 - ✓ Pain and symptom management - link to the online Palliative medicine handbook
 - ✓ Effective communication strategies for difficult situations
 - ✓ Practical skills - ascetic or pleural taps, syringe drivers, medication changes (this link provides, for example, online guidance on how to perform thoracocentesis or paracentesis)
 - ✓ Opioid information
 - ✓ The dying patient and their caregivers
- Palliative care emergencies (provides information and treatment options on airway obstruction, bowel obstruction, delirium, major bleeding, spinal cord compression).

For example, the *Effective communication strategies for difficult situations* link leads you to various fact sheets that provide succinct, practical advice to help prepare for difficult situations, including how to:

- ✓ Deliver bad news;
- ✓ Run a family conference;
- ✓ Respond to strong patient emotions, or deal

- with the angry patient;
 - ✓ Help maintain hope while telling the truth;
 - ✓ Talk about hospice, or a possible referral to palliative care'
 - ✓ Talk to patients' young children;
 - ✓ Use an interpreter effectively;
 - ✓ Assess and respond to requests for hastening death;
- Tell families what to expect when the patient dies.



Palliative Care in Practice:

- ✓ GPs as palliative care providers
- ✓ The palliative approach in general practice
- ✓ Providing palliative care in aged care facilities
- ✓ Further training opportunities for GPs
- ✓ Getting help with difficult problems

Your Palliative Care reference library:

- ✓ Online *Palliative Medicine Handbook*
- ✓ *Clinical Practice Guidelines for the Psychological Care of Adults with Cancer* (NH&MRC)
- ✓ *Medical; Care of Older Persons in residential Aged Care Facilities* (RACGP "Silver Book")
- ✓ *Pain in Residential Aged Care Facilities: Management Strategies* (Australian Pain Society)
- ✓ *Multicultural Palliative Care Guidelines*

(Palliative Care Australia)

- ✓ *Providing culturally appropriate palliative care to indigenous Australians* (Dept of Health & Ageing)
- ✓ *Until the chemist opens: palliation from the doctor's bag* (Australian Family Physician article)
- ✓ Complete list of Patient Resources
- ✓ Complete list of Assessment Tools.

Dr Victor Chan, Associate Professor of Palliative Care at Edith Cowan University in Perth, and Dr Ruth McConigley (PhD), an experience palliative care nurse co-authored the 4th edition (2006) of *Outline of Palliative Medicine*. They have copies for sale now at \$10 (plus \$4 P&H); the original price was \$45 plus P&H. It will be sent out on first-come-first-serve basis.

Book reviews say the following: the book "provides an abundance of practical information about palliative care, particularly in the community setting." "The information on drugs refers to Australian brand names, presentations and PBS listings, making it very useful for prescribing doctors." According to a book review in the Australian Family Physician, "a sense of hope emanates from *Outline of Palliative Medicine*, as the management philosophy is adding 'life to days' - the 'ultimate goal is the highest possible quality of life for both patient and family'. This book "demonstrates that there is much that can be done to maintain the patient's dignity as well as day-to-day comfort and minimisation of problems."

This book can benefit the patients through the use by doctors, especially GPs, who have to look after palliative care patients at home and nursing homes. **Orders can be sent to him by email vchan@optusnet.com.au or vchan2@bigpond.net.au or fax (02)97264149] and**

Home Medicines Review



Home Medicines Review

The Pharmacy Guild has provided several fact sheets to assist GPs undertaking Home Medicines Review. **The fact sheets are provided within the newsletter.**

Great news for GPs, the RACGP have approved points for general practitioners to;

- Attend the MR Support Modules as an educational event

GPs will also gain points for completing HMRs if they can identify that they have learned something new.

If you wish to obtain more information regarding these changes you can contact Gary Brown at the Division on 8884 9444 to arrange an education visit.

National Prescribing Service



Australian Prescriber

The recent Australian Prescriber Vol 30 No 2, April 2007 includes the following topics of interest:

- ▶ Antiviral drugs and influenza prophylaxis (editorial)
- ▶ Influenza vaccination for healthy adults
- ▶ Diagnostic tests: the diagnosis of recurrent deep venous thrombosis
- ▶ Frequently asked questions about generic medicines
- ▶ Long-term management of people with psychotic disorders in the community
- ▶ Evidence, risk and the patient

RADAR - Rational Assessment of Drugs and Research

Revised PBS criteria for lipid-modifying drugs



The eligibility criteria for access to lipid-modifying therapy on the Pharmaceutical Benefits Scheme changed in October last year. A special issue of *NPS RADAR* was published online to explain who is now eligible for PBS-subsidised treatment and the rationale behind the changes. Email subscribers received an alert about the web version on 1 February and the review will appear in the April print issue.

The revised PBS eligibility criteria aim to direct lipid-modifying drug therapy to those most likely to benefit. People with the highest risk of a cardiovascular event qualify for immediate treatment, regardless of cholesterol concentrations. For people at lower cardiovascular risk, cholesterol thresholds remain part of the criteria for PBS-subsidised prescribing.

Immunisation Sterilisation Infection Control
With Kate McDermott and Rachael Adlington

EXPRESSION OF INTEREST- PRACTICE MANAGERS

The Division is seeking Expressions of Interest from Practice Managers who would be interested in being a member of an **Accreditation Reference Group**.

It is essential that the Practice Manager;

- ✓ Works in an AGPAL or GPA accredited Practice; and
- ✓ Is able to attend a 2hr bi-monthly meeting.

