



East Gippsland
Division of General Practice

GPs united for better health care

2008 – 09 Annual Report

The Year in Review



benefits of division membership

All General Practitioners working in the East Gippsland Division are eligible for full membership status. Membership provides GPs and Practice Staff access to a range of services, information and support delivered by the Division.

Benefits of membership also entitles GPs to:

- Stand for election as Director of the Board and nominate for advisory committees
- Vote at the Annual General Meeting
- Remuneration for participation in Division events (where applicable)
- A united voice to both State and Federal Government
- Industrial advice from Victorian Hospitals Industrial Association (VHIA) through the Divisions membership
- Division education and training events, for GPs and Practice Staff
- Access to workforce and locum support
- Access to practice support and advice (IT / IM, PIP & SIP, accreditation, health promotion, HR & practice management)
- Access resources in Division library
- Staff participation in Practice Managers' and Practice Nurses' Forums
- Free advertising on Division website (practice contact details, position vacancies)
- Access practice staff education and training events

EGDGP advocates on your behalf through:

- General Practice Victoria
- Australian General Practice Network
- Commonwealth Department of Health and Ageing
- Department of Human Services
- Rural Workforce Agency, Victoria
- Regional Hospitals / Health Agencies
- Local Council
- Politicians

*“Coming together is the beginning.
Staying together is progress.
Working together is success.”
Henry Ford*



East Gippsland Division of General Practice

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We at East Gippsland Division of General Practice:

- Support General Practitioners and their staff in a changing environment
- Promote and support local level partnerships and team based approach through integration and multidisciplinary care to improve linkages with other parts of the health system such as hospitals, community care and aged care
- Focus on population health, prevention and early intervention
- Provide direct service to clients
- Ensure focused education opportunities supporting best practice
- Provide effective distribution of resources and information

EGDGP at a glance

RECRUITED three new doctors and five locums to East Gippsland communities

IMPLEMENTED the Rural Palliative Care Collaboratives Initiative with Central West Gippsland Division of General Practice (CWGDoGP) and General Practice Alliance - South Gippsland (GPA-SG)

ESTABLISHED Indigenous Community Leadership Group in February 2009

CONTINUED collaborative partnerships between the Division and Aboriginal Community Controlled Health Organisations (ACCHO)

FACILITATED Annual Planning Day in March, 2009

EGDGP is ranked 6th Nationally and 4th in Victoria for Immunisation coverage

PREPARED & SUCCESSFULLY achieved three year reaccreditation in March 2009

DEVELOPED AND DELIVERED 25 education sessions and network events to GPs, Practice Staff and other Health Professionals

FACILITATED DELIVERY of Certificate III in Health Services Assistance and Certificate IV in Health Administration to 33 practice staff

DELIVERED MAHS funded Diabetes Education services to Bairnsdale, Sale and Maffra

TOTAL number of new referrals to the MAHS Psychology service: 243

REFURBISHED office to meet growing staff needs, and maintain meeting facilities

AWARDED the annual Derek Leon Medical Scholarship to Jacinta Christiansen

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preamble

about us

Supporting general practices since 1993, East Gippsland Division of General Practice undertakes a positive role in the development and implementation of projects which assist General Practitioners (GPs) in many aspects of their business. Business management, the delivery of health care in an increasingly technological driven industry and effective promotion of prevention and early intervention initiatives.

Encompassing East Gippsland and Wellington Shires, geographically East Gippsland Division covers some 31,920km² of which 80% is public land. It is a geographically diverse region of coastal plains, river valleys, foothills, tablelands and mountains up to 1,400 metres elevation. The population of 75,561 persons includes an estimated 1,572 Indigenous Australian's forming 3.1% of the East Gippsland Shire and 1.1% of the Wellington Shire population. This is the third highest proportion by a Victorian division. East Gippsland Division is committed to reducing the health inequalities experienced by our Indigenous Community.

The area was serviced by 82 General Practitioners and 18 Registrars who delivered primary medical care from 31 General Practice locations. The diversity of practice sites includes, full time group practices, solo practices, Aboriginal Community Controlled Health Organisation's (ACCHO), Fulham Correctional Centre, East Sale RAAF Base and outreach practices in rural and remote areas.

Many of the GPs are active in supporting training and education of Interns, Registrars, Interns and Medical Students. Most have Visiting Medical Officer (VMO) status at their local hospital and provide general practice services to 16 Residential Aged Care Facilities (RACFs).

purpose of EGDGP

The purpose of Divisions of General Practice is to assist general practices to provide services to the community within the context of a broader primary health care system.

mission

We are committed to creating a healthier population through supporting quality general practice in partnership with the community and other healthcare providers

vision

Our vision is to achieve best health outcomes for our community

values

- Excellence
- Integrity
- Partnerships
- Diversity
- Innovation

motto

GPs united for better health care

the board



Dr David Monash (Chairperson)

Director since November 1995, meetings attended 8

Dr Monash is an Associate Principal GP at Mason House Medical Centre with VMO status at Central Gippsland Health Service, Sale and is a recognised State and National Leader in his field of GP psychiatry.

Dr David Appleton

Director since September 2000, meetings attended 8

Dr Appleton is an equal partner in a remote practice at Mallacoota. He also works part time in Accident and Emergency at Bairnsdale Regional Health Service and enjoys the challenges of practicing medicine in a remote location with opportunities to deliver “total family care” and pursue his clinical interest in palliative care.



Dr Yousuf Ahmad (Deputy Chairperson)

Director since November 2003, meetings attended 8

Dr Ahmad is an Associate Principal GP at Mason House Medical Centre with VMO status at Central Gippsland Health Service, Sale and is also a member of the EGDGP Professional Development Advisory Committee. His main professional interests are in mental health, chronic pain and medical acupuncture.

Dr Maria Bodenstein

Director since October 2004, meetings attended 8

Dr Bodenstein is a practice GP at Cunninghame Arm Medical Centre, Lakes Entrance and enjoys the challenges of providing family care to the community.



Dr Naveen Joshi

Director since November 2006, meetings attended 9

Dr Joshi is an Associate Principal GP at Macleod Street Medical Centre with VMO status at Bairnsdale Regional Health Service, has had wide international experience and maintains a special interest in anaesthetics and emergency medicine.

Dr Sara Renwick-Lau

Appointed January 2009, meetings attended 4

Dr Renwick-Lau completed hospital training at Royal Darwin Hospital and GP training in rural Darwin remote aboriginal communities. She has particular interest in Aboriginal Health and rural medicine. She was a board member of the GP Division of the NT and was also involved in training and supporting junior doctors on placement in remote communities in the NT. Dr Renwick-Lau moved to Mallacoota in 2008 with her family and became a partner in Mallacoota Medical Centre.



Mr Bruce Hurley

Director since November 2007, meetings attended 9

Mr Hurley is currently Chief Executive Officer of Gippsland Lakes Community Health and has spent most of his career servicing boards as a CEO and as a consequence has a great depth of knowledge on governance and strategic planning and has a special interest and focus on disadvantaged communities and has extensive involvement in local Aboriginal communities.

