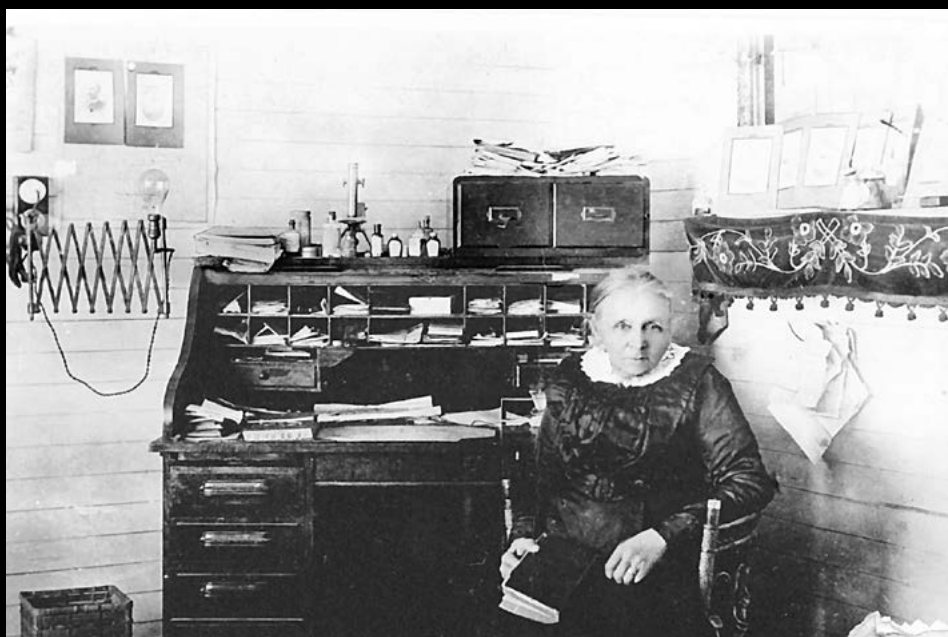
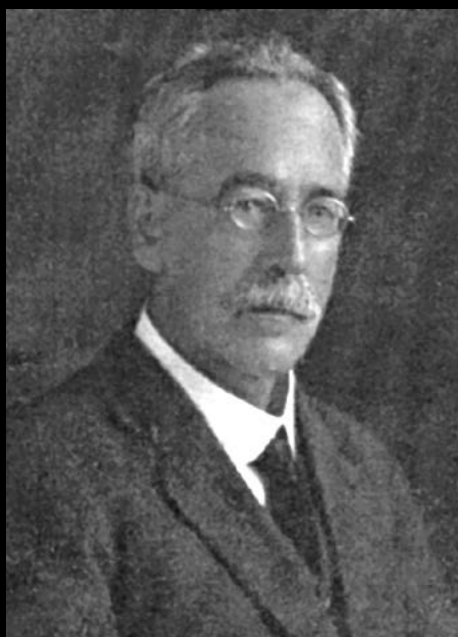


GPSpeak



◆ Reflecting on our medical history



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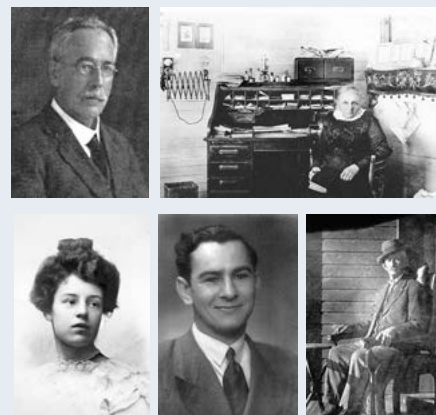
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Front cover: Images provided by Dr Neil Thompson from his book : Sawbones, Saddle Sores and Soothing Balms.

Top left: William H Tomlins, Alstonville

Top right: Margaret A Corlis in her surgery at Bangalow

Lower left (photo NSW State Archives): Jessie Marie Stewart started a practice in rooms in Molesworth Street, Lismore, at the end of January 1907.

Lower middle: Nicholas Kerkenezov, Resident Medical Officer at Dubbo Base Hospital in 1943–1944, started in general practice in Woodburn.

Lower right: Josiah Corlis on the verandah of their Bangalow home in Granuaille Road, was involved in community affairs and responsible for setting up the private hospital in Bangalow. In 1952 it was renamed the Bangalow District War Memorial Hospital.

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Editorial

The grand era of local medical care continues

The first white settlers came to the North Coast in the 1840s, a time when few of the things we take for granted today even existed. Medical treatment, such as it was, came in the 1860s and 1870s with the arrival of the first doctors.

In this issue we review (page 6) Dr Neil Thompson's history of the Richmond Valley doctors from 1866 to 1986. Many people, both medical and lay, are fascinated by this history and have wanted to learn more about their predecessors.

To help get these stories to a wider audience the NRGPN and the Nordocs Group have liaised with Dr Thompson to have the book published in electronic format as an Amazon Kindle ebook. We thank Neil for allowing us this privilege and pay tribute to him for the many hours of devotion to our community that he spent in researching and writing this history.

