GPSpeak
Journal of the Northern Rivers General Practice Network

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Putting work life into healthy practice

A new study of the demands on older rural GPs signals a coming workforce crisis unless professional and personal pressures can be better managed. **Robin Osborne** reports…

A recently released study of the work pressures and resulting lifestyle challenges faced by rural general practitioners aged 55 years or older has identified a range of strategies that GPs feel are likely to keep them working happily for longer.

These included the ability to work part-time, having a healthy work-life balance, and working in a good team of other GPs, nurses and allied health staff.

Having a higher income was not identified as a goal likely to improve GPs' satisfaction index.

The alternative to a wide adoption of the identified strategies is an increasing number of GPs relocating to metropolitan areas or even overseas, or retiring from practice altogether. This could have a catastrophic impact on rural areas such as the NSW Northern Rivers.

In the words of the study, "The proportion of vocationally registered primary-care practitioners older than 55 years has increased in [Australian] outer regional areas from 22.2 per cent in 2001 to 36.5 per cent in 2009. *read more page 6...*

New Liver Clinic marks Hepatitis Week

Artist Luke Close at the unveiling of his painting of Wollumbin (Mt Warning) with HIV and Related Programs manager Jenny Heslop and CEO of Hepatitis NSW, Stuart Loveday.

Hepatitis may not be a matter for celebration but a high note was struck in the Northern Rivers at the start of NSW Hepatitis Awareness Week (21-18 July) with the opening of a new Liver Clinic in Lismore.

Servicing an area with the third highest hepatitis C rate in the state, the clinic is an expansion of the existing service. It operates under the banner of the HIV and Related Programs (HARP), managed by the Northern NSW Local Health District. *read more page 5...*

The Return of GP*Speak*

Welcome to the September 2013 edition of GPSpeak, our first in 18 months and the first ever in an exclusively online format.

Our inaugural edition appeared in November 1993, in the early days of the Northern Rivers Division of General Practice, as the Northern Rivers General Practice Network (NRGPN) was known at the time, and there was much excitement in the projects we were undertaking. There were high hopes for making a real difference in primary care, and many of these have been realised.

GPSpeak was one of the shining lights in the then-Division's house and was highly regarded around the district and around the country. It gave a voice to our local general practitioners and kept them informed of events in our area.

The NSW North Coast Medicare Local took over all projects from the NRGPN in April last year. It has its own publication, HealthSpeak, that continues the tradition and style of its forerunner publication but covers the much larger footprint of the NCML, from Tweed Heads to Port Macquarie. *read more page 4...*

Meet our Team

Election 2013 – health polls highly

Outpaced only by the political parties themselves, lobby groups were quick off the mark to publicise their 'wish lists' in the lead up to the September 7 Federal Election.

In the vanguard were some of the nation's main health advocacy bodies, not least the AMA, no stranger to the media game. In its policy paper Key Health Issues for Federal Election (https://ama.com.au/keyhealthissues) the AMA cited research showing voters rated the quality of the heath system as their second most important issue (after the state of the economy).

Federal AMA President Steve Hambleton urged the 'resuscitation' of health reform lest Australians "find it more and more difficult to get access to quality affordable health care – where and when they need it."

Dr Hambleton said, "Planning is needed to allow primary care, led by general practice, to cope with the growing demands of chronic disease in the community."

He added, "The complete pipeline of medical training needs to be properly funded to ensure we have a medical workforce in sufficient numbers to meet future community need….

"Money should be going to Primary Care Infrastructure Grants, not GP Super Clinics. The Grants are delivering real benefits to general practices and their local communities. The Super Clinics are a bad idea that is wasting valuable health dollars."

Specifically, the AMA advocated that, "The next Government must increase funding to GP infrastructure grants by an additional 600 grants at the level of the existing grants (on average approximately $300,000 each) at a total cost of $180 million. This would enable a third round of GP infrastructure grants."

The AMA's position on Rural Health was listed as follows –

To attract and retain a medical workforce with the right skill set for rural practice, the next Government must:

- provide a dedicated quality training pathway with the right skill mix to ensure GPs are adequately trained to work in rural areas, and by developing and implementing, in consultation with the AMA and specialist colleges, a new funding program to support and encourage more 'generalist' training;
- provide financial incentives to ensure competitive remuneration for rural doctors by implementing the AMA/RDAA Rural Rescue Package (https://ama.com.au/node/4136), which would provide further enhancements to rural isolation payments and rural procedural and emergency/on-call loadings;
- extend the MBS video consultation items to GP consultations for remote Indigenous Australians, aged care residents, people with mobility problems, and rural people who live some distance from GPs. This will considerably improve access to medical care for these groups and improve health outcomes;*cont p3...*

The flapping of a butterfly's wings…

There's no chaos theory attached to why designer Angela Bettess of Whiteduck Design (www.whiteduckdesign.com.au) chose a rare local butterfly as her inspiration for the logo of the Northern Rivers Network of General Practice (NRNGP), and GPSpeak.

This more abstract design was a culmination of ideas and processes which began with the original logo, a more realistic interpretation of the Network's (formerly the Division's) symbol of the threatened Richmond Birdwing Butterfly, *Ornithoptera richmondia.*

One of Australia's largest butterflies, with stunning colours, the Birdwing is endemic to the Northern Rivers region and SE Queensland, but its habitat has suffered greatly from the clearing of lowland rainforests. The butterfly's local revival has been a project of Northern Rivers schools which have encouraged the planting and tending of the vines it feeds on.

It was important to keep the Birdwing Butterfly as a reminder of the origins and purpose of the organisation. The abstract design of the wing of the butterfly in nature combines the colours in a bright array of positivity and enthusiasm.

Election 2013 –

continued from page 2

- replace the Australian Standard Geographical Classification (ASGC-RA) and the Districts of Workforce Shortage (DWS) system, which are so inequitable for many rural areas, with a more comprehensive model that provides a more accurate picture of workforce conditions for administering relocation payments, and providing incentive and retention payments; and
- improve the effectiveness of the Bonded Medical Places Scheme by providing more flexibility for Bonded Medical Graduates to allow them to complete return of service obligations in any rural area, not just a DWS.

Also quick off the mark was the **National Rural Health Alliance** *(http://ruralhealth.org.au/advocacy/election)* with its document, Shining a Light on Rural and Regional Health.

Launched in Canberra on 14 August by outgoing New England MP Tony Windsor, the policy stressed the importance of servicing local health needs, including rural training pathways, strengthening Medicare Locals ("by whatever name," it added, perhaps presciently), and assured capacity for DisabilityCare Australia.

It singled out mental health, oral health, the needs of older people – 'Living Longer, Living Better' – bipartisan support for Closing the Gap on health disparities, and the importance of capacity building in rural economies.

"A strong sustainable health sector in rural areas is a key part of the economic base of rural and remote areas," the policy stated, "not just a prerequisite for human rights and service equity."

Using the creative arts to enhance wellbeing

Northern Rivers Arts Health and Wellbeing (NRAHW) Inc – a not for profit community organisation - is keen to expand, and is looking for people interested in helping to connect members of the community with opportunities to express themselves through art.

Perhaps you have a patient who is interested in joining NRAHW's management committee to help us hold more community events or a patient who would like to volunteer to run art classes for others? Or perhaps you know of someone who would like to apply for a grant and manage a future project under the auspices of NRAHW?

To date, NRAHW has run two very successful creative arts programs for people living with cancer and their carers. The first program held last year culminated in a vibrant exhibition of artworks at the Serpentine Community Gallery in Lismore.

The second program, which finished in June, was held at Our House in Lismore, an accommodation block for people undergoing treatment at Lismore Base Hospital. Some of the creative art sessions held at Our House were felting, crafting, painting, clay work and drawing. Both programs were funded through Cancer Council NSW grants and a CASP grant for community projects.

