

## GPPARTNERS' BULLETIN

June/July 2013  
Volume 2, Issue 6

### From the Chair .....

Our online GP membership registration is making it easy to become a member of GPpartners. We value your support and input into our organisation. Instructions on how complete the online form are available at the end of this newsletter. Membership is free.

It has been another busy month with four Local Area Group Meetings. Our first was at Mon Komo at Redcliffe on management of Type 2 diabetes sponsored by Lilly on the 28<sup>th</sup> of May. The second one on the 13<sup>th</sup> of June at Murrumba Downs on "Diagnosis and Management of Children's Behaviour Problems" received very favourable feedback for giving practical tips about diagnosis and management. We are hoping to put some of the key points from the presentations on the GPpartners website. Hopefully we will be able to repeat this topic in another local area. The evening was sponsored by Janssen and Lilly. Our third LAG group was on Dermoscopy and Picato (Leo Pharma) with again positive feedback about great presentations. The fourth evening was at the Education Centre at Holy Spirit Northside with cardiology as the topic. We found out how women are different to men as far as symptoms and pathology goes when it comes to Cardiac Disease and also how to choose which investigations to do. The evening was sponsored by Mater Pathology and Holy Spirit Northside.

The Local Area Group Meetings are a great way to find out the issues affecting General Practice when we can chat informally with our colleagues. GPpartners can also inform GPs of some of the changes happening in the Primary Care Environment. Sometimes we feel that decisions are made around us that we cannot influence but if enough of us get together we can make changes. Recently there has been some back peddling with regard to the After Hours Contracts. The RACGP has also made changes with the standards for After Hours Care of patients making it easier for General Practices to comply and be able to maintain accreditation.

In this newsletter we are continuing to inform you of GPs with special interests so you are able to refer your patients to them. This time it is Dr Michael Levy at Kenmore who performs circumcisions. If you are a GP with special interests or skills please email [contact@gppartners.com.au](mailto:contact@gppartners.com.au) and we can feature you in an upcoming newsletter.

Prince Charles Hospital continues to make access easier especially for the older patient. Later in the newsletter is information about the extended hours for DUIT, what those letter mean and how to refer your patients.



### Date Claimers

23rd July  
Profiles in Diabetes  
Register online:-

### MEMBERSHIP RENEWALS FOR 2013—2014

See our Website—  
take this opportunity  
to join GPpartners!

**ONLINE NOW**

[www.gppartners.com  
.au/membership](http://www.gppartners.com.au/membership)

**Membership  
remains free for  
2013-2014 year**

### "Behaviour Management in Children and Adolescents"

Presentations from  
this LAG Meeting  
held on 13th June  
now on our website:

[www.gppartners.com.au](http://www.gppartners.com.au)

### INFECTIOUS DISEASES.... DOWNLOAD THIS APP TODAY!

IDdx: The fastest way to look up infectious diseases on iPhone, iPad, and Android. This app is just what you need to get the details about infectious diseases. It tells you the incubation times and how the infections are transmitted, details about the disease and what tests to do.

## GP access to TPC services without presenting to the ED = DUIT

For many patients, avoiding a hospital inpatient bed represents a better option for safe and efficient healthcare.

There is increased evidence that we can safely and effectively manage many conditions in an ambulatory care model that reduces unnecessary overnight admissions and increases patient satisfaction.

The utilisation of the Day Unit for Investigations and Therapies (DUIT) is one initiative to overcome potential access issues to inpatient beds, thus improving efficient use of inpatient beds, improving access for elective and emergency patients, improving flow through the Emergency Department whilst maintaining provision of optimal evidence based clinical care.

Overseas experience indicates that between 28-64% of all emergency admissions to inpatient beds fall into a 'short stay' of one to two days and could have been safely and effectively treated in an ambulatory model.

There is increasing recognition that health care services can be delivered more effectively allowing areas such as "DUIT" to be explored as a viable alternative to traditional inpatient care. The DUIT will provide a hospital substitution type service for those patients requiring medical assessment, diagnosis and treatment instead of an overnight inpatient stay.

The DUIT is co-located with the Early-assessment Medical Unit (EMU) on level one of the main acute building.