We also pay tribute to three GPs recently honoured by the Rural Doctors Network (page 13). Ian Falson and Chris Mackenzie of Ballina and Anil Thakur of Maclean were granted the organisation's Rural Service Medical award in recognition of the special skills they brought to their communities and the years of service they have provided.

Dr Chris Lowry (page 31) has been awarded the Order of Australia Medal for services to anaesthesia in the Australian Honours list. The award is richly deserved for his years in hospital administration, medical training, overseas volunteering and for his expertise in underwater medicine.

We also mark the end of an era with the recent retirement from the North Coast Primary Health Network of Dr Tony Lembke. On page 16 Dr Lembke reflects on his time leading the local primary health care organisations, first established in the early 1990s as Divisions of General Practice and later morphing into General Practice Networks, Medicare Locals and now the present day Primary Health Networks.

Tony's work has been a shining example of the Institute for Healthcare Improvement's fundamental tenets. He has aimed to improve the efficacy of the health care system in addition to improving the health of his own patients while at the same time valuing the skills and input of all those involved in health care delivery.

All members of the team are crucial to achieving this aim and everyone from the most experienced surgeon to the youngest wardsman has their part to play. Most hospital patients, however brief their stay, will marvel at how efficiently things run when everybody is focussed on their job and how smoothly it all works when the team is performing well.

However, they also observe that things do not always go well and can even go very badly.

On page 15, Dr Charlotte Hall describes the improvements that can be achieved when attention is paid to getting the team to focus on their "team work". Along with her colleagues she has developed the ADEPT training course that teaches medical personnel the human-factor skills such as leadership, communication, assertion, conflict management, self-awareness, situation awareness, and decision-making that can literally make the difference between life and death in emergency situations.

According to Neil Thompson innovations in medical care such as this have a long-standing tradition on the North Coast. On page 29 Dr Zewlan Moor reviews the book *Eggshell Skull* that deals with the medical, social and legal costs of sexual assault. Dr Moor has pioneered bibliotherapy for patients on the North Coast. However, this book is recommended as therapy for the medical professionals treating these patients who may suffer the vicarious injury that this work may invoke.

Hep C is now a curable condition and the Australian government is to be congratulated for making the medication affordable for all Australians. However, affordability does not mean accessibility. Through their work with Balund-a residents, which is a diversionary NSW Corrective Services facility south of Tabulam, Drs Binns and Silberberg have identified a significant incidence of potentially curable hepatitis C infected patients that can miss being treated in the jails (page 25). They have teamed up with Professor Greg Dore of the Scale-C project that uses innovative techniques to address the issues in this vulnerable group.

The 2012 Reith Lectures **The Rule of Law and Its Enemies** was given by historian and commentator Professor Niall Ferguson. In this series he argues that modern societies

Dr David Guest

Clinical Editor

have been successful due to the combination of science and modern medicine, together with competition, consumerism and the work ethic that in turn depend on the inviolability of property rights.

The extent to which efficiencies can be derived from market forces in the delivery of primary care services is currently being tested by the Australian government through its Primary Health Network system. There are potential pitfalls with this approach and the Australian Labor Party has signalled that there may be changes should it win government in the election expected for May.

In his final Reith lecture, **Civil and Uncivil Society**, Professor Ferguson notes that not all services are best delivered by government. He sees a role for both public and private organisations in education at both the secondary and tertiary levels. While he does not address the issue per se it would be reasonable to make the same argument for medical care at the primary and secondary levels.

However, Professor Ferguson is a strong supporter of local community groups that come together to address a local need or issue. In his own case he has high praise for his local Lions Club in the south of Wales.

Nordocs is the local group of doctors on the Far North Coast of New South Wales. It has its own Facebook page, meets for drinks once a month in a local watering hole and is holding its annual "Unconference" in June this year. All local medical practitioners are invited to come along, have a chat with their colleagues, listen to the talks or better still give one.

NORDOCS



Northern Rivers Doctors Group

Local GP Tenders Close

Love me, tender, love me true, all my dreams fulfilled.

For my darlin' I love you, and I always will.

Love Me Tender, Cinemascope Films, 1956

Two of the North Coast Primary Health Network's tenders for the delivery of services to North Coast GPs and their patients closed in January-February.

The first contract is for an organisation, or organisations, to provide educational services to primary care practitioners from the Tweed to Port Macquarie. These services are directed at medical practitioners, nurses, allied health practitioners and pharmacy, and focus on the **NCPHN's target areas** for the next triennium.

The contract is thought to be best suited to large educational organisations that have the capacity to cover both the wide footprint of the NCPHN and to deliver quality programs for health professionals with diverse interests and responsibilities.

Local medical practitioners are hoping that the funding will allow the return of the

nascent clinical societies in the Richmond Valley, first started by the NCPHN when funded under its prior arrangements.