Feedback from participants in both programs was extremely positive. They enjoyed creating art in a supportive environment with people going through similar experiences and the conversations that flowed during the sessions proved to be as healing and significant to those taking part as the artworks they created.

NRAHW also has a new website where you can learn more about this community organisation with a big heart.

find us at www.nrahw.net **- Janet Grist**

The Return of GP*Speak* (cont from p1)

While the NRGPN lost all funding with that shift of resources to the NCML, it is a foundation member and remains a strong supporter of the federally-created parent body.

The NRGPN Board remains committed to the original aims of our organisation. Despite our changed circumstances, we are focusing on keeping members informed about local and national issues that affect general practice. It was always the Board's intention to keep the Network and GPSpeak going, and the journal's re-launch is in keeping with this commitment.

Much has changed in the past two decades - medicine, general practice, publishing and communications are all significantly different. There are new challenges and new solutions, some still being worked through.

As a result of these factors, our goal is to produce an electronic version of GPSpeak six times per year, with publication of the articles and other materials on our website.

We plan to cover innovations in general practice like the Medical Home and eHealth, and to be the one-stop-shop for learning about meetings in the area through our online calendars.

We will also run articles of general interest so that you are not overwhelmed by medical information. We are planning a Classifieds section, as well as space for advertising medical equipment, services and staff in the Northern Rivers.

In keeping with the times, GP*Speak* will be an online publication only, and the bi-monthly PDF will be printable for your convenience. This will look better if you have a colour printer but we suspect many readers will be content to access it on their tablet or computer.

Membership of the NRGPN has always been free to general practitioners and registrars within the Network's borders. It is the Board's intention that NRGPN membership should continue to be free. Our preferred funding model is for GPSpeak to be self-supporting through its advertising revenue.

Many publishing companies have pivoted their operations to embrace this model of advertising supported, internet only publication. Whether the NRGPN and GPSpeak succeeds with this is in your hands - literally.

David Guest

NRGPN Chairman

Wanted: new Bonalbo GP

The North Coast NSW Medicare Local and the Northern NSW Local Health District have launched a recruitment campaign to find a suitable medical practitioner to operate a fulltime General Practice in Bonalbo and to work as a Visiting Medical Officer at Bonalbo Health Service.

"The position offers attractive relocation and accommodation incentives, with conditions including access to the Commonwealth's General Practice Rural Incentives Program, and appropriate professional development and educational opportunities," said NCNML Chief Executive Vahid Saberi.

The CE of NNSW LHD Chris Crawford said, "The search to recruit a new doctor for Bonalbo coincides with the planning that is under way for a redesigned health facility to service the long-term health care needs of the community."

A community meeting was held in Bonalbo on 19 July, in conjunction with Uniting Care Ageing, to brief locals on plans to develop a Multi Purpose Service at the hospital site. Similar facilities in Kyogle and Nimbin provide acute care as well as residential care for the ageing.

"We need to ensure that Bonalbo's acute, aged care and primary health services are appropriately tailored to the community's needs," Chris Crawford added.

"We know that innovative modern facilities attract high calibre clinical staff, and the knowledge that the development of the Bonalbo MPS, inclusive of a GP clinic space, is being considered is an added incentive for suitable applicants."

Further details on the position are available from Dr Katherine Willis-Sullivan, Director of Medical Services, 0266 202353.

New Liver Clinic (cont from p1)

HARP Manager, Jenny Heslop, said, "New and effective treatments are available across many centres on the North Coast, but treatment uptake rates are very low.

Hepatitis C can be treated, and in many cases cured, allowing people to live healthy, virus free lives.

"Public health strategies such as blood donor screening, Hep B vaccinations, Health Promotion programs and the well utilised Needle Syringe Program have contributed to significantly minimising the rates of transmission. But we still have a long way to go to get on top of this issue."

Several clients made moving addresses to the gathering, including local artist Luke Close, who likened his image of Wollumbin (the majestic Mt Warning, supposedly sighted by Capt. Cook) as "resting in the heart of the Northern Rivers, in the same way that the liver is central to the functioning of our body."

Statistics - often regarded as estimates at best - show more than 226,000 people in Australia are living with chronic hepatitis C, and 170,000 people with chronic hepatitis B.

In fact, many people may not know they are infected with hepatitis C virus: symptoms rarely occur at the time of contracting the disease.

Opening the Lismore Liver Clinic were Lismore City Mayor Jenny Dowell, NNSW LHD Chief Executive Chris Crawford, and the CEO of Hepatitis NSW Stuart Loveday.

The ongoing impacts of chronic hepatitis C are serious, with about 20 per cent of patients developing cirrhosis within 10 to 20 years of the onset of infection. Stuart Loveday, CEO Hepatitis NSW, officially opened the new Clinic, saying, "A cure is now possible for the overwhelming majority of people with hepatitis C. With the listing of new treatments on the PBS in April, almost all people in Australia living with hepatitis C have cure rates of around 75 per cent to 80 per cent.

"Now is the right time for people who may have been living with hepatitis C for years, or even decades, to visit their doctor to get a referral to have their liver health assessed. This will help them decide whether they should go onto treatment sooner rather than later."

Ms Heslop added, "We urge all people who inject drugs to get tested at least annually and to access the free and confidential services provided by the Needle and Syringe Program to reduce the risk of transmission of Hepatitis B, C and other blood borne viruses such as HIV".

The Lismore Liver Clinic can be contacted on 0266 207539. Free and confidential information is available from NSW Hepatitis Helpline 1800 803 990 or 1300 437 222 *or at http://www.hep.org.au*

Healthy practice study...cont from p1

"The represents the geographical remoteness area with the highest proportion of GPs over 55 years."

The study* was conducted in the Northern Rivers by researchers associated with the University Centre for Rural Health North Coast. It entailed an anonymous survey (the results of which are yet to be reported) and face-to-face interviews.

Participants were members of the Northern Rivers General Practice Network, which assisted with the set-up phase.

The average age of the interviewees was 58 years, and 69 per cent of them were male. Two were in solo practice.

The GPs revealed a range of strategies that they use, or perceive would be useful, in order to create a happy and productive life beyond traditional retirement age (previous research has shown GPs in outer regional areas work an average of 9 hours more per week than city doctors, with burnout being a major contributor to early retirement).

Work-life balance

Positive strategies included the ability to work part-time – increasingly common amongst female GPs – achieving a work-life balance, having a sense of control over working life, alternatives to practice ownership, being with a supportive and multidisciplinary team, and establishing a gradual retirement plan.

Significantly, the study noted, "Remuneration did not appear as one of the stronger themes coming out of the data… in support of previous findings, data from the current study cast considerable doubt over the long-term effectiveness of remuneration-based incentives."

'Only two GPs worked in a practice with active health promotion strategies'

Pursuing professional interests was considered important, as was having educational opportunities and the chance to becoming an educator or mentor. The burden of bureaucracy was an issue, with most GPs feeling a need to reduce the administrative time impost. Boosting the local locum database was a priority, as was the need to improve the status and recognition of GPs within the area's medical community.

While half of the respondents felt they were "practicing what they were preaching" when it came to minding their physical and mental health, only two GPs worked in a practice with active health promotion strategies in place, and they were "very positive about the impact these strategies had on staff, both in terms of job satisfaction, and engagement in healthy behaviours."

These wellbeing strategies included flexible working hours to enable participation in physical activity, and installing showers to enable staff to ride or jog to work, or exercise in lunch breaks.