The specific goals of the unit are;

- To be able to respond to direct GP referrals bypassing the Emergency Department.

- To unburden the emergency department where possible by 'pulling' patients from ED.

- To foster an integrated approach to patient care by serving as an alternative to outpatient clinics and inpatient admission where appropriate.

- To avoid unnecessary overnight admissions of patients to inpatient units for assessment & treatment.

- Reduce pressure on the overnight inpatient beds.

To allow this DUIT is trialling extended hours of operation during the weekdays of July and August 2013. The types of patients appropriate for direct GP referral to DUIT rather than referral to the Emergency Department could include (but is not limited to); Falls, Cellulitis, Urinary Tract Infections, TIA, Syncope, Insulin Titration, Pneumonia. Patients need to be mobile with the assistance of one person and be able to make their own way to the unit.

During business hours GP's can contact Dr. Matthew Rickard on (07) 3139 6992 to discuss referral options.

A copy of the referral form and further information can requested of the DUIT reception and Team Leader on (07) 3139 5203 during business hours.

## Medicare Local Link

### GP Survey – Legionella issues

The Wesley Hospital is currently running a survey for GPs to comment on the recent legionella issues and impact in private practice. Please complete the **GP Survey – Legionella** here [http://www.surveymonkey.com/s/gpsurvey\\_legionella](http://www.surveymonkey.com/s/gpsurvey_legionella)

It should take no longer than five minutes.

**QLD Stoma Association Inc.** is a not for profit organisation promoting the welfare of persons living in the community who have a stoma as a result of surgery for bowel or bladder problems (known as ostomates). The Stoma Association are very interested in developing a basic stomacare training event for GP's and practice nurses so that their members can receive simple stoma care within the community rather than through the hospital system which is currently the case.

GPpartners will let you know when we have arranged this training event in collaboration with Qld Stoma Association.

### **INFANT CIRCUMCISION..... now available in Brisbane western suburbs**

Neonatal/infant male circumcision seems to come in and out of favour over time. Whilst circumcision will always be practiced in certain religious and cultural groups, the practice outside of those groups waxes and wanes according to public opinion and social trends.

Both professional and public opinion remains undecided about the relative merits of the procedure and the current *Royal Australian College of Physicians* statement acknowledges this and concludes:

*"it is reasonable for parents to weigh the benefits and risks of circumcision and to make the decision whether or not to circumcise their sons. When parents request a circumcision for their child the medical attendant is obliged to provide accurate unbiased and up to date information on the risks and benefits of the procedure. Parental choice should be respected."*

There is clearly still a demand by parents for circumcision in Brisbane and a relatively small number of practitioners offering it. As a result, those parents wishing to circumcise their sons are often required to travel long distances and in some circumstances to pay unreasonable fees.

I am now offering this service from our surgery premises in Kenmore. I provide a professional and unbiased service, offering parents the information required to make an informed decision. If they choose to have their son circumcised, it is performed in the clinical setting of our treatment room, with the same levels of sterility used for all the minor surgical procedures that we perform. I use the Plastibell™ device and the parents are offered full post-op support and follow up and no extra cost. Anaesthesia is achieved with topical EMLA or with penile nerve block if required.

If any of your patients enquire about circumcision, I'd be grateful if you would pass on my contact details.

**Dr Michael Levy BSc. MBBS MRCGP(Lond) FRACGP**

**Kenmore Clinics 2081 Moggill Rd Kenmore 4069 P 3363 1600 F 3878 2405**

University of Queensland General Practice Students Network (UQ GPSN) is running our annual 2nd Year Clinical Skills Workshop and we are looking for looking for GPs to teach our 2nd year medical students these essential skills for their GP rotation next year:

\*Dermal punch biopsy \* Suturing \* Injection technique

**When:** **Sunday 21st July** (Session 1: 9.30-11.30am/Session 2: 12.30-2.30pm)

**Where:** Level 4, Health Sciences Building, RBWH, Herston

You are most welcome to tutor both or either session. Lunch will be provided as well as Certificates of Appreciation. If you are interested, please email Patrina Liu at [ambassador@gpsnuq.org](mailto:ambassador@gpsnuq.org) by Thursday 18th July.