As is standard practice the tender documents have been removed from the **NCPHN's tendering portal** and no further information is available while the NCPHN works its way through its **commissioning cycle**.

The NCPHN's **Exercise as Medicine tender** has also closed recently. The aim of the project was to choose a cohort of chronic disease patients from a select group of North Coast practices to engage in a regular exercise program.

The project is novel in that the practices will be paid a success fee for those patients who improve on performance measures over a six-month period. This payment is available every six months if the patient improves from their previous baseline and is in addition to the usual start up and service delivery funds of the project.

Health funders have long preferred paying for outcomes rather than activity and this project will be watched closely from around the country.

Some, however, have expressed concern that they are taking on significant risk if they are relying on payments that are dependent on the actions of others. Strong financial incentives will be needed to justify the risk, and many practices have chosen not to apply.

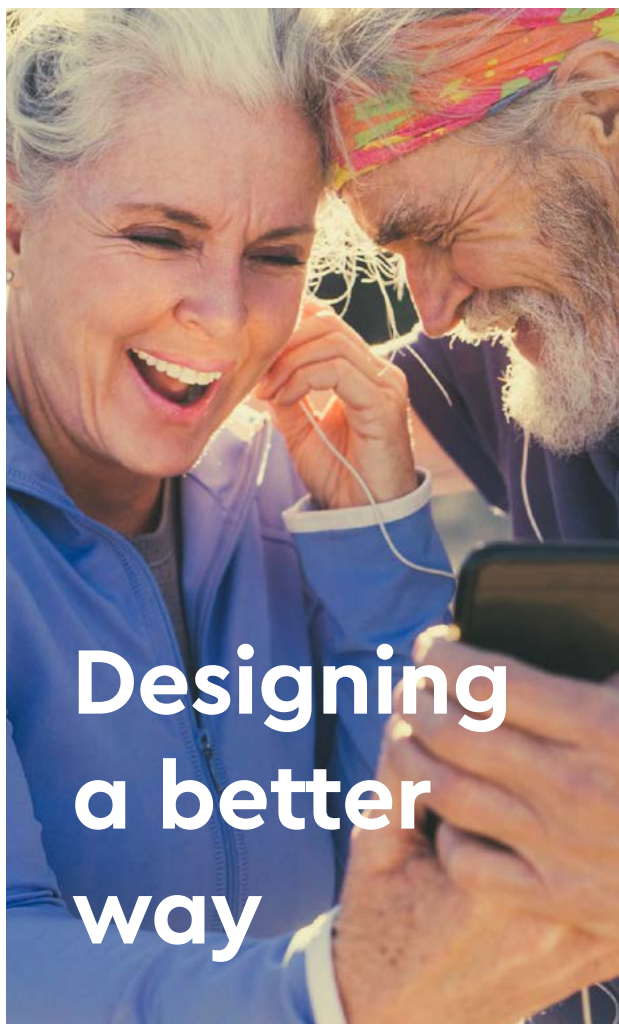
Some practices have expressed concern that these bonus payments will be viewed as a money-making venture for the doctors and not focussed on achieving the best for the patient. There could be a temptation to skimp on service delivery to maximise profit.

There is also the potential to game the system by "pulsing" the health of the patient to achieve the bonus payments on every second round of the six-month cycle of the project.

Exercise as medicine is a long-term undertaking if the benefits from this important intervention are to be achieved. The Exercise as Medicine project goes for three years and its continuation beyond that will depend on its success. Clearly, however, a sustainable approach is required.

Many GPs are confused by these changes to patient care and the strange new world of the tender. At this early stage few are keen to swipe right.

by Dr David Guest



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Federal Election 2019 - Labor's health initiatives

by Dr David Guest

Ahead of the federal election predicted for May 2019 the Shadow Health Minister Catherine King has announced Labor's new policies on her portfolio area. This comes in the wake of Labor's "Medi-scare" campaign in the previous election, still drawing criticism, and now, comparison with the Coalition's scare campaign on boat borne asylum seekers.

Speaking at the [National Press Club](#) Ms King outlined her party's vision for Medicare funding and the future of Australian general practice.

It has long been recognised that many of the difficulties in the Australian health system arise from the split in responsibilities between the primary and secondary health sectors, which are under the control of the Federal and State governments respectively. Far too much time and money is wasted in driving patients, hence costs, from one sector to the other and back again.

Australian politics in recent times has seen a succession of changes in leadership and changes in government, the latter on a two-term, six year cycle. The current polling suggests this cycle will continue with the next Federal election.

Each new government comes to power with a mandate for its policies, often opposed to those of the previous government. However, changes in health, like many other areas of government responsibility, can take decades to plan, implement and refine.

To overcome this destructive cycle, Labor is proposing a national Health Reform Commission (HRC). Inspired by the [Productivity Commission](#) an HRC would be an independent authority charged with improving systems and outcomes and reducing inequality in health. It will report jointly to the Federal and State Health Ministers through the Council of Australian Governments. COAG ministers will be able to direct the Commission to certain areas for development and this, combined with the joint reporting, is hoped to make it less likely for the Commission's reports to be buried by the government of the day.

