

GPPARTNERS' BULLETIN

December 2012
Volume 1, Issue 4

From the Chair.....

Thank you to the GPs who responded to our last newsletter and let us know about their special areas of interest. We will feature them in future newsletters.

As you can see from the articles we have had a busy month with the Local Area Group Meetings. For the GPs who couldn't attend I have pulled out snippets of information that may be useful for GPs. Next year we plan to try and cover all the Local Areas more consistently so keep a look out for those invitations. If you have any suggestions for Local Medical Issues you would like addressed please email contact@gppartners.com.au.

Dr Abhi Varshney chaired the inaugural meeting of the Practice Owners Group which has been set up to try and capture issues pertinent to Practice Owners. The discussion was around the Provision of After Hours Services particularly with the changes in Funding and the loss of the PIP payments. GPpartners will be hosting meetings next year so if you are interested in being involved let us know.

GPpartners now officially has 302 members. Potentially in our area there are over 800 GPs who could be members. Please encourage GPs to join and add strength to our Local Voice to advocate for GPs and General Practice.

GPpartners Board Members Dr Glynn Kelly, Dr Henry Bryan, Dr Abhi Varshney, Dr Anita Sharman, our Executive Officer Alana Pelly, our Admin Support person Chris Nicoll and I, Dr Jayne Ingham would like to wish you all a very Happy Christmas and Prosperous New Year.

Dr Jayne Ingham



Date Claimers

Provision of After Hours Services

The Metro North Brisbane Medicare Local will sponsor two Local Area Group Meetings to give General Practitioners the opportunity to discuss the provision of After Hours Services from 1 July 2013 when the responsibility and payment for this will devolve from DoHA to Medicare Locals.

The meetings will be held on:

6 February 2013

Hillstone St Lucia

28 February 2013

Kedron-Wavell Services Club

Robust discussion with representatives from the MNBML will be encouraged!

GPQ Census 2012 - Survey Closes Tuesday, 18 December 2012.

Have your say on issues important to you!!

Participate in this year's General Practice Queensland Census and you could win an iPad mini.

Each year General Practice Queensland (GPQ) conducts a survey of general practices in Queensland in collaboration with Medicare Locals and GP Networks. This year, through GPQ Census 2012 (previously known as GP Census) GPQ seeks to expand the survey to capture information about GPs, practice managers, allied health providers and practice nurses working in Queensland, to provide a more comprehensive view about the issues facing primary health care providers in Queensland.

GPQ Census 2012 will provide a statewide view of the trends and key issues for the primary health care sector in Queensland. Participation across the sector is crucial in capturing meaningful data and enabling needs to be identified and addressed, so we urge all general practices and allied health professionals to complete the Census, which takes less than 5 minutes.

The Census is being conducted electronically by GPQ through the following link: <http://www.surveymonkey.com/s/GPQCensus2012> and will remain open until Tuesday, 18 December 2012. A de-identified report of the survey findings will be published on the GPQ website in April 2013. If you have any questions about Census 2012 please call the GPQ Census support line on 1800 620 046.

Dr Jayne Ingham elected as Chair of GPpartners Limited

The Board of GPpartners Limited elected Dr Jayne Ingham as its Chair on 22 November 2012. Dr Ingham has been a General Practitioner for 25 years and practices at Lakelands Medical Centre in North Lakes.

Dr Ingham is a committed GP who believes that General Practice is central to effective and robust Primary Health Care.

Dr Ingham's special interests are Diabetes, Women's Health and Mental Health and she is a strong advocate for effective integration of Health Services.

Her passion for General Practice has seen Dr Ingham appointed to a number of advisory positions including:

- ◆ GP Advisor Prince Charles Hospital
- ◆ Metro North Community Child Health Collaborative
- ◆ Prince Charles Mental Health Unit Collaborative
- ◆ Statewide Diabetes Network
- ◆ North Lakes Community Consultative Committee

Dr Ingham has been actively involved with GPpartners for many years and served on its Board during the time it was a Division of General Practice.

Since her election to the Board of GPpartners Limited in October 2011, Dr Ingham has been instrumental in developing and guiding the organisation as it finds its new position within the health landscape.

On a local level, Dr Ingham is the Local Area Coordinator for North Lakes/Moreton Bay Local Area Group which enables her to meet with fellow GPs and gauge a better understanding of the issues faced in general practice today.

Dr Ingham commented after her election: "Our vision for the future of GPpartners is to advocate on behalf of GPs to improve General Practice and subsequently services for patients and help improve integration between Primary Care and particularly the Public Health System. By consulting and listening to the GPs who work in General Practice we can identify the issues and often find the solutions".

GPpartners Limited is a membership organisation for General Practitioners with a catchment area north of the Brisbane River encompassing the western suburbs to Caboolture. It provides educational services designed to meet the needs of general practitioners and through this influence and improve the health and wellbeing of our community.



Recent Local Area Group Meetings: Notes by Dr Jayne Ingham

North Lakes 26th November 2012

The Management of Infertility from a GPs perspective.”

Presentation by Professor Bruce Dunphy of Monash IVF.

Professor Dunphy certainly had the GPs in the audience thinking quite differently about infertility after this presentation. Prior to the presentation the GPs were shown around the Monash IVF Laboratory at the North Lakes Day Hospital to look at the technical aspects of IVF. My thinking up until now was I know a little about infertility but refer on for the specialist to sort it all out.

Professor Dunphy approached infertility as a part of the woman’s (or man’s) life not just a specific time when the couple want a pregnancy. As is the case with all the patients in General Practice we need to manage the whole person. Often the cause of the infertility affects the health of the patient starting with possible infections such as Chlamydia.