*** Prolonging a sustainable working life among older rural GPs: solutions from the horses' mouth, Rural and Remote Health 13:2369 (Online) 2013, V Hansen, SW Pit, P Honeyman, L Barclay.** *http://www.rrh.org.au/publishedarticles/article_print_2369.pdf*

Older rural GPs said the following would help them sustain and prolong their working lives:

- Provide encouragement and support for GPs at all stages of their career, wishing to work part-time.
- Try to achieve control over your working life, by maintaining a healthy work-life balance through implementation of mental and lifestyle strategies. Eat healthy, be physically active, and recognise and respond to signs of stress and burnout.
- Offer support and assistance to GPs wishing to sell their practice but remain in rural general practice in a contracting capacity.
- Work in a good team with other GPs, ideally with nursing and allied health support. Promote good team communication through regular scheduled meetings.
- Have a gradual retirement plan. Promotion of practice structures enabling GPs to retire gradually without being financially penalised.
- Implement practice-based health promotion strategies.
- Pursue a special professional interest. Promote GP cross-referral. Establish a GP specialist/expertise database. Utilise and fund positions for GPs with special interests within hospitals (e.g. discharge planning, out-patient clinics).
- Become involved in teaching and mentoring young doctors. Implement legislation to make it financially viable for semi-retired GPs to remain in clinical practice, and to enable GPs retired from clinical practice to continue their involvement in teaching.
- Ensure that a good range of educational opportunities are available and easily accessible (including technology upskilling for older GPs).
- Reduce the bureaucratic burden on GPs.
- Implement strategies to improve the status and recognition of GPs in the local and medical community.
- Build on and improve utilisation of current local locum database.

Stroke was the focus of PM's visit

Prime Minister Kevin Rudd at the launch of his $50M funding package for stroke care coordinators based at the nation's 61 Medicare Locals. The media event was also attended by Health Minister Tanya Plibersek (left) and Federal MP for Page, Janelle Saffin.

After years of making veiled threats about the future of the nation's 61 Medicare Locals, the Federal Opposition appeared to soften its tone on the very day PM Kevin Rudd was claiming that 3,000 Medicare Local staff would lose their jobs under a Coalition government.

Shadow Health Minister Peter Dutton said the Opposition continues to provide "in-principle support" for Medicare Locals' role in coordinating services and supporting health professionals who provide patient services.

"But we want to ensure funding isn't being chewed up by administrative costs instead of going to patients."

http://www.peterdutton.com.au/Home/LatestNews/tabid/94/articleType/ArticleView/articleId/404/More-Desperate-Lies-From-Kevin-Rudd-On-Medicare-Locals.aspx

Mr Rudd was in Lismore to launch day one of Labor's 'health week' announcements, and he left no doubt about its commitment to this cornerstone of the ALP national health reform agenda.

"In coming years, the name Medicare Local will become as well known a brand in the public's mind as Medicare itself," he told the nation's media contingent crowded into the North Coast NSW Medicare Local office on the St Vincent's Private Hospital campus.

Having praised the ML's staff - "these talented and hard-working people" - some of whom were gathered with him to face the cameras - he threatened they would all lose their jobs "under an Abbott government."

So would the nation's other 3,000 ML frontline health workers, whose ranks included GPs, along with nurses, social workers, speech pathologists, and more.

Then the politicking PM got down to policy business, announcing a national network of stroke care coordinators, costed at $50 million.

Saying that an estimated 375,000 stroke survivors live in the Australian community, and that they and their families find it difficult adjusting to life and accessing ideal care and support, the PM said the stroke care coordinators would be drawn from the nursing and allied health professions.

Page MP Janelle Saffin said that according the Stroke Foundation, one in six people will have a stroke in their lifetime, with about 200 stroke admissions to Lismore Base Hospital per year, and 60 to Ballina District and Grafton Base hospitals.

"The Northern NSW Local Health District is currently in the process of establishing a stroke recovery unit at Lismore Base Hospital… having our National Plan and a Stroke Recovery Co-ordinator at North Coast Medicare Local level means we will have the best possible level of care for stroke sufferers," Ms Saffin added.

Funding would also go to the Stroke Foundation's StrokeConnect program, and to the updating of stroke care clinical guidelines in hospitals.

However, no mention was made of the inconsistent management of stroke patients after hospital emergency presentation, in terms of both timeliness and expertise. Being taken to a hospital properly equipped to diagnose and treat stroke patients was dubbed a 'lottery' in an ABC RN's Health Report recently - *http://www.abc.net.au/radionational/programs/healthreport/protecting-your-brain-and-prevention-and-treatment-of-stroke/482038* ***-R.O.***

Medicare Locals - What's in a name?

A national survey of 1400 Australians conducted in July revealed that almost three-quarters of respondents had no idea what role or purpose Medicare Locals played in the primary healthcare system.

Reporting on the survey, Medical Observer said a further 1-in-20 believed the bodies helped process their MBS claims. (http://www.medicalobserver.com.au/news/behind-the-news--medicare-locals)

Some felt this was not a major issue, for example Dr Arn Sprogis, Chair, Australian Medicare Local Alliance, who said, "To be honest, it is not a bad result if you put it in proportion and say that something like 0.25% of the total health spend in Australia is on Medicare Locals — then having 20 or even 10 per cent of people having some idea of what they do is actually a spectacular achievement.

"The recognition factor will go up radically among people who are affected by activity that is directly related to the ML and not just to the clinicians involved."

Others, like AMA President Dr Steve Hambleton, are less upbeat: "We joked early on that the name Medicare Locals would leave half the population thinking the bodies were a Medicare office, and apparently many people still think that…

"The average patient may not have known what their GP division was or did either but... call it a 'Medicare Local' and suddenly it gets prominence.

"Meanwhile, in a lot of places there are doctors that would argue that the only interaction they have had is the offer of a new contract for after-hours services to get their PIP payment back."

Australia's 61 Medicare Locals employ more than 3,000 frontline staff and coordinate after-hours GP services, immunisation, mental health support, other targeted services, and eHealth. *http://www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf#.UhRcUxaKhz8*

Know these faces?

A study published in Neurology, the official journal of the American Academy of Neurology, has found that people with primary progressive aphasia (PPA), a type of early-onset dementia, were much less likely than non-sufferers to be able to put a name to famous faces.

While the Northwestern University Famous Faces (NUFFACE) Test is

well accepted as a tool for spotting dementia in the elderly, the aim of the latest study was to improve detection of the disease in the early stages.

As a result, the faces normally used, including Albert Einstein,

Winston Churchill and JFK, were replaced with 'baby boomer'-familiar faces, including Elvis Presley and Queen Elizabeth II.

The study concluded that, "In addition to their clinical relevance for highlighting the distinction between face naming and recognition impairments in individuals with young-onset dementia, these findings add new insights into the dissociable clinico-anatomical substrates of lexical retrieval and object knowledge."

Naming vs knowing faces in primary progressive aphasia - A tale of 2 hemispheres. Tamar Gefen, MS, Christina Wieneke, BA, Adam Martersteck, BS, Kristen Whitney, BS, Sandra Weintraub, PhD, M.-Marsel Mesulam, MD and Emily Rogalski, PhD

http://www.neurology.org/content/81/7/658.short?sid=c305d268-9b35-48c0-a5fc-ca9c79861a73

Meet the Team

David Guest has been a general practitioner for thirty years. He is the current chairman of the Northern Rivers General Practice Network and was its inaugural Secretary/Treasurer. He was the founding chairman of the Richmond Valley Clinical Society. He is one of the principals at the Goonellabah Medical Centre, which provides a comprehensive range of primary care services to the people of Lismore.

He has long standing interests in information technology, particularly as it is applied to the care of patients with chronic disease and systems improvement in general practice. He is currently investigating the role of social media in primary health care. You can find him on the internet under his twitter handle, @zeeclor.

Andrew Binns has been a GP in the Lismore area for the past 34 years. He was the medical editor of GPSpeak during its first 19 years of life and continues as clinical editor with this rekindled electronic publication. He is also clinical editor of HealthSpeak, published by the North Coast NSW Medicare Local.