The second plank of the Labor initiative is primary care reform. Shadow Minister King reports that the Treasury estimates given to the Coalition government prior to the 2013 first Coalition "horror budget" correctly identified that the increase in out of pocket costs would drive patients to use more hospital Accident and Emergency

services. This cost shifting has in turn been countered by the States through increasing the number of hospital specialist outpatient clinics and services that require referral from a general practitioner. The cost of these bulk billed services goes back to the Commonwealth.

The Federal government's glacially slow thaw of the Medicare freeze ([as previously reported in GPSpeak](#)) started almost two years ago. Under the Coalition's arrangements some items continue to be frozen and will not return to increased funding until 2020. Under Labor the freeze would end immediately.

Over the last six years \$3.0 billion have been shaved from Medicare rebates by the freeze. Since the money is a rebate to the Australian public for fees incurred, it is impractical for the money to be returned to them. Australian GPs will look askance at this reasoning.

The Shadow Minister notes that the current Health Care Homes (HCH) trial has essentially been a failure. However, the lessons learnt from the trial are invaluable and should lay the foundations for a better and wider implementation of the HCH principles.

Primary health care reform is a difficult issue and will take time and careful negotiation. Labor sees primary care delivery such as that provided by Aboriginal Medical Services as a model for future general practice. She wants more emphasis on health care promotion rather than treatment and laments the \$300 million cut from the Coalition's National Preventative Health Agreements with the States in 2013.

It is calculated that 1.3 million patients delay or skip medications, tests and medical appointments due to costs. As an immediate response to hefty specialists' out of pocket costs, Labor is looking to expand the role of hospital OPD departments. It is not clear from the announcement how these extra services will be apportioned and funded.

The Shadow Minister is also critical of the disbandment of the Medicare Locals under the Abbott government's then-Health Minister, Peter Dutton. In her view, the destruction of the previously established networks has put primary health care development back several years. However, no announcement about the Labor Party's intentions for Primary Health Networks was made.

The Shadow Minister concludes that

Labor is a better steward of the Australian health system. She notes that at every election the Liberals break their promises on health.

Tony Abbott's 2013 "No cuts to health" was immediately followed by \$2.8 billion cuts to hospital funding over a 10 year period; an attempt to introduce co-payments on doctors' visits; the Medicare freeze, which resulted in a virtual co-payment system; mooted but an ultimately withdrawn proposal to outsource Medicare processing; cuts to the PBS and Medicare safety nets; and cuts to preventative dental programs and diagnostics.

She continues that in more recent times Health Ministers Dutton and Hunt destroyed the Medicare Local system and could have ended the Medicare freeze at any time in the last five years.

Health policy has been a major strength for Labor going back to the days of Medicare under the Whitlam government. They campaign strongly on the issue, while the Coalition's record is weak and Health Minister Hunt has been fairly passive in his portfolio.

The Shadow Minister claims that under Labor there will be better hospital funding, stable health insurance premiums, affordable GPs and specialist visits, and that Medicare will remain the core of the Australian healthcare system and its long term development will progress more smoothly under the new national Health Reform Commission.

Australian GPs may not see it as all puppies and rainbows. They will recall that it was Labor who first introduced the Medicare freeze in 2013. They will recall the market disruption caused by Labor's Super Clinics following the 2007 election. Labor sees health centres such as those run by the AMSS as the future for Australian general practice delivery and this is also the approach favoured by the [NSW Greens](#).

The details of the proposed restructuring of primary care are scarce. Consensus building by bringing together State and Federal governments, doctors, pharmacy, health insurers, the hospital sector and consumer representatives sounds fine in principle. However, such a "consensus" may see one group objecting strongly to a reduction in their incomes.

Medical practitioners are advised to proceed with caution, or as the Romans advised, *festina lente* (make haste slowly).

Sawbones, Saddle Sores & Soothing Balms - eBook Review

“History is more or less bunk”, according to Henry Ford. Back in the 1850s so was medicine on the North Coast. Dr Neil Thompson’s history of the the local medical fraternity, [Sawbones, Saddle Sores & Soothing Balms](#) covers the 120 years from the arrival of medical practitioners in 1866 to the modern era.

Neil Thompson’s fascinating book, first published four years ago, has recently been released as an Amazon kindle ebook, a format that will enable the stories of the medical pioneers of the region to reach a much wider audience.

Each chapter is devoted to one of the sixteen towns in the local area, detailing the travails and contributions of each town’s medical practitioners in chronological order.

Various themes emerge. Life for the early medicos, like their patients, was difficult, lonely and often short. In the two major townships of the day, Coraki and Casino, there might be a colleague one could call on in times of need. Mostly, however, the local doc was on his own delivering babies, treating surgical conditions and coping with major trauma.

