GPpartners
Advancing General Practice

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GPPARTNERS' BULLETIN

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From the Chair

GP Partners has been in an operational transition phase as we consolidate our position as a prelude to further representing GPs in North Brisbane. A strong GPpartners provides an essential voice into the Medicare Local and our local hospitals. Our increasing membership provides a strong base for us to represent GPs.

It is on record that both Steve Hambleton (AMA) and Claire Jackson (RACGP) have indicated they want the divisional movement to survive - particularly at National level - as they have both missed the third voice of General Practice that was formerly provided by AGPN.

AGPN members voted against AGPN winding up and any residual funds being given to the Medicare Local movement. Negotiations are proceeding with AGPN for the funds to be used for GPs and by GPs to represent the essential third voice that is so necessary for General Practice at the national level.

With regards to GP Partners, I am pleased to say the operational transition phase has now been finalised as we go forward with more LAGs and a monthly GP Partners' Members Dinner covering topics and issues of interest as they arise.

The board has been very active since the last AGM and has met with representatives of the following organisations:

* AMAQ
* RACGP
* MNBML
* GPQ
* SPHN
* Accoras
* CSQTC
* Critical Care & Clinical Support Services RBWH
* Australian Association of Practice Managers
* Prof Keith McNeil District CEO Metro North Health Service District

We meet regularly with our Medicare Local. It is early days but we are currently formulating how both organisations can work more closely together for mutual benefit whilst at all times championing General Practice in the Primary Care arena of the MNBML.

Date Claimer

GPpartners Limited Annual General Meeting

11 October 2012

If you are interested in becoming more involved please contact Alana Pelly at **contact@gppartners.com.au**

Remember you need to be a member to vote. Membership forms are available on the website at www.gppartners.com.au

GPpartners Limited

The organisation currently consists of a Board of three Directors, assisted by our LAG Coordinators, a part-time Executive Officer and an Administration Manager (employed to work as required on a flexible, as needed basis).

We have capacity for five Directors and for those Interested, the AGM is coming up soon on 11 October (please make a note in your diary now). Shortly we will be calling for nominations for the 2012-2013 Board.

Even if you don't want to join the Board we always welcome any ideas or feedback that you may have for the benefit of North Brisbane GPs.

From the Chair (cont)

Current Conditions

It is fair to say no one fully appreciated the changes occurring within health would continue for as long as they have. Recent changes at Queensland Health, the Queensland elections, uncertainty at the federal level with the Liberal Party likely contemplating changes to Labour changes; have all combined to result in a very uncertain landscape.

The establishment of Medicare Locals across Australia has not been consistent with differing views held in different regions on what Medicare Locals can and cannot do with surviving divisions. (As an example, the Gold Coast Medicare Local has been established as a non-service organisation with the former division continuing to deliver services.)

It is now a full year since the first tranche of Medicare Locals began operating and there is still confusion in the market-place about what they do, who they are, who they represent and what place the remaining former Divisions occupy. (These will be referred to as GP Networks from now on.) Where DoHA expected all 112 former Divisions to cease trading, some 40 around the country have chosen to continue.

Although it is unlikely we will obtain any significant funding from Queensland Health for this financial year, at least some funding to Medicare Locals will become contestable in 2013/14 and this may well present us with significant opportunities to obtain funding in the future.

Dr Glynn Kelly
Chair and LAG Coordinator Northern

ENT Local Area Group Meeting at North Lakes

We had a very interesting and relevant education event on ENT problems at North Lakes on 25 July 2012. Dr Ryan Sommerville presented on Paediatric Sleep Apnoea. I wondered initially how relevant this was to General Practice but very soon into the presentation realised this is a very common condition. These are the kids that snore and keep their families awake, are lethargic during the day, can't concentrate and often have behaviour problems. They don't always have large tonsils and adenoids. It is thought some may have floppy airways. It is difficult to do sleep studies on children and the diagnosis is usually made on the history. Removal of the tonsils and adenoids usually treats the condition but sometimes children need CPAP masks.