With Professors Garry Egger and Stephan Rossner he co-authored Lifestyle Medicine, a well received work that won a 'Highly Commended' in the British Medical Association's book awards 2011. Andrew was the inaugural Chair of the Australian Lifestyle Medicine Association, which was founded in Lismore.

He is Chair of Northern Rivers Performing Arts (NORPA), which supports local creative works and brings a range of national touring productions to the area, and has a special interest in the inextricable link between the arts, health and wellbeing.

GPSpeak editor **Robin Osborne** is a journalist, writer and media adviser with wide experience in the national and overseas media, and government and non-government sectors, including not-for-profit organisations. He has worked at the ABC and SBS TV, and contributed to a range of print publications, including The Australian, and The Guardian (UK). He was the editor of the Northern Rivers Echo, the Lismore-based weekly community newspaper.

Robin has worked in media management for the agency Australian People for Health, Education & Development Abroad, Southern Cross University, North Coast Area Health Service and Northern NSW Local Health District, and was Director of Media & Corporate Communications for the Northern Territory Department of Health from 2009-2013.

He was media adviser and speechwriter for PNG Prime Minister, Sir Julius Chan, and Deputy Prime Minister, Hon. Paias Wingti, and authored a published book on the politics of West Papua, Indonesia's Secret War: the Guerilla Struggle in Irian Jaya. He lives in Bangalow, in Byron Shire.

Angela Bettess began in general practice in 1982 and moved to the Northern Rivers area in 1993 where she continued to work as a GP. She completed a Masters in Medical Science (Clinical Epidemiology) through the University of Newcastle. She worked for the University of Sydney as a senior lecturer where her role was focused on the Northern Rivers region. As part of this role, she was involved in Research Capacity Building in General Practice as well as a coordinator for visiting medical students.

Angela does not currently work in clinical practice but does continue to organise small group learning based at Goonellabah Medical Centre. Angela has always had creative interests and is a practising visual artist with a Diploma in Visual Arts. She has a Diploma in Information Technology and Web Design and is a self-employed web and graphic designer with her business Whiteduck Design. Recently she has joined the group Northern Rivers Arts, Health and Wellbeing Inc to encourage and promote the benefits of the arts on the individual's wellbeing. Her role for GPSpeak is web and publication designer.

Education cap would hurt bush doctors -- Comment by Andrew Binns

At the time of writing, little good news has emerged in the lead-up to Federal Election 2013. However, it was heartening to see in the Government's economic statement and subsequent media coverage (notably The Weekend Australian Aug 3-4, p 6) that the recently imposed cap of $2,000 tax deductibility for educational expenses had been put on hold.

While this was less good news than the reversal of bad news - at least for now - it was a sign that Canberra had listened to the many individuals and groups that had opposed the short-sighted arrangements announced by then-Treasurer Wayne Swan. Critics included professional and industry groups, including the university sector, who came together as the "Scrap the Cap" alliance (www.scrapthecap.com.au)

Locally, concerns about the reduced educational entitlement were brought to the attention of Health Minister Tanya Plibersek during a July visit to inspect facilities operated by the University Centre for Rural Health, and Northern NSW Local Health District.

The Rural Doctors Association of Australia argued that the reduced education tax cap could discourage rural doctors from working in rural and remote areas. President Dr Sheilagh Cronin stressed the cost of rural training, which often required the paying of expensive locum services whilst doctors are away from their practices.

There is no doubt that rural practitioners would experience the cap as having a disproportionate impact compared to urban colleagues because of the expense of travel to, and accommodation in, the city centres where conferences are often held, as well as the event fees.

Granted, there has been some abuse of the system, but that is not a reason for penalising the majority who are using the work-related education entitlement responsibly.

To many, and understandably, the policy move seemed like a government tax grab in a tight budgetary position, with little thought given to all the implications.

Although the media reported that a formal decision has been delayed until the next Budget round in mid-2014, Canberra appears less ambiguous. The recent economic statement said, "The Government has decided to defer the introduction of the $2,000 cap on work related education expense deductions until 1 July 2015. This will allow for further consultation on how best to target excessive claims while ensuring the impact on university enrolments and genuine continuing professional development is minimised.

It added some fiscal blackmail: "This measure is expected to decrease receipts by $250 million over the forward estimates period."

In other words, the whole community is sharing the burden of this concession.

Now that the issue is up for consideration, it seems timely to consider what amount might be appropriate. A recent AMA survey showed that 79 per cent of some 600 doctors paid over $5,000 in self education expenses each year. The Australian College of Rural and Remote Medicine opposed the $2,000 limit (https://www.acrrm.org.au) with President, Professor Richard Murray, saying the minimum should be no less than $10,000, basing this on input from College members.

He feared the disincentive to upskill would limit the capacity of rural doctors to meet the broad medical and health demands of their communities. Others may share this view, or have opinions of their own. Freezing the cut is a welcome reprieve but it is inconclusive and might be viewed as just a pre-election sweetener - a 'non-core promise'. It has certainly become an election issue, with the Federal Opposition condemning the $2,000 cap, but so far not promising to scrap it.

Amidst all the attention given to big-ticket items such as boat arrivals and protecting bank deposits, the opponents of this budgetary manoeuvre cannot afford to relax their guard.

Ongoing attention will be needed to ensure the cap is set at a realistic level. This may be done independently or through the Scrap the Cap alliance, which has an online petition to support the cause.

Andrew Binns is a Lismore GP.

Professor Lesley Barclay AO, Director of the University Centre for Rural Health, at the opening of the UCRH's Ballina Multidisciplinary Education Unit

Ballina training facility opens

Funded by the Australian Government's Clinical Training Funding (CTF) program, the $4.15M teaching facility and student accommodation complex at Ballina District Hospital opened in mid-July.Welcomed by NNSW LHD board chair Dr Brian Pezzutti, the Federal Minister for Health Tanya Plibersek and Page MP Janelle Saffin inspected the impressive two-storey facility that will accommodate students assisted by the University Centre for Rural Health (UCRH) to undertake their training locally.

The project will enable an integrated approach to clinical training, with students from a range of disciplines - medical, nursing and allied health - living and working together at the same purpose-built site.

"When students come to Ballina to train, not only will they enjoy a wonderful coastal lifestyle, but they can live and train in a state of the art facility on the grounds of Ballina Hospital," Ms Saffin said. "It is an investment in our future health services because we know that some students will come back and work here."

The UCRH-run facility is expected to train and accommodate around 200 students during the first year of operation, with capacity to provide short-stay beds for up to 20 students at a time. This can be expanded by a further nine beds in the future.

More medical students arrive

Medical students from the University of Wollongong and the University of Western Sydney undertaking cultural walk at Byron Bay, led by Delta Kay, National Parks Education Officer and Student Coordinator Christine Everett.

A total of 39 senior medical students from the University of Wollongong and the University of Western Sydney arrived in mid-July to take up 12-month North Coast placements.

Their placements are in a range of locations - Bangalow, Byron Bay, Casino, Goonellabah, Grafton, Lennox Head, Lismore, Mullumbimby, Murwillumbah and Tweed Heads.

After orientation activities, including an Indigenous Cultural Awareness Day at Cape Byron State Conservation Area, the students commended their clinical training along with education on rural and remote public health and multidisciplinary teamwork.

UCRH Director of Education Michael Douglas said, "We are very proud of the calibre and quality of the facilities and clinicians that service the North Coast…our experience has shown that it is frequently the seed that germinates for lifelong commitment to rural health."