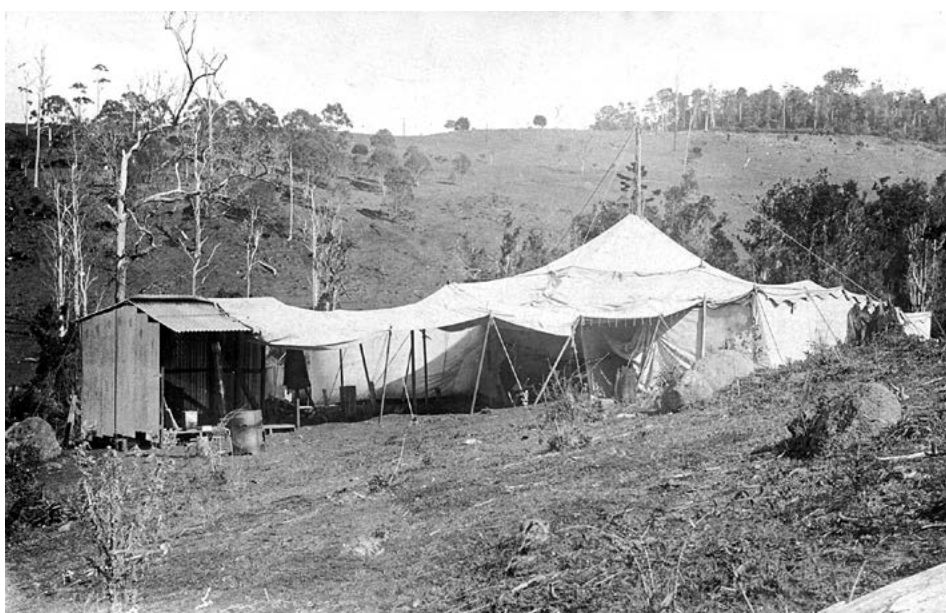
In those early days there were no hospitals, not much in the way of anaesthetics and sterilization was a novel concept. A good surgeon was quick and had a strong arm, an attribute he shared with his anaesthetic assistant. Appendicitis and peritonitis could prove as fatal for the doctor as his patients. Perinatal mortality was 20%.

Snakebite, drowning and being thrown from a horse could easily strain the practitioner’s therapeutic armamentarium.

Infections were common, with epidemics of measles, smallpox, Spanish flu, bubonic plague and typhoid sweeping through the community at various times. Death from tuberculosis or pneumonia in your 30s was not a rare event, even for the medical staff and their families.

Getting started in practice was as challenging then as it is now, although the problems were somewhat different. There were no regulators to satisfy and getting a Medicare prescriber number was a thing of the distant future. Rather it was often simply a matter of hanging up your shingle.

Some established their rooms in the local hotel. While this attracted early custom it could have unintended consequenc-



The temporary isolation ward at Lismore Hospital, used during the typhoid epidemic in 1892

es. Thompson quotes the obituary of one, who succumbed to “that cordial that destroys both soul and body of men”. Suicide claimed others.

Prior to antibiotics vaccinations were one of the few things that could be done to reduce the death toll. Smallpox and varicel-

l towns developed, swimming, fishing and horse riding gradually gave way to tennis, golf, hockey, running, sailing and surfing. Even to this day many local practitioners will try to attend a “Board Meeting” at least once a week.

The early medical practitioners were



Lismore Clinic during the 1954 floods

la lymph inoculation clinics were run with serum shipped up (literally) from Sydney. Life was simpler when hepatitis B and conscientious objectors had yet to be invented.

The early records noted that many doctors of the day enjoyed their sports. As

often prominent in their town’s local musical groups and gardening societies. This tradition too has continued across the generations with local doctors Jimmy Chiu playing regularly in the band [Acid Bleed](#) and the late Tex Miller famous for his “banjo plucking” at the Lismore Golf

Club with his “Pally’s Players”. Psychiatrist Harry Freeman, who **came to the area for the Aquarius festival**, still entertains with a hot jazz piano.

The local doctor, an eminent citizen of the town, would be expected to attend the town’s balls and dances. He would be an honoured guest at the annual show. Occasionally he might be called upon to perform the professionally dangerous job of judging the baby competition.

The doctors of the day were early adopters. Horseless carriages were an innovation in transport and often doubled as the early ambulances. However, the thrill of speed went to their heads on occasions. In Ballina in the early 1900s Dr John Sanderson was fined by the Inspector of Public Nuisances for “driving his car around a corner of the road at faster than walking speed”. In 1908 in Lismore Dr Oscar Muller, driving his dark-red Russell, “was charged with driving at the breakneck speed of more than six mph and fined ten shillings and costs”.

Dr De Luca was one of the pioneer flying doctors. He spent several months “building a monoplane which he ‘essayed to fly’”. After taking to the air in graceful fashion, at about twenty feet it suddenly turned turtle, fell and was completely wrecked”. He survived the crash which tragically was not the case for a later Casino medical aviator.