The other topic was Rhinosinusitis or "All about SNOT" by Dr James Earnshaw. Rhinosinusitis is defined as inflammation of the nose and paranasal sinuses characterised by two or more symptoms, one of which should be either nasal blockage/obstruction/congestion or nasal discharge, + or - facial pain/pressure or reduction or loss of smell . Acute Rhinosinusitis is present for less than three months and chronic greater than three months.

Rhinosinusitis can be caused by allergy, inflammation and infection either bacterial or fungal. Snot is called biofilm. Medical treatment includes steroids either nasal or oral or both, antibiotics usually Augmentin or Doxycycline for at least two weeks and nasal douches. Antihistamines are used for allergic type Rhinosinusitis.

Early referral is necessary if there is any evidence of invasive infection e.g. periorbital cellulitis or neurological signs. A CT scan is performed if unsure of the diagnosis or for surgical planning when medical treatment has failed. Surgery is not a cure but it does improve the quality of life.

Dr Ryan Sommerville and Dr James Earnshaw see patients privately but also have public lists and access to Intermediate beds.

Watch this space for future meetings as we are hoping to repeat the ENT presentations for GPs who were unable to get to North Lakes.

Dr Jayne Ingham
Board Member and LAG Coordinator North Lakes

LOCAL AREA GROUP MEETINGS UPDATE

"TELEHEALTH" 24 May 2012

Thank you for the great support and attendance at our Local Area Group Meetings. Following on from the Telehealth LAG Meeting at North Lakes we have learnt that Prince Charles Hospital is doing some Telehealth consultations in Cardiology (Dr Scott McKenzie), Respiratory (Dr Phil Masel) and Wound Management (Dr Pat Aldons). More specialists are coming on board as Telehealth takes off.

"Dr Pat Aldons has been kept quite busy with his "new" clinics where he has carried out Wound Consultations with quite a few GPs. Dr Aldons has been able to see a wound quite clearly via the webcam, and in his consultation he has been able to look at the wound before it has been redressed and given advice, and this has proved to be very helpful to the GP and patient for ongoing management." commented Judy Pring who is the coordinator of the clinics.

Judy is very happy to talk to GPs about setting up Telehealth and the processes involved including the requirement of a named referral to the appropriate Consultant. Prince Charles Hospital has tested Cisco Jabber, and found that it works very well. GPs have downloaded it (for free). It is compatible with Queensland Health regulations, and meets all the guidelines.

Judy Pring can be contacted on 3139 5112.

Although the Medicare incentive for Telehealth is only available for Outer Metropolitan practices the convenience for the patient is useful, especially the elderly who find it difficult to get to the hospital and the GP who may be able to get an earlier appointment to help with the patient's management. Not all patients will suit a Telehealth consultation and there needs to be a bit more preparation prior to the consultation. The specialist will need adequate information prior to the consultation including investigation results. These may include ECGs and echocardiograms for cardiology patients.

I have done one Telehealth dermatology consultation with Westside Dermatology. Prior to the consultation I sent a photo of the rash and completed the form from the dermatologist which included all the relevant clinical information. This means that the consultant has a good idea of the diagnosis prior to the Telehealth consultation. At the consultation the consultant is able to confirm with the patient some aspects then gives a management plan. I learnt about the rash and will now be able to manage the next patient who comes in with a similar complaint. The patient was happy as it saved her a significant trip to the dermatologist and she also had a much earlier appointment.

I think the Telehealth consultations are an important opportunity for GPs to learn about conditions and current management. I sometimes refer patients to a Hospital OPD for an opinion or to confirm that my management is heading in the right direction. Telehealth will save the patient a trip to the hospital and I will learn from the interaction.

Dr Jayne Ingham

Board Member and LAG Coordinator North Lakes

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For theatre enquiries and viewings phone 3550 3550

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*Prior approval may be required in some circumstances for various procedures.