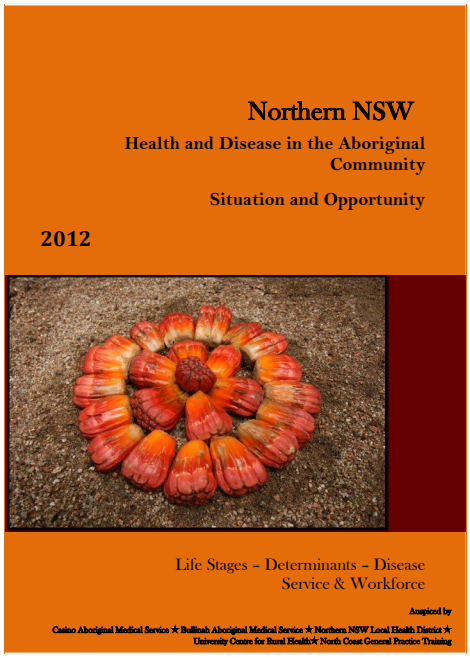
Aboriginal and Torres Strait Islander Health: planning the next decade

"Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life".
- National Aboriginal Health Strategy (1989)

Released in late July 2013, the Australian Government's national plan to improve Indigenous people's health was hailed as "a pathway for Aboriginal and Torres Strait Islander health policy for the next 10 years" – by the Government.

Predictably, the Coalition was less enthusiastic, branding it "business as usual", and accusing Labor of politicising an issue that is "usually bi-partisan" – not that anyone has noticed.

The plan, a handsome document indeed *(see http://www.health.gov.au/natsihp),* was launched by the Minister for Indigenous Health Warren Snowdon who described it as "central to the Australian Government's targeted approach to ensure that Aboriginal and Torres Strait Islander people can enjoy the same standard of health as other Australians…it continues the significant efforts made by the Australian Government since the establishment of the Closing the Gap Framework in 2008."



The plan followed a series of 17 nationwide consultations with Aboriginal and Torres Strait Islander individuals, communities and groups, and representatives from departments with complementary health and social determinants.

To these were added over 140 written submissions and a series of roundtables to gather expertise on a range of specific issues relevant to Aboriginal and Torres Strait Islander health, and input from the Australian Government's National Aboriginal and Torres Strait Islander Health Equality Council and the Health Plan Stakeholder Advisory Group.

Over the next 10 years, projected funding for health programs specifically designed and targeted to Aboriginal and Torres Strait Islander people is estimated to be around $12 billion from 2013-14 to 2023-24.

This funding is in addition to health services provided and funded for the whole population through hospitals, Medicare and the PBS, and other Commonwealth investments to improve the social determinants of health, including education, employment and housing.

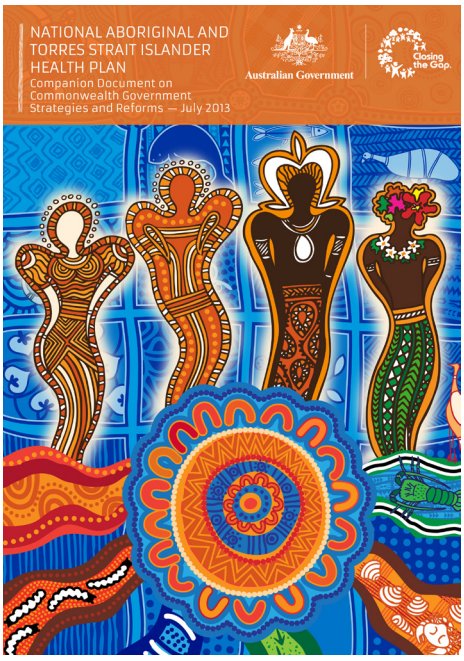
The local picture

Just how much the nationally identified 'gap' needs to be 'closed' locally was highlighted by the statistics in a recent study, Profile of health and disease in the Northern NSW Aboriginal community.

The report was conducted by the University Centre for Rural Health, Bullinah Aboriginal Health Service, Casino Aboriginal Medical Services, and Northern NSW Local Health District under the guidance of Dr Michael Douglas. The snapshot of health and disease indicators – by no means 'cherry-picked' for the bad news – included:

While 68% men and 53% women achieve adequate levels of physical activity, obesity rates are twice those of the non-Aboriginal community.

There has been some fluctuation on mortality rates, *cont p12*



Aboriginal Health...cont from previous page

but Aboriginal deaths have remained at least 1.5 – 2 times that of non-Aboriginal.

10% of Aboriginal babies weigh less than 2,500 gm., almost twice that of the non-Aboriginal community.

Despite a steady decline in infant deaths in the Aboriginal community over the past decade, the Aboriginal infant mortality is still 1.5 times that of non-Aboriginal infant.

By 24 months of age, 92.4% of local Aboriginal children are fully immunized, but by 5 years, this falls to 76.4% Aboriginal youth are 3 times as likely to live in over-crowded housing as non-Aboriginal youth, a third of Aboriginal youth have high or very high levels of psychological stress, and are 2 – 3 times more likely than non-Aboriginal youth to be daily smokers.

Overall rates of incarceration for adults and youth are about 25 times that of non-Aboriginals.

Hospitalisation rate (3802/ 100,000) is 40% higher for Aboriginal people compared to non-Aboriginal persons – and the gap is increasing..

The prevalence of end-stage kidney disease in male and female Indigenous populations is 5 times higher in males (438/100,000) and 9 times higher in females (439/100,000) than non-Aboriginal populations.

The rate of new Hepatitis C infection is 140/100,000 in the Aboriginal community. This continues to rise and is three times higher than the non-Aboriginal population.

About half of all Aboriginal adults smoke, about 2.6 times more likely than non-Aboriginal persons; hospitalisation in Northern NSW hospitals for condition resulting from smoking are similarly 2 – 3 times more frequent. Smoking contributes to 17% in the gap in life expectancy between Aboriginal and non-Aboriginal populations.

Dr Michael Douglas told HealthSpeak magazine that, "The report signals the ongoing need for a positive approach, another rallying call that health managers hear the community, and build upon their strengths."

From the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)

Counsellor

Mental Health Accredited
(bulk billing available)

Grainne ('Grawn-ya') **O'Brien** is a qualified Social Worker with 20+ years' experience working with children, adolescents, adults, couples and families. Expertise includes –

- Physical, emotional and/or sexual abuse, grief and loss, depression, anxiety, issues with alcohol and other drugs.
- Client skills training for communication difficulties, anger management, general adjustment difficulties, social skills deficits and problem solving.

To refer patients contact Goonellabah Medical Centre, (02) 6625 0000.

Butting out for Christmas

If the Australian National Preventive Health Agency has it right, this Christmas-New Year season will see a rise in the number of smokers resolving to ditch the habit.

Citing a strong link between increased tobacco tax and reduced smoking rates, especially amongst the lower socio-economic groups most likely to smoke, the Agency welcomed the Federal Government's recent decision to stage 12.5 per cent increases in tobacco excise over the next four years.

The rises will commence on 1 December 2013, with further increases in the month of September for the ensuing three years.

Smoking kills over 15,000 Australians every year and is one of the leading preventable causes of death and disease in Australia. Over 750,000 hospital bed days per year are attributable to tobacco-related disease and smoking has been estimated to cost over $31 billion a year.

The increases in tobacco excise will raise $5.3 billion over the forward estimates for the Commonwealth Budget.

The ANPHA reports that those most at-risk of smoking related diseases include drug addicts and alcoholics (85 per cent of whom smoke), people living with psychosis and mental illness (66 per cent and 32 per cent respectively), the homeless (77 per cent) and Indigenous Australians (48 per cent).

Licence to smoke?

In a challenging contribution to the smoking debate, Professor Roger Magnusson of the University of Sydney's Law School and Professor David Currow of the Cancer Institute NSW have advocated a licensing system requiring smokers to show ID to verify they are adults.

Drawing on work by The University of Sydney's public health Professor Simon Chapman, their article in the Medical Journal of Australia was sparked by a survey of secondary students showing that half of 17-year old smokers and one-fifth of 12-year old smokers thought it "easy" or "very easy" to purchase cigarettes themselves.