Mr Stephen Elsworthy

Director since November 2007, meetings attended 10

Mr Elsworthy has extensive financial experience, previously as a bank manager and currently in his own financial business. He participated as a Board of Management member of Bairnsdale Regional Health Service for 11 years, with several years as President and Chair of the Finance and Audit Committee. Mr Elsworthy has a strong working knowledge of strategic planning using this process in his current and previous hospital involvement.



Dr Sue George retired November 2008

chairperson's report

We are entering a new era of General Practice. Having been in power for two years the Rudd Government has released two reports that give a clear strategic indication of the direction in which they want General Practices to move. This includes changes to structure, work practices, coordination of service provision and altered funding streams. While the strategic direction is clear within the reports the detail is yet to be worked out. This will be the work of the government hopefully in consultation with the profession. I say hopefully as it is apparent that the level of consultation with General Practices that has occurred so far has been far from satisfactory.

We have been inundated with reports, and I urge those who have the time and inclination to read these as they give an indication of where our profession will be moved in the near future. The two major reports that should be read include:

National Health & Hospitals Reform Commission report (NHHRC) – June 2009 & The National Primary Health Care Strategy (NPHCS) – Draft – released in August 2009

This era will alter your Division of General Practice and transform it into a Primary Health Care Organisation. It will herald a changed approach to primary care where things we have known are being turned upside down in the name of reform. Failure to make this move will result in the Division being sidelined with other organisations taking on this role. The Division will change, restructure, and move forward or the Division will lose funding and ultimately cease to exist. There will need to be closer cooperation, or even amalgamation, with other organisations in our region providing primary care services and consequential alterations to the Division membership and governance structure to facilitate these changes.

This intention has been made clear by the author of the NHHRC report – Dr. Christine Bennett. There are other organisations gearing up to provide the basis of this organisational structure across the country in place of the Divisions movement. For this reason the Divisions Network has moved onto the front foot and released statements and achieved a consensual position from which it will facilitate divisional restructure. More substance to this structure will be thrashed out in the months to come. The recommendations of the reports will be brought into practice by 2012.

In this year the Division has undertaken some change of its own. Being the first full year with two non-GPs on the board their value to the organisation has been fully appreciated. This has been a successful move that should have been made earlier. Anoop Chauhan our new CEO has found his feet and demonstrated his worth to the organisation. The staff has undergone many changes in both personnel and work practices. Such changes as these are always difficult and the personnel have done very well to cope with them in the manner that they have. They deserve our praise and support.

This will be my last term on the Board and final year in the Chair of the organisation. I thank you for your support over the years and urge you all to support your organisation through this time of change with active participation. The ultimate structure of the Division / Primary Health Care Organisation and its usefulness to General Practice and the community in East Gippsland will be determined by your positive input.

Dr David Monash

chief executive officer's report

I am delighted to present the 2008-09 operations of the Division and report that the team at the Division ended the year having achieved targeted outcomes/deliverables in all program areas. This was the year characteristically highlighted by achievements, challenges and opportunities attributing to the dedication and providing focus for the Division's direction in the short to medium term.

A key challenge and opportunity for the East Gippsland Division was to position itself as a lead agency to identify issues and develop solutions within the constraints of the various resources. A new initiative of assigning a Practice Liaison Officer was introduced during the year and I am extremely grateful with the increased level of reciprocation, participation and interaction extended to the Division staff by both GPs and practice staff. This initiative confirmed that the members are confident to raise issues with the Division and believe that issues will be heard and acted upon appropriately.

National Health & Hospital Reform Commission report (NHHRC) has clearly spelt out challenges to the area of how Primary Health Care will be delivered across the country and how that will impact on aspects of the future of General Practices. The NHHRC report also outlines a reform agenda to tackle perceived inefficiencies in the health system, particularly in administration and operation with cost-shifting issues; and presents a compelling case for change in overall health care system to improve access (everyone to access health advice within 24-48 hours), outcomes (e.g. chronic disease management) and the particular needs of indigenous, rural and remote communities. All the Divisions under the auspice of Australian General Practice Network (AGPN) will work towards responding to the report to ensure that General Practices remain at the forefront of the future of Primary Health Care and will promote that "People are the focus of health care and GPs are the hub of health system process". The Division acknowledges that it has to engage with the reform process; else, it will lose the opportunity to contribute and represent the GP community in the region.

The Division will need to realign its approach in supporting General Practices in their capacity building and enhancing and facilitating productive relationship between the GP community and Allied Health Professionals (AHPs). In the near future, the Division will endeavour to fine tune its engagement with the GPs, AHPs and the community in the context of Primary Health Care delivery.

Staff are the Division's greatest asset and continue to competently deliver a diverse range of valuable programs within the extreme guidelines. I encourage the readers to take time to read this report that outlines key achievements and activities in various areas.

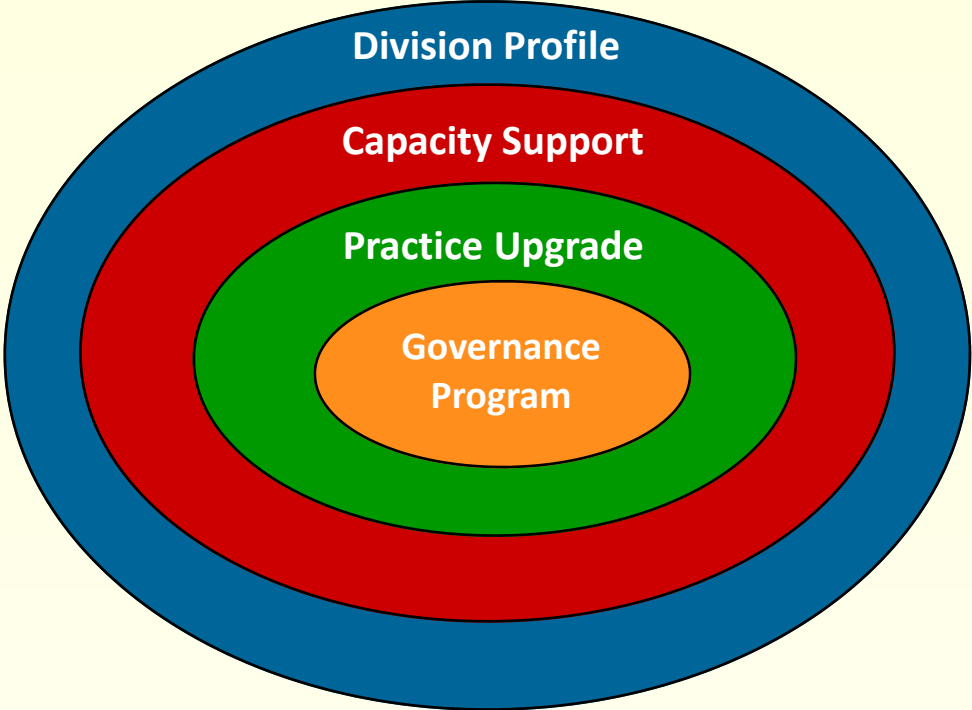
On behalf of the Division members and staff, I take this opportunity to thank all members of the Board of Directors for their dedication and commitment to the organisation and extend a personal note of thanks to Dr David Monash for his invaluable direction and support as Chairperson.