Please note that remuneration will be at the Division rate.

For more information or to express your interest, please contact Rachael Adlington at the Division.

DOC RAT BY JENNER www.docrat.com.au



Rotavirus vaccinations funded

On March 28 2007 the Federal Government announced that it will fund rotavirus vaccinations. Rotavirus vaccines will be listed on the National Immunisation Program from July 2007 allowing **all babies born from May 1 2007 to benefit from the free vaccine**. This announcement follows the November 2006 decision of the PBAC to approve funding for the rotavirus vaccines. The allocated \$124 million over the next five years will allow all babies born after May 1 2007 to receive the necessary 2 or 3 doses (depending on the product) before they reach 32 weeks of age. Both of the listed vaccines, Rotateq (CSL) and Rotarix (GSK) are oral vaccines. It is important for providers to note the differences between the vaccines as one requires 2 doses and the other 3 doses for maximum protection. The Northern Territory government has been funding the vaccine for all babies born from August 1st 2006 and will now be able to take advantage of the Federal Government's funding. Rotavirus is one of the most common causes of infectious gastroenteritis and infant hospitalisations in Australia and affects nearly all children before they turn five. Every year in Australia, rotavirus infections result in approximately 20,000 Emergency Department visits, 10,000 hospital admissions and more than 100,000 GP visits. **For information on rotavirus and the 2 vaccines available, visit the National Centre for Immunisation Research and Surveillance (NCIRS) fact Sheets directly at http://www.ncirs.usyd.edu.au/facts/f-fact_sheets.html**

HPV Vaccine Role Out Begins

HPV vaccine will be a major topic of conversation in secondary schools around the country over the next few months with the commencement of the school based vaccination program. Secondary schools will begin distributing consent forms and a brochure provided by the Department of Health and Ageing designed to answer questions for parents of girls who are eligible to receive the vaccine. The school based program will provide immunisations for girls aged between 12 and 18 years until the end of 2008. After that the program will continue for all girls in their first year of secondary schooling. The age groups to be vaccinated this year depend on the jurisdiction. Some states are vaccinating girls in years 10, 11, and 12 this year and then years 7, 8, 9 and 10 in 2008. Others states and territories have different year groupings. There is a table below which sets out the role out in different areas.

| State/Territory | Second Term commences | Vaccination begins | Years participating 2007 | Years participating 2008 |
|-----------------|------------------------------|---------------------------------|--------------------------|--------------------------|
| ACT | 30 April | From 30 April | 7, 8, 11, 12 | 7, 8, 10 |
| NSW | 23 April | 17 May (metro), rural areas TBC | 10, 11, 12 | 7, 8, 9, 10 |
| NT | 16 April | From 16 April | 10, 11, 12# | 7, 8, 9, 10 |
| QLD | 16 April | From 17 April | 10, 11, 12 | 8, 9, 10 |
| SA | 30 April | From 2 April | 8 to 12 | 8 |
| Tasmania | Easter break: 6 to 10 April* | From 11 April | 7, 8, 11, 12 | 7, 9, 10 |
| Victoria | 16 April | From 16 April | 7, 8, 11, 12 | 7, 9, 10 |
| WA | 23 April | From 1 May | 10, 11, 12# | 7, 8, 9, 10 |

In some small regions the whole school will be vaccinated in 2007
 Note that the HPV vaccine will also be added to the ongoing immunisation schedule for 12-13 year olds from 2008

The optimum vaccination schedule is three doses given over six months, at 0, 2 and 6 months. However, in order to fit three doses into the 2007 school year most states and territories will adhere to a compressed vaccination schedule, with doses given at 0, 1 and 4 months. This will not affect the efficacy of the vaccine.

The school-based program is the primary mechanism for delivering the vaccine to 12-18 year old girls. Parents of girls in this age group are best advised to have their daughters vaccinated at school. However, GPs may be asked to

administer the vaccine to girls who are no longer at school, or who have missed doses. The General Practice program will begin in July 2007 with GPs being asked to vaccinate all girls and women aged 18 to 26 plus those over 12 who are no longer at school or have missed their age group vaccination for some other reason.

The GP program will only continue until June 2009. After this date there will be no funded vaccine available for the older age groups. The HPV program will continue as a funded vaccine for girls in their first year of secondary school only as a school based program. GPs will still be able to provide the vaccine privately.

Up to date information on the programs can be found on the Department of Health and Ageing web site

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/gardasil_hpv.htm

Information on the relationship between Human Papillomavirus and cervical cancer and the vaccine can be found on the NCIRS fact sheet site;

http://www.ncirs.usyd.edu.au/facts/hpv_oct_2006.pdf

It is very important to continue to stress the need for all women aged between 18 and 69 to continue with their regular Pap smear tests whether or not they have been vaccinated.

The vaccine that is currently available is licensed for girls 9 to 26 year of age. Although it is licensed for boys 9 to 15 it is not funded for this group. Collection of the data associated with this vaccine will provide information on the success of the program in later years and also a method of ensuring reminders are sent and all doses of the vaccine are given. All providers are asked to submit the data associated with this vaccine. GPs can expect to receive further information via direct mailout from the Department of Health and Ageing in the coming weeks.

A dedicated page for GPs, and a downloadable 'cheat sheet' is available from the campaign website – www.australia.gov.au/cervicalcancer - the website also includes detailed information for parents, young women and girls. Information is also available from the Immunise Australia National Infoline on 1800 671 811.

If you would like further information please contact Kate McDermott at the Division on 888 49 444