The 2010 National Drug Strategy Household Survey found that 2.5 per cent of adolescents aged 12–17 years were daily smokers, with a further 1.3 per cent smoking less frequently.

A 'smart card' system would not only address high rates of unlawful tobacco sales to minors but help develop a data base of information about smokers' purchases that could be used to help adult smokers quit.

The full article is at -

https://www.mja.com.au/journal/2013/199/3/could-scheme-licensing-smokers-work-australia

Wound care pioneer to visit

Leg Club founder Ellie Lindsay with UK Health Minister, Earl Howe.

The founder of the UK's highly successful Leg Club model for managing venous leg ulcers (VLU) has confirmed a forthcoming visit to Australia.

Ellie Lindsay will address the 2013 Wound Conference at Sydney Adventist Hospital on 25 October *(http://www.sah.org.au/conferences)* and the Leg Club in Review seminar, hosted by the Australian Wound Management Association (AWMA) Tasmania and Eastern Shore Community Nursing, Hobart on 23 October.

Some 43,000 Australians experience one or more VLUs, with a similar rate in the UK where the acclaimed Lindsay Leg Club model has proved the value of patient and community involvement in managing the chronic condition.

AWMA national president Dr Bill McGuiness said, "There may be a good case for supporting a model where clinicians work in partnership with patients and the community, providing a high standard of care in a social environment.

"This model is effective clinically and psychosocially, and could potentially save governments a lot of money through less GP and hospital care."

More details - *www.awma.com.au*
http://www.legclub.org/ellie_lindsay.shtml

Slowly but surely comes the PCEHR - comment by David Guest

"The first 90 per cent of the code accounts for the first 90 per cent of the development time. The remaining 10 per cent of the code accounts for the other 90 per cent of the development time."

- Tom Cargill, Bell Labs

The 90-90 rule of software development is well known in computer circles where cost and time overruns are so common as to be considered almost the norm. The rule parodies the Pareto principle in business and economics, which broadly reflects a non-linear relationship between inputs and outputs. For a general practitioner, by way of example, this might read, "20% of your patients generate 80% of your hassles."

The Commonwealth's Personally Controlled Electronic Health Record (PCEHR) is a massive undertaking involving hundreds of millions of dollars, dozens of companies, tens of thousands of health professionals and millions of patients.

The PCEHR is new, complex and incorporates a variety of winners and losers – hopefully, patients will be in the former category. The scheme is still in its infancy and one of the greatest surprises is that it was not strangled at birth. Let's hope it is a true survivor.

As general practitioners, we have both a moral and legal obligation to protect the privacy of our patients' information. This obligation is instilled into us during our training and on signing contracts with our employers and employees. If we see ourselves as the patients' agent in the medical system, as indeed we should, then our primary duty is to protect their interests.

Privacy and confidentiality come at cost, however.

We have the data but it is the patient who decides with whom we can share this personal information, the movement of which around the medical system creates friction. Friction is wasteful. It produces heat but rarely light.

Mark Zuckerberg, the creator of Facebook, recognised the value of frictionless sharing. While it has enabled hundreds of millions of internet users to connect in ways that enrich their business and personal lives, the undoubted benefits have come at the cost of some of their privacy.

Many people accept it, others bemoan it, some have come to regret it, and many more may yet do so – our children, for example!

One thing is certain, however: Facebook for Health will never be a goer.

The PCEHR is an attempt to address these two problems. Quality medical data can be uploaded by the patient's usual GP and the patient can then determine who else can see that data. This can be worthwhile even if the answer is nobody.

It is depressingly common to find that parts of your patient's health summary are wrong or incomplete despite being their doctor for years. Often the patient does not know what you have on your records or has not felt authorised to correct the errors or omissions.

The real value of the PCEHR will be felt when accurate information in the patient's Health Summary, Care Plans and Advanced Care Directives are available to other members of the health

team. This controlled data sharing will minimise errors, save time and reduce costs, presuming that these other health professionals have an electronic system that can deal with the PCEHR.

So who are the winners? The patient hopefully, as well as specialists, allied health, pharmacy and emergency services. The Commonwealth is also hoping to benefit from the vast amounts of accurate medical information that will pour into the databases.

What about the losers? Probably the usual GPs whose medical records may be only marginally better even though they have to do all the work in creating a health record suitable for upload. They also have the ongoing work in maintaining the records. While GP can charge for time spent on the PCEHR during a consultation, in practice most of this work is done outside of the consultation.

So why would any GP get involved? While charity is good for the soul, it is not a great business model. GPs will be much more interested in the PCEHR and eHealth generally when it can save them time and money. *cont p16...*

the PCEHR (cont from p15)

Two scenarios come to mind...

The PCEHR has brought some degree of standardisation to medical data. If information from the hospital, specialist, pharmacist or GP colleague came to the GP in a form that could automatically populate the records, they would be interested.

An application "wizard" could walk you through an incoming document and you could reconcile each item with your own records. If this were enabled for medication alone, it would be very worthwhile.

The pre-election announcement by the Minister for Health for funding to enable the upload of radiology and pathology results to the PCEHR raises an interesting possibility for GPs.

One could share the vast majority of "normal" pathology results with patient via the PCEHR. A pathology upload, just like any other upload, can be configured to send the patient an SMS.

It would not be suitable for abnormal results that need more immediate attention but could lighten the load on busy reception and nursing staff while saving the patient the inconvenience of a return visit or a long wait on the telephone line.

So what's in it for me, meaning for you? Not much so far, but get back to me when you get the medication and RadPath sorted.

- David Guest

World Wide Wackery infects vaccine issue

In the Northern Rivers the mention of vaccination evokes images not of children protected from serious diseases but of conflict. Recently the anti-vaccination forces have over-played their hand and fostered a backlash from medical bodies, government and the broader public. However, vaccine refusers – self-styled 'conscientious objectors' – continue to peddle alarmism on the internet, as a local GP laments...

I have had a most enjoyable medical career and seen so many marvellous changes in the way we treat and manage our patients. I still have clear memories of a close relative who caught polio as a teenager, and of the enormous impact that this had on her life, and still does. Yet today one of her grandchildren has not been vaccinated because the child's parents are worried about all vaccines.

Certainly, I remember the smallpox vaccine I received and the side effects I had for several days, but I also remember several of my patient's children dying from diseases (before the relevant vaccines were available) that are probably hardly discussed in medical student lectures because vaccines have all but eradicated these often fatal diseases. I was present at the time of death of these little children and it has had a distressing and lifelong impact on me and, I am sure, all of the family.

Sadly some of these conditions are making a comeback and as doctors we should be alarmed, yet able to be reassuring to the worried families. I am unashamedly pro-vaccine and convinced that the art of consulting worried parents requires compassion, gentleness and sometimes even a tolerance of views that might be contrary to mine or, indeed, general medical opinion.

I have had many interesting conversations with patients and friends about the pros and cons of vaccination. I worry about the health of my grandchildren: they are fully immunised but some of their friends and relatives have not kept up to date with the current guidelines.

I hope you have checked out the various anti-vaccine websites to see what supposedly 'objective' information is available to our patients and how remarkably professional these sites can look.

These are interesting times to be a thoughtful, caring medico, with views on many issues so easily presented to us through social media. Sadly, not all that is posted to these sites is as accurate or informative as it purports to be. Yet much of it is believable to people whom we might not regard as gullible or especially 'alternative'.

In an era when anyone can create and maintain a website, "WWW" can also mean world wide wackery, and nowhere does the age-old warning caveat emptor better apply.