I further offer a sincere acknowledgement to the staff for their dedication, team work and tireless efforts to ensure the Division performs qualitatively within the framework of its charter.

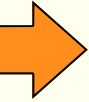
Together we are looking forward to building on our relationships with GP members, their practices and other health agencies within the community.

Anoop Chauhan

strategic plan



Governance Program

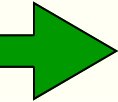


Implement and maintain Governance Mechanisms



- Financial Management
- External Engagement
- Quality Improvement

Practice Upgrade

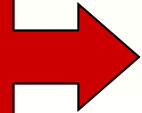


Capacity Development Support



- Information Management & Technology
- Systematic Approach
- Workforce

Capacity Support

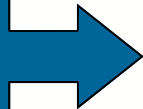


Training and Up Skilling Support



- Quality Use of Medicines (QUM)
- Immunisation
- Aged Care Allied Health Initiative (ACAHI)
- Access to Allied Psychology Services (ATAPS)
- MAHS Psychology
- MAHS Diabetes
- Rural Palliative Care Project (RPCP)
- Professional Development
- Chronic Disease Management
- Nursing in General Practice (NiGP)
- Rural Outreach Program
- Prevention & Early Intervention

Division Profile

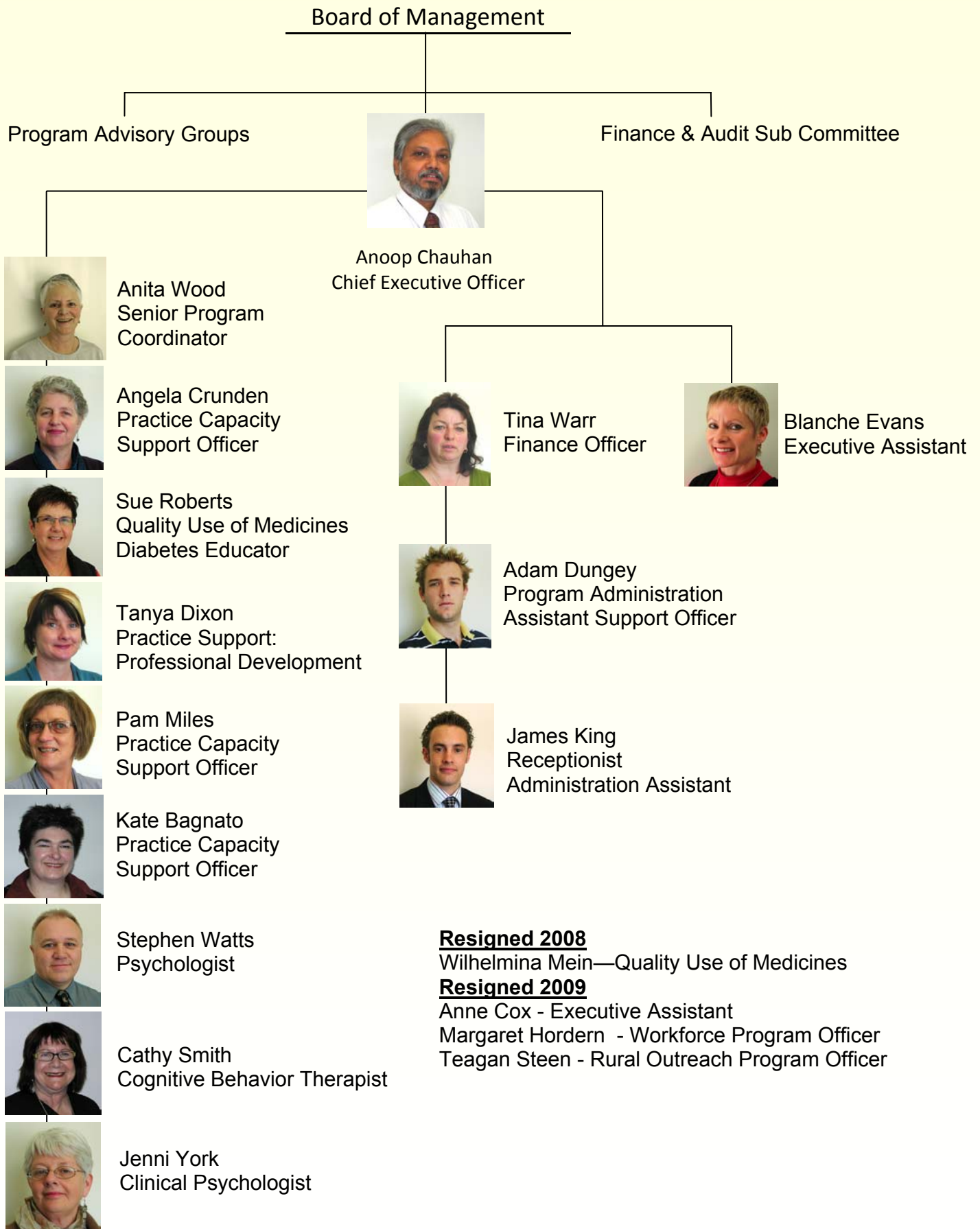


Effective Engagement



- Networks
- EGDGP Advisory Committees
- Resources
- Practice Liaison Program

EGDGP staff



governance program

2008-2009 was a busy year for Division management which supports EGDGP staff and programs through administrative support, financial management and human resources. Ongoing systematic evaluation and improvement of the effectiveness of the organisation ensures continuous quality improvement. It is the fundamental goal of management to implement and maintain effective corporate governance mechanisms, ensure consumer participation, effectively manage human resources and financial commitments.

Financial Management	<p>2008-09, EGDGP conducted an internal systems and quality review improving governance. The Corporate Team continue to operate in accordance with its statutory obligations providing comprehensive financial management reports to stakeholders.</p> <p>Review of the governance structure provided a foundation to reinstate Advisory Committees. The committees connect GPs to the Division ensuring programs fundamentally respond to and are informed by the needs of its' members.</p>
External Engagement	<p>EGDGP engages with peak bodies and Government to advocate for the unique needs of our catchment. We are an active member of a number of local Committees that support the advancement of Primary Health Care (PHC) in our region. The purpose of our engagement with agencies is to ensure that the significant role of General Practice is integrated within the broader health sector.</p> <p>Our involvement in the Rural Outreach program has driven wider engagement with local government and welfare agencies to support local communities suffering from the effects of drought.</p>
Quality Improvement	<p>2008/09 marks a milestone for EGDGP, having successfully undertaken the three year cycle quality improvement recertification with the Quality Improvement Council (QIC). All 17 CORE standards and four Primary Health Care (PHC) standards were met and full accreditation status granted.</p> <p>The attainment of accreditation follows the organisation undertaking policy review and development, self assessment by board and staff, and key stakeholder and consumer input.</p>