Many of the medical fraternity responded to the call to public service. Four of them were mayors of their local towns. In the early 1930s Dr Jabour of Casino and Dr Kellas of Lismore were simultaneously mayors of their respective communities. A weir is named after the former, a street after the latter.

Many of the doctors served overseas during the World Wars, taking leave from their practices for several years. Tragically Dr John Oakeshott was captured in the fall of Singapore and died several years later in Borneo on the Sandakan Death March.

Upon retirement Malcolm Tester, a Lismore ophthalmologist, following the example of world renowned Dr Fred Hollows, undertook several eye missions to India and the Solomon Islands. Lismore surgeon Dr Dave Thomas was a medical officer to the Surf Life Saving Movement. He ran voluntary skin clinics at Byron Bay beach every December-January holidays until he tragically lost his own life to melanoma in 2000.

For some early practitioners doctoring was a family tradition. Canadian doctors Josiah and Margaret Corliss were the first medical practitioners in Bangalow and provided medical care throughout the region.



Mullumbimby's Dr Kesteven in his horse and buggy (right) and light pony and trap in the background, c.1905

They were accompanied by their two medical sons, Philip and Charles Corlis who established their practice in Ballina. The family tradition was carried on by Charles' son Wilson Corlis who was a surgeon in Lismore from the mid 1930s until the end of the war.

Other father and son doctors in the area were Frederick William Buddee who started practice in Bonalbo in 1927 and his son, also F. W. Buddee, a respected Lismore surgeon and community member. Similarly Archelaus Opie and son Jim provided medical services to the North Coast for over 50 years and Robert Oakeshott, the son of John, worked as a surgeon at the Keen Street Clinic for several years before moving to Perth.

Present NRGPN Chairman Nathan Kesteven, traces his medical roots back to Leighton Kesteven his great great grandfather in the early 1900s. English born and trained at St Bartholomew's he worked in Fiji and Lismore before becoming the first medical practitioner in Mullumbimby.

Over the years many doctors came to the North Coast, attracted by the scenery and the lifestyle, and decided to stay. Instrumental to attracting new doctors in the 1970s and 1980s was Lismore Base Hospital Clinical Superintendent Ray Gordon. Thompson reports that one of the more frequent answers to the question of why new doctors came to Lismore was that they had met Ray Gordon somewhere or other and he told them of the attractions of his home town.

It is true that not all the medical practitioners of the North Coast have been of

good repute. Francis Hankey, “a medical man of Wardell”, was a serial fraudster and over the years was found out repeatedly. He appeared before the magistrate in Wardell, Casino, Lismore and Grafton. Most of his medical training probably occurred during his time in Darlinghurst, Maitland and Port Macquarie jails. However, “Dr’ Hankey’s treatment for painful conditions” was a marketing success and almost irresistible to his long suffering patients.

Lismore hospital opened in 1883 when the town’s population was 473. The town had been gazetted only seven years earlier in 1876 having previously been known as “Sleepy Hollow”. In those early days the relationships amongst the local doctors and between the doctors and the hospital boards were not always harmonious. Arguments with medical “squatters” and rogues, charlatans and con men would episodically cause havoc. It would have been almost enough to make them want for modern institutions like provider numbers and the AHPRA.

There are dozens of other colourful doctors who have served the people of the Richmond Valley over the last 120 years. Neil Thompson’s book gives us a glimpse into our distant history and offers some guides on how best to serve our community in the future.

The book is available from Amazon as a Kindle app for mobile phone and tablets. The many pictures in the book prevent it from displaying on the web or the native Kindle device.

It retails in Australia for \$11.99.

Changes in the wind for PHNs?

Should Labor win this year's federal election it seems likely that the Primary Health Network (PHN) system will be retained but face a number of changes. This is the signal coming from the long-serving Shadow Minister for Health, ALP parliamentarian Catherine King who responded to an inquiry about the PHNs from GP Speak.

Established on 1 July 2015, after the disbanding of the Medicare Locals, there are 31 PHNs in Australia, the local one being the North Coast Primary Health Network <https://ncphn.org.au> extending from Tweed Heads down to Port Macquarie.

Despite describing the move to establish the PHNs as "unnecessary and counter-productive", Ms King said Labor "continues to strongly support" them.

Her statement is as follows -

"The last Labor Government established Medicare Locals to help drive primary



Catherine King, MP

health care reform around Australia. Typical of the current Government's ap-

proach to health, the abolition of Medicare Locals and re-establishment of Primary Health Networks (PHNs) was unnecessary and counter-productive.

Labor is particularly concerned by the narrower focus and less flexible funding that the Abbott-Turnbull-Morrison Government has imposed on PHNs.

However, Labor continues to strongly support PHNs. We believe that they are uniquely placed to identify and help address local health needs – both within and beyond the current Government's funding priorities. In fact, Labor is already working with many PHNs to identify local priorities ahead of the next federal election, due by May.

But PHNs can only do their important work in partnership with GPs, other providers and patients, and they must continue to build local collaborations and trust."