Book Review

The Local Wildlife

Robert Drewe

Penguin $29.99

Reviewed by Robin Osborne

Well-known local author Robert Drewe (Our Sunshine, The Drowner, The Shark Net etc) delivered the keynote Thea Astley address at the recent Byron Bay Writers Festival to an audience comprising a sampling of what the title of his latest work dubs "the local wildlife" of the Northern Rivers.

Not that being a senior – like the author, and this reviewer – precludes one from being a quirky, even outrageous character, but it's a fair bet that few in the audience can match any of the characters he describes here.

Take the story he was told shortly after moving to the area. A mango-farmer neighbour – "a laconic, red-bearded Queenslander with basal-cell carcinomas stippling his face" - came over for a barbecue and said, "The last time I sat at this table there was a naked woman lying on it covered in chocolate.

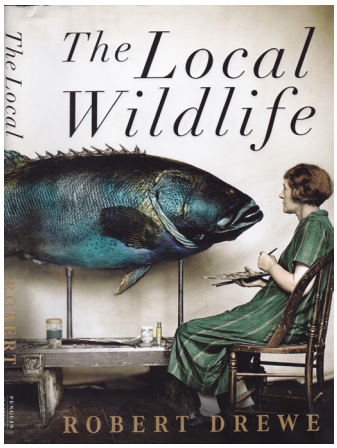
"She had strawberries stuck on her body. You were supposed to lick her on arrival."

Apparently the previous occupant, Marguerite, had run a tantric free-for-all where, as Drewe, comments, "there was no spiritually delayed gratification whatsoever."

A year later, as guest writer at a local book club, the author takes questions from the female audience, including where was he living.

"Actually," I confide to the woman sitting next to me, a grey-haired boutique owner, "our house used to be a tantric brothel."

After mentioning the chocolate-covered woman on the barbecue table and the wife swapping, Drewe was told, "Talk about coincidence, I must have slept in your bedroom," and then hears a call across the restaurant: "Marguerite, you'll never guess who's living in your old house."



While the Northern Rivers wildlife also encompasses cane toads, ticks, ants, dung beetles, echidnas, swamp hens and more, the humans clearly have the most appeal.

Take Brendan, the farmer who brings a mail-order bride from Belarus, and then hooks up with her mother – a seemingly long tale made into three of the sixty short stories in this uproarious collection.

Then there's young Nathan, a local newspaper reporter who catches the travel bug, wanting to become a foreign correspondent and wear "shirts that seem busy, with epaulettes, and pockets on the sleeves to hold pens and notebooks and unfiltered cigarettes and Swiss army knives and condoms and surreptitious US dollars for officialdom emergencies. He decides to go to Nepal to cover the Maoist rebellion, but in Calcutta succumbs to stomach illness so acute that he must return to Australia.

Back home, his GP, "with many a Himalayan trek behind him," prescribes a "sure-fire remedy for any Asian intestinal problem… The resulting semi-liquid was chalky and pumice-colored and tasted like plaster of Paris."

Five days later, so gummed up he could hardly shuffle, he attends hospital only to find that the answer lies in enemas delivered by "his two former high-school crushes, the now worldly district nurses Janelle Hammond and Kelly Schulz."

Presumably Nathan went back to the local paper, "a dreamlike world of savage feuds, ferocious potential libels, weird occupations, right-left extremes, elfin make-believe and letter-to-the-editor writers called Rainbow Lily, Magenta Apple-Pye and Zeus."

The paper typifies a place "with a stringent police breathalyser squad and the highest number of annual drink-driving convictions in NSW," where, as Drewe notes: "The man with the already two-year-suspended licence caught last month riding an unregistered and uninsured motorcycle 100 km/h over the speed limit, while four times over the alcohol limit himself, and carrying a suitcase of cannabis, was tempting even the rainforest's fickle fates."

Local wildlife, indeed.

The book's extraordinary cover photo is from the archives of The Australian Museum, and relates to a story in the collection, The Fish Taxidermist.

* Robert Drewe's Thea Astley Lecture at the Byron Bay Writer's Festival - *http://byronbaywritersfestival.wordpress.com/2013/08/04/thea-astley-lecture-with-robert-drewe/*

Where we live and how we feel

Some 85 per cent of NSW North Coast residents rate their health as excellent, very good or good, putting them equal top with those living in the catchments of the other Regional 2 peer-grouped Medicare Locals (Country South SA ranked the lowest, at 77 per cent).

This is one of the findings in the latest report from the National Health Performance Authority, Healthy Communities: Australians' experiences with access to health care in 2011–12, a study showing that where people live makes a big difference to access and use of medical and dental services.

Despite most locals feeling well, 51 per cent reported having a long-term health condition, perhaps accounting for the high GP access rate: in the survey year, 84 per cent saw a doctor (and 38 per cent a specialist), with an average 5.9 attendances in the year.

Bulk-billing was fairly high, at 83 per cent; the lowest in Australia was the ACT, where 50 per cent of patients were bulk-billed, the highest was 96 per cent in western Sydney.

Medicare Locals with poorer average health were found to be neither more nor less likely to have

a higher percentage of GP attendances bulk-billed.

The study showed 19 per cent of the region's population attending an ED, with 16 per cent being admitted to hospital, the nation's second-highest tally.

With a figure of 27 per cent, the North Coast is one of the 14 areas around Australia where 25+ per cent of residents delayed or avoided seeing a dentist in the past year due to cost. However, only 6 per cent cited cost as a reason for delaying medical care.

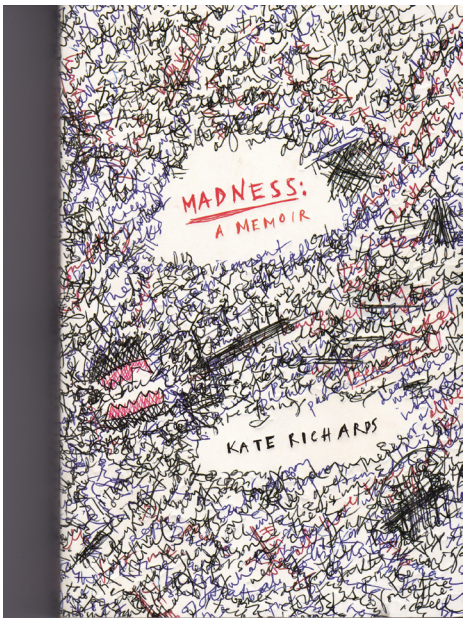
The NHPA called the report "the first comprehensive national attempt to examine how well local populations' access to health services aligns with health needs."

It is based on Medicare statistics as well as survey data from almost 27,000 Australian adults in 2011–12.

The report is accompanied by the launch of a new website – www.myhealthycommunities.gov.au – that allows the public to see health information for their local area, and compare it with other similar areas across the country.

Book Review

Madness: A Memoir
Kate Richards
Viking $29.95
Reviewed by Robin Osborne



Author Kate Richards graduated in medicine from Monash University and subsequently worked in medical research. But that's only the better half (if that) of the story, for she was a long-term sufferer from a depressive illness that brought about extensive self harming, even suicide attempts.

Her passage from ill health to equi librium is charted painfully, for both the writer and reader.

As Dr Richards observes, "No-one ever wakes up one morning and thinks, today I'd like to go mad… anymore than they think, today I'd like to get cancer."

To read the full review go to the Spring edition of HealthSpeak - *http://www.ncml.org.au/index.php/media-area/healthspeak*

Casino ED to get $3M upgrade

Health Minister Tanya Plibersek, NNSW LHD Chief Executive Chris Crawford, and Federal MP for Page, Janelle Saffin at Casino & District Memorial Hospital for the Emergency Department funding announcement.

The Federal Health Minister visited Casino and District Memorial Hospital in late July to announce a $3 million redevelopment of the emergency department. Minister Tanya Plibersek said the decision followed a visit last October when she saw first-hand the pressing need for an upgrade of the facility.