key partnerships

- Australian College of Rural & Remote Medicine (ACRRM)
- Australian General Practice Network (AGPN)
- Australian Practice Nurses Association (APNA)
- Bairnsdale Regional Health Service (BRHS)
- Beyond Blue
- Bouverie Centre
- Cancer Council Victoria
- Centacare
- Central Gippsland Health Service (CGHS)
- Central West Gippsland Division of General Practice (CWGDoGP)
- Commonwealth Department of Health and Ageing (DoHA)
- Department of Human Services (DHS)
- Diabetes Australia Victoria (DAV)
- Djillay Ngalu
- Early Intervention Primary Mental Health Team
- East Gippsland Primary Care Partnership (EGPCP)
- East Gippsland Shire
- General Practice Alliance South Gippsland (GPASG)
- General Practice Victoria (GPV)
- getGP
- Gippsland & East Gippsland Aboriginal Cooperative (GEGAC)
- Gippsland Health Alliance (GHA)
- Gippsland Health Services Partnership (GHSP)
- Gippsland Lakes Community Health (GLCH)
- Gippsland Regional Integrated Cancer Service (GRICS)
- Gippsland Regional Palliative Care Consortium (GRPCC)
- Kilmany Family Care
- Latrobe Regional Hospital (LRH)
- Monash University—School of Rural Health
- National Breast and Ovarian Cancer Centre (NBOCC)
- National Prescribing Service (NPS)
- Pharmacy Guild
- Relationships Australia
- Royal Australian College of General Practitioners (RACGP)
- Royal College for Nursing Australia (RCNA)
- Rural Workforce Agency Victoria (RWAV)
- Special Needs Access Program (SNAP)
- Wellington Primary Care Partnership (WPCP)
- Wellington Shire

practice upgrade

Internationally, providers and funders of health care recognises that population-based health information is required to be able to measure economic input, health outputs and outcomes and assist in the prioritising and targeting of service delivery. Information technology and information management maturity can enhance practice capacity that in turn will lead to improved health outcomes for the patients and community.

Information Management & Technology

EGDGP continues to support General Practices in an evolving technological environment and is instrumental in e-referral currently being trialed using Argus to interface with Infoxchange. This trial provides real-time e-referrals to state funded and private providers.
 Nine practices within the Division’s catchment have the Pen Clinical Audit Tool (penCAT) installed. The Pen CAT allows practices to analyse their performance, search for target population segments for intervention and identify patient files for data cleaning activities.

Systematic Approach

The Division supports a systematic approach to Chronic Disease Management through Practice assistance with Register, Recall and Reminder systems. Chronic Care Clinics are becoming more common nationally and our Practices are embracing the challenge.
 The Division supports Practices through assistance with patient population selection tools and identifying evidence models. We also provide information to assist General Practices to identify local service providers with clear referral pathways.

Workforce

The Division has been successful in responding to GP requests for workforce support. The highlight for this reporting period is the recruitment of three GPs and five locums to provide relief to six practices across the Division catchment. 18 Registrars were supported in their placements within East Gippsland and Wellington practices. A growing challenge noted over the past year is the extended length of time required to assist an International Medical Graduate (IMG) to gain entry to practice in Australia.

key partnerships

EGDGP + RWAV =
Rural Locum Program

EGDGP + DHS =
Argus S2S Project

EGDGP + GetGP =
28 Registrars supported

EGDGP + GetGP =
Nine Cluster Group Meetings delivered

highlights

- Installed Pen Clinical Audit Tool (penCAT) in nine practices across the Division catchment
- Support to generate consistent data, enabling practice the evidence for systems change management
- Placement of 3 General Practitioners, 5 Locums and 18 registrars across the Division’s catchment
- Awarded the annual Derek Leon Medical Scholarship to Jacinta Christiansen

capacity support

The Division plays a key role in facilitating and supporting health agencies to engage in best practice health promotion strategies that improve health outcomes for people in remote locations.

Quality Use of Medicines

EGDGP supports Quality Use of Medicines goals and objectives through the provision of Home Medicine Review and National Prescribing Service.

HOME MEDICINE REVIEW (HMR)

HMR focuses on the quality use of medicines by providing a referral pathway between the patients GP, Community Pharmacist and HMR Accredited Pharmacist. The past 12 months has seen an increase in interest and referrals. Growth in individuals referred for HMR from 1.3 people per 10,000 population in 2006/07 to 4.7 people per 10,000 population in 2008/09. 24.9% of GPs participating in the HMR program.

NATIONAL PRESCRIBING SERVICE (NPS)

NPS supports and promotes the best use of medicines by providing independent and balanced therapeutic information that is based on nationally recognised guidelines.

Topic delivered in 2008/2009

- Early use of insulin and oral antidiabetic drugs
- Antepatelet and anticoagulant therapy in stroke prevention.

Immunisation

A commitment from General Practices ensures the Childhood Immunisation at state and national levels remains above 90% coverage, and ranking in the top 10% Australia Wide.

EGDGP is dedicated to supporting General Practices to ensure high Immunisation coverage by facilitating the distribution of departmental information and resources, monitoring overdue notification and promoting safe storage of vaccines.

Aged Care Allied Health Initiative

Aged Care Access Initiative supports the provision of additional Allied Health Service to Residential Aged Care Facilities .

EGDGP successfully negotiated delivery of “Balance2Live” a 12 week falls prevention program into 10 Residential Aged Care Facilities across the catchment. Commencing in June 2009 and to be completed by December 2009 the “Balance2Live” program provides extra physiotherapy, free of charge for between 150 and 250 Aged Care Facility Residents.

key partnerships

EGDGP + Pharmacy Guild + GEGAC=

Indigenous Home Medicine Review Program

EGDGP + National Prescribing Service =

Delivery of 1:1 & small group learning education program

EGDGP + Residential Aged Care Facilities + VIVIR™

Physiotherapy providers =

Delivery of Balance2Live

EGDGP + Diabetes Australia Victoria =

Trained Life Style Modification Facilitator

highlights

- Visiting Pharmacist and experienced NPS Facilitator provided small group learning and educational visiting activities to over 53% of the Division GPs and Registrars
- “Closing the Gap” Koori Home Medicine Review commenced as a four year pilot program.
- NPS therapeutic briefing delivered to 81 participants including GPs, Pharmacists, Practice Nurses and Diabetes educators

**Access to Allied
Psychology
Services ATAPS**

The Gippsland Regional ATAPS Program is delivered across the three Gippsland Divisions, a population of 283,906 persons over an area of 41,538 km². The program experienced unprecedented demand in 2008-09 this built on strong demand in 2007-08 and resulted in the Division being forced to temporarily cease supply of vouchers in April 2009. EGDGP has actively participated in a pilot project for Telephone Cognitive Behavioral Therapy (T-CBT). Delivered by two approved psychologists trained to deliver T-CBT, the program targets people from rural and remote areas of EGDGP's catchment who experience difficulties accessing traditional face to face services.