I learnt that if infertility in a female is due to tubal dysfunction from Chlamydia that often the male’s fertility is compromised. Chlamydia affects male fertility too by blocking tubes and affecting sperm production. (This may be a way to get those reluctant male partners investigated and treated for Chlamydia!)

I think the message is getting through to women that they need to be realistic about their fertility and it does naturally decrease with age and IVF success also decreases with maternal age. Professor Dunphy discussed the use of anti Mullerian hormone which is produced by the granulosa cells of the ovary. It broadly gives an approximation of ovarian reserve but there is a 20% variability in the test.

The laboratories that report the result with the graph showing the ranges is a better way of interpreting the number.

Polycystic Ovarian Syndrome, as well as affecting fertility, can cause lifelong problems with the increased risk of developing diabetes, lipid problems with the subsequent development of hypertension, heart disease and renal disease. These women are also at risk of endometrial hyperplasia and uterine cancer.

Obesity in itself raises many issues; infertility, gestational diabetes, higher miscarriage rates, obstetric complications, depression and eating disorders. The good news is that a 5% to 10 % drop in weight decreases insulin resistance and in PCOS, aerobic exercise improves ovarian morphology. Diet and lifestyle modification does impact on ovulation.

Professor Dunphy said not to be afraid to order hysterosalpingograms as these can be very useful in showing up uterine and tubal pathology that may not be detected otherwise.

If you would like a copy of Professor Dunphy’s presentation which includes more specific information about the investigations to manage our patients prior to referral for IVF please email contact@gppartners.com.au

“Essentials Considerations in Chronic Pain Management”

Presented by Dr Frank Thomas and Dr Ralph McConaghy on 7 November 2012

At one of our largest Local Area Group meetings this year attended by 40 GPs and sponsored by Mundipharma, Dr Frank Thomas and Dr Ralph McConaghy talked about chronic pain management. The presentations covered many aspects of chronic pain including how to manage it effectively for a patient in a palliative care.

("The Management of Infertility from a GPs Perspective continued.")

Abnormal Uterine Bleeding

Dr Archna Saraswat a gynaecologist who now has a surgical list at North Lakes Day Hospital and also operates at North West Hospital presented on "Abnormal Uterine Bleeding". Archna divided the areas of bleeding into adolescent, premenopausal and postmenopausal. The presentation is available from GPpartners if you would like to email contact@gppartners.com.au.

Archna emphasized referring for endometrial sampling if there is any suspicion of malignancy such as irregular bleeding and hyperplasia on pelvic ultrasound particularly in the premenopausal and postmenopausal groups.

Archna presented a couple of the new technologies for endometrial ablation for heavy periods when other treatments such as hormones, tranexamic acid, mefenamic acid or the Mirena IUD have not worked. The devices now are very safe and quick and can be done as day surgery.

The Novasure device uses microwaves to ablate the endometrium. The device measures the uterine lining and maps the area then sends out microwaves. The whole process takes 90 seconds! Contraception such as Essure (coil inserted into the fallopian tubes) needs to be provided in these patients. Although it is unlikely they will become pregnant, if they do they can develop placenta accreta as there is no endometrium for implantation of the pregnancy.

"Treatment of Psychosis in a Primary Care Setting"

On the 4th of December at Pine Rivers Private Hospital which is described as a modern facility specialising in a wide range of mental health services including drug and alcohol dependence, GPpartners co hosted an education session on "Treatment of Psychosis in a Primary Care Setting". Dr Adrian Morris spoke about "Drug Induced Psychosis" and Dr Chinna Samy spoke about "First Line Management of Psychosis in the Primary Care Setting." The presentations were very pertinent to my practice as the week before a patient who was known to be bipolar presented in a very disturbed state after experiencing a severe trauma and also had used "Ice". Dr Samy ran through the steps to arrange an involuntary admission and also the medication to sedate the patient (Lorazepam 1 to 2 mg or Olanzapine 5 to 10mg) when you do have a psychotic patient. Although you can complete the Involuntary Assessment Form under the Mental Health Act (the forms are available online) in the heat of the moment it is probably better to ring the police or ambulance to transport the patient to the nearest Mental Health Unit.

Dr Morris spoke about the use, particularly of methamphetamines, and the induction of psychosis. Even if there hasn't been any recent use of amphetamines stress can cause a relapse of the psychosis. Pine Rivers offers inpatient and outpatient programs in Alcohol and Drug dependence. Patients who don't have private health insurance can join a fund and be covered for Mental Health Conditions after two months. Patients need to check with the Health Fund though to ensure they will have adequate cover for the cost of Hospitalisation. Most of the psychiatrists consulting at Pine Rivers do bulk bill the Items 291 and 293 where the GP refers for an assessment and treatment management plan. Dr Morris was saying with many of the patients that are seen this way if they need more sessions they agree to pay a gap fee for subsequent visits. To find out more about the programs at Pine Rivers Private Hospital go to their website www.pineriversprivate.com.au.

“Why are Allergies Increasing?” was the title for the presentation given by Prof Pete Smith at a LAG Meeting at the Allergy Clinic on 22 November 2012.

Prof Smith’s talk covered many areas of interest for the General Practitioner and the primary topics explored were:

- Hygiene
- Genetics
- Dietary Influences

The strong ‘take home’ message is that allergies and anaphylaxis in particular, are dangerous. GPs should have patients:

- Seen
- Screened
- Safe and
- Sorted

For the notes of Prof Smith’s talk, please email contact@gppartners.com.au.



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