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Doctors consider the environment

by Fiona McCormick, Doctors for the Environment, Australia

GPs are used to dealing with the politics of health, from the cost shifting which sees patients discharged with scripts they cannot afford to fill through to the regulations around ordering MRIs (to name but two). Clearly, political decisions impact our delivery of primary health care. So it should not be surprising that health practitioners may wish to influence policies on a scale broader than just dealing with health care delivery, widening our perspective to look at the social and environmental determinants of health.

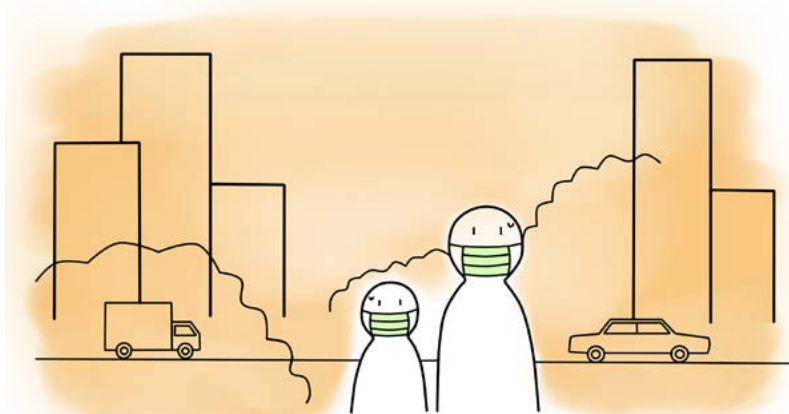
Doctors for the Environment Australia (DEA) arose as a branch of the International Society of Doctors for the Environment (ISDE), founded in 1990 and now having member organisations in over 30 countries.

The aims of ISDE are to publicise the relationship between the condition of the environment and human health, to promote environmentally friendly behaviour amongst physicians, patients, and the public, and to cooperate at all political levels in the reduction of harmful environmental influences on health.

DEA has been an active voice in Australia since 2002 and the organisation regularly publishes its **position papers on climate change and human health**.

The Bureau of Meteorology recently released data showing that Australia's mean temperature for January 2019 exceeded 30°C, the first time this has occurred for any month. National temperatures have increased by more than 1 degree over the past 100 years. Prolonged periods of heatwave conditions are particularly dangerous as

they place increased pressure on emergency services, increase air pollutants, interrupt electricity supplies and transport services, increase the incidence of workplace accidents and injuries, and contribute to drought and its profound impact on mental health.



Hot weather can also mean increased bushfire risk with more extreme fire weather and longer bushfire seasons. Bushfires have direct impacts on physical and mental health through burns, heat stress, trauma and death. Bushfire smoke can directly trigger heart attack and lung complaints, increase hospital admissions, and cause death.

Hotter than average conditions in Australia and the polar vortex which froze North America are due to climate change directly caused by the increase in greenhouse gases in the atmosphere from human activities, mainly the burning of fossil fuels. CO₂ is approximately 410ppm, higher than it has been in over 400,000 years and we have all seen the graph showing the correlation

between CO₂ levels and temperature.

Australia is a technologically advanced nation and we have bountiful supplies of sun, wind and other renewables to easily achieve zero emissions in power generation. Individuals and companies are investing in these technologies as a way to reduce power bills and ensure uninterrupted supply, however to date there has been a lack of meaningful investment at a Federal or State level.

As we subsidise the fossil fuel industry to a tune of around \$12bn p.a, it is evident that what has been lacking is political will, which Nobel laureate Al Gore defined as one of the “ultimately renewable resources”.

I am a GP. For over a decade I worked as a locum in rural and remote Indigenous communities, where the resilience and long view of the original inhabitants of this country never failed to impress me. As one elder said to me: “Healthy people caring for healthy country is what makes a healthy society”.

We know that people cannot be healthy if the air they breathe, water they drink and food they eat (all from country) are polluted. Equally we know that actively caring for country keeps people healthy both physically and emotionally. With this year's elections in NSW and federally, it is timely to consider how our votes can influence policies that will affect the environment, the health of our nation and our planet into the future. Collectively we can do more and I urge you to consider supporting the important work of DEA.





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**VASCULAR AND
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Rotary Park is Lismore's rainforest heart

by Dr Kristin den Exter

Rotary Park, a globally unique dry rainforest remnant, is culturally and spiritually significant for the Wadjal Wiyabal people of the Bundjalung Nation. One of only two urban rainforest remnants in NSW, the park's circular walking track was opened in 1988 after substantial efforts by Lismore City Council and bush regenerators, led by Rosemary Joseph, to rid the rainforest of invasive weeds. This work is ongoing.

In September 2005 **Lismore's flying fox camp relocated** from the riverbank at Currie Park, near the Lismore Racecourse, to Rotary Park where the camp remains today, protected from extreme winds, and at times extreme heat, by the park's unique microclimate created by the gully, creek and the tall trees. Scientific studies reveal that flying foxes' preferred roosting habitat is where there are emergent trees, patches of dense foliage and an understorey.