**More Allied
Health Services
Psychology**

2008/2009 has seen an increase of 59.67% in referrals to EGDGP for the More Allied Health Services—psychology program which may be attributed to the appointment of a second clinical Psychologist to complement the psychology team. In most cases of the 243 Clients referred to MAHS Psychology program, the identified problems were the same reason given in the referral from the General Practitioner. The presenting problems include depression, anxiety disorders, relationship difficulties, grief and loss, chronic pain/illness, anger management and abuse / trauma. Having undertaken the MAHS Needs Assessment in 2007, EGDGP appointed a Cognitive Behaviour Therapy (CBT) counsellor to provide evidence based multidisciplinary care eating disorders program that operates in collaboration with primary, secondary and tertiary providers.

**More Allied
Health Services
Diabetes**

EGDGP's More Allied Health Service - Diabetes Educator program has expanded, to four MAHS Diabetes Educators across the catchment. The service is available at Gippsland and East Gippsland Aboriginal Cooperative (GEGAC), Maffra Medical Group, Macleod Street Medical Centre, Johnson Street Medical Centre and Central Gippsland Health Service. The program expansion has led to a 9% increase in clients seen in the April - June 2009 quarter. A total of 261 clients have received services: including 28 who identified indigenous status. In addition 2008/2009 provided 48 Podiatry services at Ramahyuck District Aboriginal Corporation.

key partnerships

EGDGP + Bairnsdale Regional Health Service = MAHS
Diabetes Program delivery in Bairnsdale & GEGAC

EGDGP + Central Gippsland Health Service = MAHS
Diabetes Program Delivery in Sale & Maffra

EGDGP + Maffra Medical Centre = MAHS
Diabetes Program Delivery

EGDGP + General Practice Alliance - South Gippsland
+ Central West Division of General Practice =
Access to Allied Psychology Services delivered

highlights

- Increased access by the Indigenous community to Diabetes Education services 9%
- Appointment of Cognitive Behaviour Therapist providing multi-disciplinary care eating disorders program
- MAHS Psychology service received referral increase of 59.67%
- Appointment of a second Clinical Psychologist to support the psychology team
- Actively participated in the pilot T-CBT program targeting rural and remote people, whom experience difficulties accessing face to face services.

Rural Palliative Care Project

The Rural Palliative Care Project aims to improve the access for rural and remote Australians to quality palliative care. EGDGP in collaboration with Gippsland Palliative Care Consortium, General Practice Alliance - South Gippsland (GPASG) and Central West Division of General Practice (CWDoGP) delivered Beyond Boundaries Forum, including 16 attendees from EGDGP catchment.

In 2008/2009 the Rural Palliative Care Project, delivered Professional Development opportunities including Palliative Care Journey for Aged Care Facilities and Palliative Care, Motor Neuron Disease and Multiple Sclerosis.

The “Family and Friends” a Grief and Bereavement booklet has been revised, reprinted and distributed to practice and community members. EGDGP thanks Dr Anne Miller and Dr John Bergin who provided valuable assistance in the review of the booklet’s contents. The booklet has been well received by all.

Professional Development

EGDGP’s Professional Development program provides General Practitioners, Practice Nurses, Practice Managers, Administration Staff, Residential Aged Care Facility Staff, Pharmacists and other Health Professionals with ongoing Professional Development opportunities. 2008/2009 EGDGP has delivered some 25 education and network events from various locations including Orbost, Sale, Omeo and Bairnsdale, attracting local and metropolitan key note speakers.

The program provided learning opportunities including Chronic Disease Management, Indigenous Health, Mental Health and Palliative Care.

The diverse education opportunities are developed from the Annual General Practice Needs Assessment, specific requests and delivered in line with the Royal Australian College of General Practice (RACGP), Australian College Rural and Remote Medicine (ACRRM) and Royal College of Nursing (RACN) guidelines.

Chronic Disease Management

EGDGP has participated in a number of initiatives to support Chronic Disease Management (CDM) in the primary health care setting. The Australian Better Health Care Initiative (ABHI) integration project together with Wellington Primary Care Partnership (WPCP) and East Gippsland Primary Care Partnership (EGPCP) supported the Allied Health Professionals (AHP) and GP Network dinners held in Sale and Bairnsdale.

Having undertaken an active role in e-referral trials EGDGP has and continues to focus on service integration improvement between Practices and the broader health sector via Argus S2S Infoexchange.

key partnerships

EGDGP + Gippsland Regional Palliative Care Consortia + Central West Division of General Practice + General Practice Alliance—South Gippsland =

Beyond Boundaries Forum

EGDGP + Diabetes Australia Victoria+ General Practice Victoria =

Trained Life! facilitator

EGDGP + East Gippsland Primary Care Partnership+ Wellington Primary Care Partnership =

Allied Health and General Practice Network Dinner

EGDGP + Cancer Council Victoria=

The Evolving world of Cervical Cancer ALM

highlights

- Delivery of Ischaemic Stroke: Introduction to Alteplase education session: attended by 11 GP’s and 6 Pharmacists.
- Facilitated delivery of 3 Jean Hailes video conference education sessions to Orbost, Sale and Bairnsdale.
- 33 practice staff successfully undertook, EGDGP’s facilitated delivery of certificate III in Health Services Assistance.
- Distributed to all Practices the revised “Family and Friends” a grief and bereavement booklet.
- Actively participated in the trials of e-referral using Argus S2S.

Nursing in General Practice	<p>EGDGP's, Nursing in General Practice (NiGP) program provides Practice Nurses with information regarding contemporary best practice delivery of prevention and chronic disease management (CDM).</p> <p>2008/2009 MBS data for EGDGP evidences a significant increase in CDM Nurse Item number claims from 56 in the July September quarter to 351 in the December March quarter.</p> <p>EGDGP has provided demand driven Professional Development opportunities to support the role of Practice Nurses. These included Women's Health: HPV and cervical screening, spirometry, Ear Irrigation and Four Year Old Health Checks.</p>
Rural Outreach Program	<p>EDGDP provides targeted programs for drought affected communities. Community outreach activities have been designed to raise community awareness of mental health issues associated with drought as well as to provide support to community members regarding available services and appropriate referral pathways. Outreach activities have been developed and delivered in partnership with local communities. Events have included 'pamper' days, family BBQs, Mental Health First Aid, No Bull and "Looking out for your Neighbour" training and a highly successful Family Rejuvenation Camp.</p>
Prevention & Early Intervention	<p>2008-2009 has seen the uptake of Health Assessments (Items 713 and 718) increase across the Division. Practices using innovative methods such as increased Practice Nurse hours, plan nurses to identify and assess this client base who are at risk of Chronic Disease.</p> <p>EGDGP has a trained an LMP facilitator who has provided Practices with; referral pathways, item claim flowcharts, templates assessment tools, client information brochures and funding opportunity information.</p> <p>August 2008 saw EGDGP in collaboration with EGPCP and WPCP facilitate an Indigenous Diabetes Active Learning Module (ALM), at historical Strathfieldsaye, attracting national and internationally recognised speakers. The event was fully subscribed and attended by 8 GPs and 12 Practice staff from across the region.</p>

key partnerships

EGDGP + Cancer Council Victoria =

The Evolving World of Cervical Screening ALM

EGDGP + National Breast and Ovarian Cancer Centre =

The Management of Secondary Lymphoedema Workshop

EGDGP + Gippsland Lakes Community Health =

Mental Health First Aid delivery to Cann River and Omeo

EGDGP + Gippsland Lakes Community Health + East Gippsland & Wellington Primary Care Partnerships + Kilmany Family Care =

Community BBQ Tubbut & Cann River , Women's pamper day, Meerlieu and Family Day Buchan.