"I was so impressed by the hard-working staff at Casino hospital, and this redeveloped emergency department will mean they have facilities that match their dedication," she added.

Page MP Janelle Saffin said she had brought the Minister to Casino Hospital so she could see for herself the urgent need for the upgrade.

"Once Tanya had seen the facility and had a good opportunity to talk to the staff, I was then able to continue to lobby and detail all the things that needed to be done to bring this facility up to the national standard."

The redeveloped emergency department at Casino and District Memorial Hospital will feature four new treatment bays, two new resuscitation bays, a redesigned ambulance entry area, a multifunctional Safe Assessment Room, a new triage area, a relocated waiting area, piped medical gases to resuscitation and observation bays, a dedicated emergency department staff room, and enhanced security.

Health Minister's busy day in Tweed

The North Coast's latest GP Super Clinic was officially opened on 5 July 2013 during a visit by the Minister for Health Tanya Plibersek, who did the honours with ALP colleague, Richmond MP Justine Elliot.

Located at Corporation Circuit, Tweed Heads the $7.75M facility - $7M from Canberra, a further $750,000 provided by the funding recipient - will provide locals with more comprehensive and convenient health care close to their homes, the Minister said.

"The clinic brings together GPs, nurses, visiting medical specialists, allied health professionals and other healthcare services in a single location to work as a team providing patients with the best possible care.

"Local patients will have better access to important allied health services including dietetics, exercise physiology, psychology, physiotherapy, speech therapy and dentistry all from one convenient location."

Federal MP for Richmond, Justine Elliot with Health Minister Tanya Plibersek and the Tweed Health for Everyone Super Clinic's Dr Diane Blanckensee.

"The clinic also offers placements to health students to help boost the Tweed's health workforce."

Ms Elliot said the Tweed Health for Everyone Super Clinic would work closely with community leaders, aged care facilities and existing health care services to ensure health needs for local residents are met. Tweed Health for Everyone Superclinic is open from 7:30am to 7:30pm Monday to Friday, and on Saturday and Sunday from 8:00am to 1:00pm.

On the same day, Ms Plibersek and Ms Elliot attended the opening of the North Coast NSW Medicare Local's new regional office in Tweed Heads.

The NSW North Coast Medicare Local employs over 160 frontline health professionals from Port Macquarie to the Tweed, more than any other Medicare Local in Australia, the Minister added.

LBH's new EMU takes flight

Sharing an EMU cake to celebrate the opening of Lismore Base Hospital's new Emergency Medicine Unit were (l-r) Lynne Weir, Executive Director Richmond Clarence Health Service Group and General Manager LBH, John Coombes, Deputy Engineer Maintenance Department LBH, Michael Smith, Ambulance Service NSW, Andy Chandler RN Emergency Department, Mary-Lou McFadzean NUM Emergency Department , Kevin Carter, Business Manager Richmond Clarence Health Service Group, and Heather Gould LBH Bed Manager.

Lismore Base Hospital is currently in the throes of a lengthy, major redevelopment budgeted at $80M, which will see such enhancements as a significantly expanded Emergency Department and Emergency Care/Fast Track zone, greater Medical Imaging capacity, a new renal dialysis unit, expanded community health, and more.

Meanwhile, the high demand for emergency care continues, and one interim response has been the opening of an Emergency Medical Unit to help cope with patients identified as suitable for safe discharge or transfer within 24 hours of presentation.

The 'EMU' has five beds and three chairs, and operates on a 24/7 basis. A new EMU will be developed in due course as part of the overall upgrade works.*http://nnswlhd.health.nsw.gov.au/about/hospitals/lismore-base-hospital/lismore-base-hospital-redevelopment/*

According to the latest National Health Performance Authority data, 47 per cent of presentations departed the LBH ED within four hours of arrival, compared to its national peer group performance of 63 per cent. The national system-wide target is for 90 per cent of patients to be admitted or discharged within four hours. The targets set by state/territory governments are less challenging, or put another way, more realistic.

http://www.myhospitals.gov.au

Lifestyles letting us down – new study

Australians are failing to make the lifestyle changes necessary to protect and improve their health and wellbeing, according to the Australian Diabetes, Obesity and Lifestyle Study (AusDiab) released in mid-August.

The largest Australian longitudinal population-based study of its kind tracked the lifestyle behaviors of 11,000 adults over a 12-year period to determine how many of the participants develop diabetes, obesity, kidney and heart disease.

Despite the serious health risks associated with such conditions, the 25-34 years group were found to gain more weight and waist circumference than any others, with depression nearly twice as common among those who are obese.

Findings included: every day, approximately 269 adults over the age of 25 develop diabetes; 36 per cent of study participants were classified as insufficiently active; education and income are major determinants of health, and living in the most socially disadvantaged areas of Australia doubles the risk of developing diabetes.

Awareness was also identified as a major issue. While participants self-reported spending an average of 200 minutes a day sitting, a measurement device recorded an average 500 sedentary minutes a day.

Prof Jonathan Shaw, Associate Director of Baker IDI Heart and Diabetes Institute, said, "The health and wellbeing of a whole generation of young Australians is being compromised by a lifestyle rich in energy dense foods and low on physical activity."

Baker IDI's Head of Physical Activity Prof David Dunstan added, "On a positive note, we are already seeing some organisations take steps to reduce time spent sitting at work through changes to building design and the reshaping of workplace cultures."

http://www.bakeridi.edu.au/AusDiabFindings

Editorial Out of Hibernation

In April 2012, under a front-page banner proclaiming it to be the "Last edition of GPSpeak", editor Janet Grist paid homage to those who had preceded her. In singling out Katherine Breen Kuruczev, the longest occupant of the editor's chair, she said, "Her talent, drive and sheer hard work created a vibrant and relevant magazine for general practice."

In Janet's "The king is dead, long live the king" editorial she also announced the birth of a new publication to be called HealthSpeak, which would be published under the aegis of the North Coast NSW Medicare Local.

This journal has since built on the foundations established by GPSpeak over twenty years and gained a reputation as perhaps the best journal of any Australian Medicare Local, and certainly the most diverse in content.

Where else can you read insightful book reviews (my own!) next to an entertaining wine column (by Lismore paediatrician Chris Ingall), the most recent of which juxtaposed insights on pinot noir and tempranillo with Melbourne journo Jill Stark's brilliant book High Sobriety, about her "year without booze."

This highlights how we tend to do things differently in the Northern Rivers of NSW, and if you need further proof, check out local author Robert Drewe's latest work, The Local Wildlife, reviewed in this reborn – or should it be rebirthed? - GPSpeak.

Like Janet, I wish to acknowledge the efforts of the previous editors – Katherine, Aaron Bertram, and of course Janet herself. Having worked with them all, and with the layout maestros at Graphiti Design Studio, I can vouch that they were highly talented people committed to providing a quality forum for sharing news, views and articles of interest and relevance to practitioners, specialists, health academics, health workers in the public and private sectors, the media and broader community in the Northern Rivers and beyond.

Despite the organisational changes, GPSpeak never went away. Rather it hibernated while the Medicare Local – of which the Network is a member – took the time to firmly consolidate itself.

Now it is time to emerge from our cave and resume the role of informing and connecting clinicians and other interested parties from across the region.

We do not want this to be a one-way flow of information, but a fertile exchange of opinions, expertise and suggestions about what you would like to see in a bi-monthly online journal, supported by weekly email updates to free subscribers.

We welcome contributions in the form of blogs/letters, suggested articles, and other feedback, and I look forward to seeing these in our inbox at editor@nrngp.org.au

On behalf of the GPSpeak team, welcome to the publication. We hope it serves you well.

- Robin Osborne

Don't miss an event!
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Responsibility for election comment in this issue is taken by R. Osborne, 21 Rifle Range Road, Bangalow NSW.