EGDGP + Diabetes Australia Victoria=

LIFE!

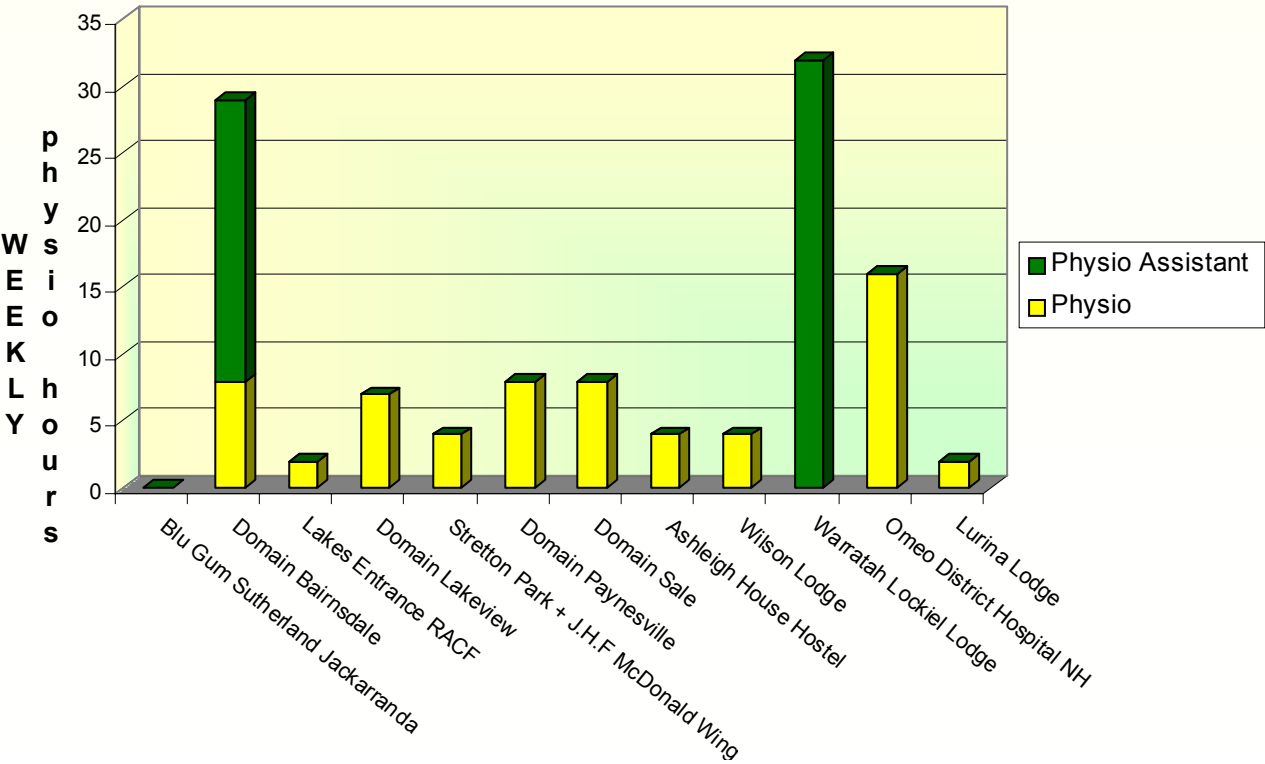
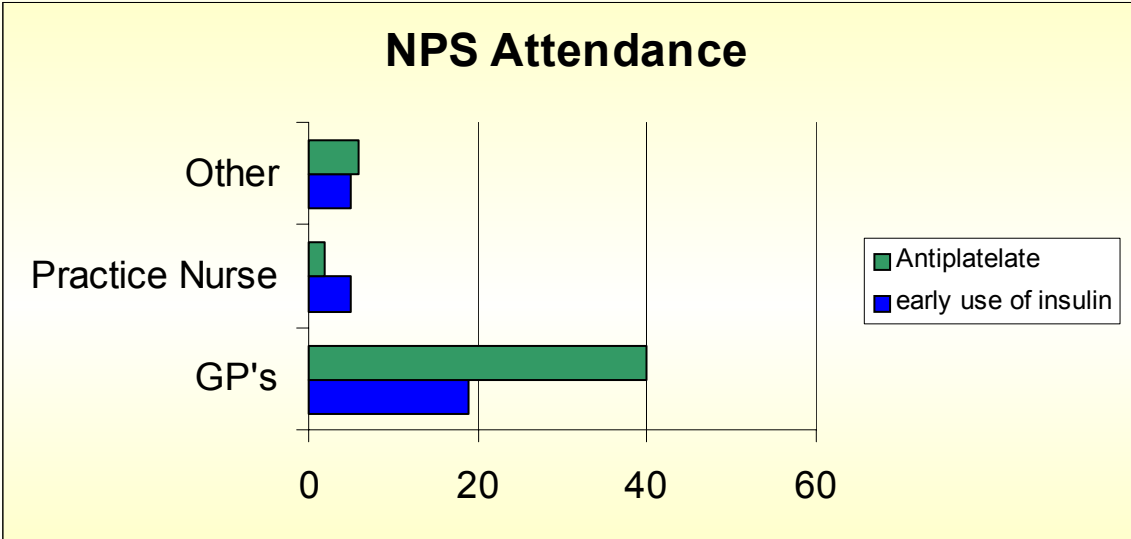
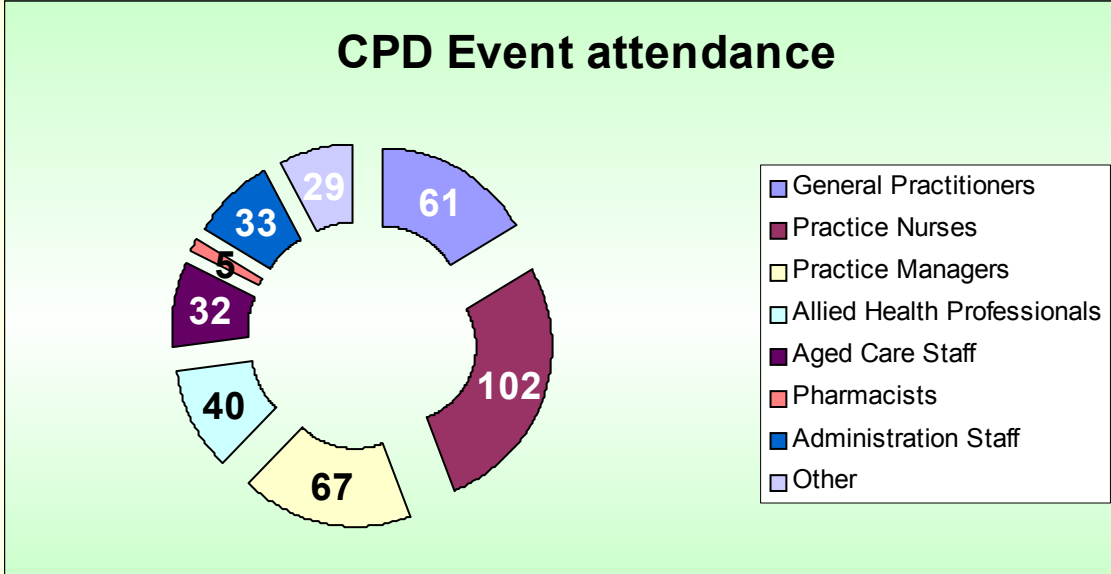
EGDGP + General Practice Victoria =

Nursing in General Practice

highlights

- Licola Family Rejuvenation Camp for drought affected families was attended by eighty community members aged from 6mths to 80 years.
- Diabetes Active Learning Module, Strathfieldsaye, featured key note speakers, Professor Ian Anderson, Dr Ralph Audehm, NPS Facilitator Dr Wayne Thompson
- Renewed enthusiasm for Health Assessment clinics following the combined Practice Network Meeting facilitated by GPV at Redcourt Homestead
- Provided education sessions for GP's and Practice Nurses including Women's Health: HPV and cervical screening, spirometry, ear irrigation and Four Year Old Health Checks

in review



division profile

Sound working relationships between key stakeholders contribute to the effectiveness of the interaction between General Practice and other health care and support providers. Community input into the program of activities ensures the relevance of the activities to the wider community

Networks

Strengthening Practice Team Network forums was an EGDGP focus in 2008/2009. Participant driven agendas and information delivery has ensured a successful platform for discussion offering ongoing support to General Practices.

An EGDGP Clinical Psychologist has played an active role in the establishment of a Mental Health Professionals Network. The network aims to support the development of sustainable inter-disciplinary collaboration in the local primary mental health care sector.

Initiated by EGDGP in March, 2009, The Indigenous Health Leaders forum has been well received. Members include the CEOs and managers of the four ACCHOs and the manager of Djillay Ngalu. The purpose of the forum is to seek guidance from the leaders to inform the Division's direction in the important task of "Closing the Gap" in local Indigenous health status.

EGDGP Advisory Committees

The Board reviewed the Advisory Committee Structure and developed Terms of Reference for the following Advisory Committees:

- Doctors for Rural Health
 - Prevention and Early Intervention
 - Education and Events
 - ATAPs Mental Health
 - Quality Use of Medicine and
 - Palliative Care
-

Practice Liaison

The Division reviewed the Practice Support Program and initiated a regular Practice Visit Program. The feedback from Practices has been positive and the Practice Support Team have welcomed the opportunity to meet with GPs, Practice Managers and Nurses at their clinic.

The Practice visits program has distributed valuable resources to Practices including NPS antidiabetic drugs poster, lifeline magnets and wallet cards and indigenous health check brochures.

key partnerships

EGDGP + Mental Health Professional Network = ***Initial Mental Health Professional Network***

EGDGP + Ramahyuck District Aboriginal Corporation + Gippsland & East Gippsland Aboriginal Co-operative + Lake Tyers Aboriginal Health Service + Moogji Aboriginal Council + Djillay Ngalu =

Indigenous Health Service Leaders Network

EGDGP + EGDGP CPD Advisory Committee = ***RACGP accredited education events management***

highlights

- Distribution of precautionary equipment inline with national guidelines for swine flu protection.
- Successfully implemented combined Practice Team Forum held at Redcourt Homestead, with local practice staff and GPV presentations.
- Bi-monthly CPD Advisory Committee meetings ratifying dynamic education opportunities
- Access to palliative care specialists for primary and secondary consultations and education for all rural GPs
- Staff have been providing monthly on site visits to all Practices to supply resources and inform of current programs and offer assistance.

members (as at June 30, 2009)

Dr	Yousuf	Ahmad	Dr	Gordon	McIntosh
Dr	Lubna	Ahmed	Dr	Elsbeth	McRae
Dr	Stuart	Anderson	Dr	Robert	Melville
Dr	David	Appleton	Dr	Ann	Miller
Dr	Michael	Baker	Dr	David	Monash
Dr	Elizabeth	Bakewell	Dr	Deepthi	Mudunna
Dr	Ferdoushy	Begum	Dr	Rakesh	Nandha
Dr	John	Bergin	Dr	Poh	Ng
Dr	Maria	Bodenstein	Dr	Iain	Nicolson
Dr	Susan	Borland	Dr	Margaret	Niemann
Dr	Elizabeth	Boyd	Dr	Chris	O’Kane
Dr	Graham	Bromwich	Dr	Daniel	Otuonye *
Dr	Ian	Broom	Dr	Andrew	Peters
Dr	Alex	Burk	Dr	Ludwick	Prokopowicz
Dr	James	Bvirakare	Dr	Sara	Renwick-Lau
Dr	Myles	Chapman	Dr	Anthony	Richards
Dr	Elizabeth	Christie	Dr	Andrew	Rutherford
Dr	Paul	Dandy	Dr	Jennifer	Schlager
Dr	Michael	Dawkins	Dr	Belinda	Schoeffel
Dr	Ross	DeSteiger	Dr	Philip	Sewell
Dr	Bert	DeVoogd	Dr	Ian	Seymour
Dr	Scott	Deller	Dr	Umesh	Sharma
Dr	Lynden	Derrick	Dr	Daryl	Smith
Dr	Sybille	Dobber	Dr	Helen	Stanley
Dr	Chris	Fielding	Dr	Peter	Stevens
Dr	Suzanne	George	Dr	Fiona	Sundermann
Dr	Yola	Wysocka-Grabinska	Dr	John	Urie
Dr	Tomasz	Grabinski	Dr	Lloyd	Waters
Dr	Ronald	Gwynn	Dr	Tim	Watford
Dr	Hulme	Hay	Dr	Andrew	Watt
Dr	Kenneth	Howson	Dr	Peter	Worboys
Dr	Anne	Hughes	Dr	Anthony	Wright
Dr	Heather	Hunter	Dr	Sema	Yilmaz
Dr	Greg	Ivanoff			
Dr	John	Jarman			
Dr	Bruce	Johnston			
Dr	Naveen	Joshi			
Dr	Patrick	Kinsella			
Dr	Purackal	Kuruvilla *			
Dr	Jonathon	Lancaster *			
Dr	Debra	Langford +			
Dr	Michael	Langford			
Dr	Peter	Linstedt			
Dr	Geoffrey	Macfarlane			
Dr	Christine	Martin			
Dr	Graham	McCallum			
Dr	David	McConville			

Associate Members (as at June 30, 2009)

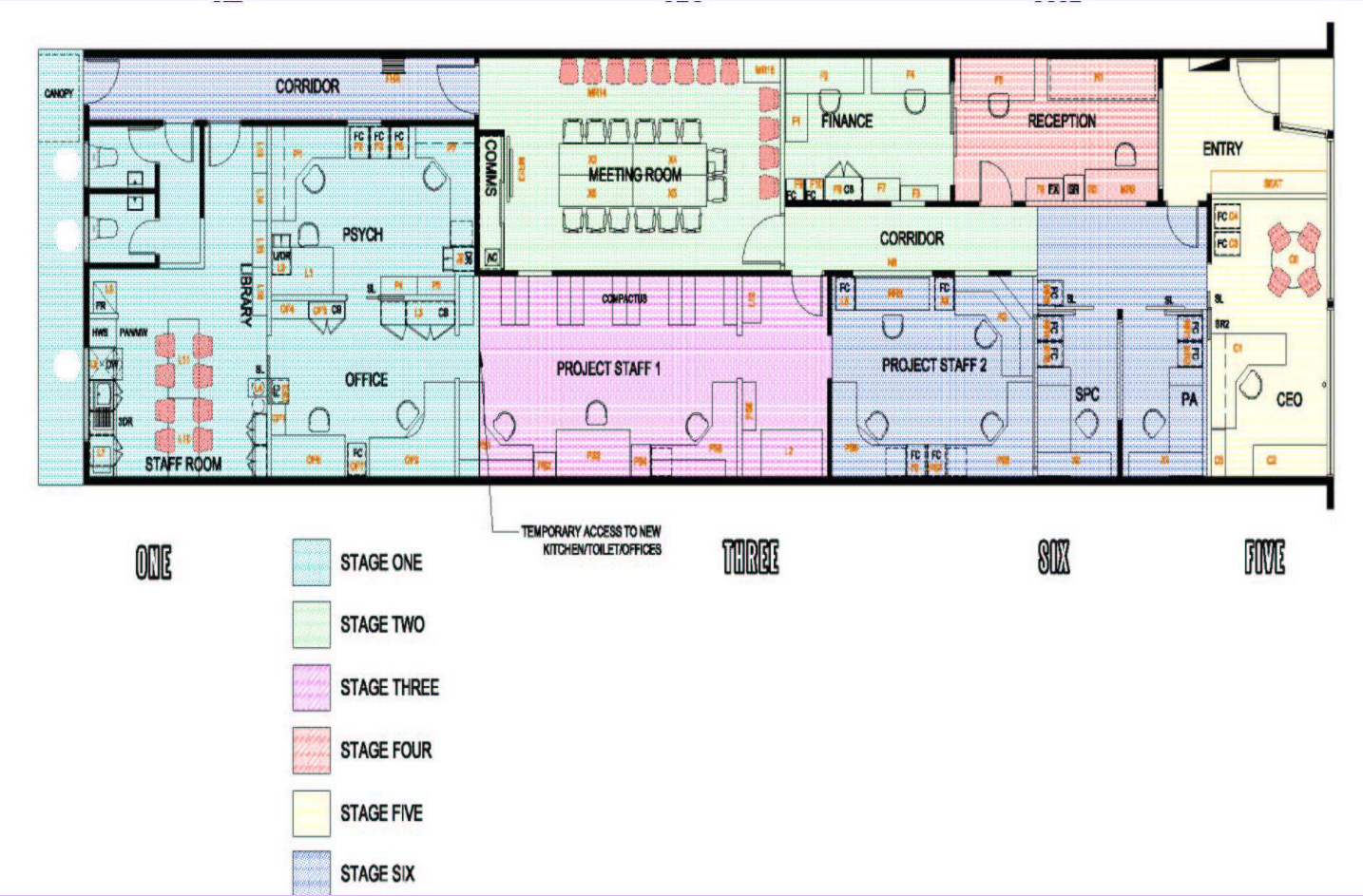
Mr	Piero	Baglioni
Ms	Cheryl	Bush
Mr	Stephen	Elsworthy
Ms	Juana	Ford
Mr	Bruce	Hurley
Ms	Bev	White
Ms	Maureen	Wilson

* indicates retired membership in January 2009
+ indicates retired membership in June 2009

acronyms

AASB	Australian Accounting Standards Board	GLCH	Gippsland Lakes Community Health
ABHI	Australian Better Health Initiative	GP	General Practice
ABN	Australian Business Number	GPs	General Practitioners
ACAHI	Aged Care Allied Health Initiative	GPASG	General Practice Alliance South Gippsland
ACCHO	Aboriginal Community Controlled Health Organisation	GPV	General Practice Victoria
ACRRM	Australian College of Rural and Remote Medicine	GRICS	Gippsland Regional Integrated Cancer Service
ACN	Australian Company Number	GRPCC	Gippsland Regional Palliative Care Consortium
AGPA	Australian General Practice Association	HMR	Home Medicine Review
AGPN	Australian General Practice Network	HPV	Human Papilloma Virus
AHP	Allied Health Professional	HR	Human Resource
A-IFRS	Australian-International Financial Reporting Standards	IM	Information Management
ALM	Active Learning Module	IMG	International Medical Graduate
APNA	Australian Practice Nurses Association	IT	Information Technology
ASIC	Australian Security Investments Commission	LRH	Latrobe Regional Hospital
ATAPS	Access to Allied Psychology Services	LMP	Lifestyle Modification Program
BOiMHC	Better Outcomes in Mental Health Care	MAHS	More Allied Health Service
BRHS	Bairnsdale Regional Health Service	MBS	Medicare Benefit Scheme
CAT	Clinical Audit Tool	NBOCC	National Breast and Ovarian Cancer Centre
CBT	Cognitive Behaviour Therapy	NHHPCP	National Health & Hospital Reform Commission Report
CEO	Chief Executive Officer	NiGP	Nursing in General Practice
CDM	Chronic Disease Management	NPS	National Prescribing Service
CGHS	Central Gippsland Health Service	NT	Northern Territory
CPD	Continuous Professional Development	OTD	Overseas Trained Doctor
CQI	Continuous Quality Improvement	PCP	Primary Care Partnership
CWDoGP	Central West Division of General Practice	PHC	Primary Health Care
DAV	Diabetes Australia Victoria	PIP	Practice Incentive Payment
DoHA	Department of Health and Ageing	QIC	Quality Improvement Council
DHS	Department of Human Services	QICSA	Quality Improvement and Community Services Accreditation
EGDGP	East Gippsland Division of General Practice	RACF	Residential Aged Care Facility
EGPCP	East Gippsland Primary Care Partnership	RACGP	Royal Australian College of General Practitioners
GEGAC	Gippsland & East Gippsland Aboriginal Cooperative	RCNA	Royal College of Nursing Australia
getGP	Gippsland Education and Training for General Practice	RDAC	Ramahyuck District Aboriginal Corporation
GHA	Gippsland Health Alliance	RWAV	Rural Workforce Agency, Victoria
GHSP	Gippsland Health Services Partnership	SIP	Service Incentive Payment
		SNAP	Special Needs Access Program
		S2S	Service 2 Service e-referral
		T-CBT	Telephone Cognitive Behavior Therapy
		VHIA	Victorian Hospitals Industrial Association
		VMO	Visiting Medical Officer
		WPCP	Wellington Primary Care Partnership

refurbishment





East Gippsland

Division of General Practice

GPs **united** for better health care