More broadly, flying foxes prefer much the same habitat as we do - the east coast coastal lowlands. This has meant much of the tall coastal forest habitat that flying foxes depend on for foraging and roosting has been cleared for agriculture and human settlement. Flying foxes now depend on the pockets and remnants, like Rotary Park.

At times during summer three species of flying foxes can be found in the park; **the Grey Headed Flying Fox** (*Pteropus poliocephalus*), **the Black Flying Fox** (*Pteropus alecto*), and occasionally for only few days in the year the migratory **Little Red Flying Fox** (*Pteropus scapulatus*). Rotary Park is considered to be one of the largest maternity camps for the Grey Headed Flying Fox, listed as threatened due to declining numbers across the east coast population.

Flying fox populations are linked as one across the species ranges, with flying foxes travelling up to hundreds of kilometres at night in search for food - the flowers and blossoms of our tall native forests.

Flying foxes are a keystone species, pollinators that can see from kilometres high the blossoms of our tall coastal forest trees which open to the night sky. The flying

foxes need the trees and the trees need the flying foxes to reproduce.

I joined **WIRES**, Australia's largest wildlife rescue and rehabilitation charity, in 2004 and before long our house was full of birds, possums and gliders. At home with a toddler, working as a casual lecturer in Environmental Science at Southern Cross University, meant wildlife caring had room in my life. My interest in flying foxes led me to being vaccinated with the rabies vaccine to allow me to work with these amazing creatures without any risk, however small, of contracting lyssavirus (it is estimated only 1% of the animal's population carries the disease).

One warm day in 2008 I took a lunch break walk in Rotary Park. We were worried about the bats as that summer there was a blossom shortage. What I found that day in the park was a horror story unfolding. It was early December, and the tiny flying fox pups had been abandoned by starving mothers who had flown too far to return to their young in search of food.

Everywhere I looked there were pups crying out for their mothers, clinging for their lives on shrubs, vines, and trees.

Over the next week 180 baby bats were rescued from Rotary Park, as well as



In Lismore this summer the WIRES Rotary Park release aviary has around 30 young bats, almost old enough and strong enough to be soft released to join the nightly fly out. These babies have come in as a result of becoming lost after falling off mum, being caught on barbed wire or in fruit netting. There is one Little Red Flying fox who was separated from his migratory colony and is slowly being transported back through the wildlife care network to North Queensland.

I am now lucky to live next to Rotary Park, working with others to restore and regenerate the neighbouring forest at Claude Riley Reserve, just behind Lismore Base Hospital. Every action taken to prevent further habitat loss, or to increase the area and condition of the remnant forests that are left, will help these important keystone species survive.

If people find a sick, injured or entangled bat it is important not to approach it. If you see a bat on the ground, adult or pup, please do not touch it. Although less than one per cent carry lyssavirus, there is always a risk. If you find an injured bat in the Northern Rivers call WIRES 6628 1898. Elsewhere you can call the WIRES Flying Fox only Emergency hotline 0405 724 635.



Lumley Park in Alstonville. The bat caring network went into full swing, with bats in care across the NSW east coast. That summer the release aviary, where the young bats learn to be bats and dehumanise from their carers, was extremely crowded. Other similar mass mortality events have occurred in **Casino** and **SE Queensland in 2014**, the **NSW in 2016**, the **Northern Rivers in January 2018**.

‘Dog’s life’ takes on new meaning

Companion dogs have been an important part of chronic pain sufferer Dawn Macintyre’s long journey to better health, as Robin Osborne reports.

Surrounded by her beloved “oodle” dogs – more of which later – Dawn Macintyre looked a picture of good health and happiness when I visited the Clunes property she shares with husband Neil. ‘Highland Retreat’ is idyllically located, with alpacas grazing in the top paddock near a large Hollywood-style sign spelling out the word LOVE.

For many years, however, Dr Macintyre lived a very different life, suffering from intense chronic pain dating back to her early childhood in England when she had multiple surgeries for stomach and bowel conditions, spending, she estimates, around five years in hospital.

Later, keen to be involved in sports, for which she had a natural aptitude, she took up horse riding only to be trampled by a horse at the age of 14, badly injuring her back and causing decades of pain. Failed back surgery syndrome (FBSS) was the core diagnosis and the condition has never fully left her. From 2013-17, having moved to Australia, she would become a hospital regular in Brisbane and then the Northern Rivers, with the equivalent of a year as an inpatient as well as extensive rehabilitation visits.

Pain may not be the four-letter word prominent in her landscape but it is never far from her mind. She vividly recalls the many neurological flare-ups that left her body wracked with debilitating pain, stripping 20kg off her relatively slight frame, and leaving her unable to find lasting solutions.

“What was devastating, apart from the impact on my partner, family members, notably grandkids, was that I couldn’t find any answers... and I’m a professional researcher. If I can’t do it, how does the proverbial Joe Blow even begin?”

When it became clear that the young Dawn would not be pursuing a sporting career she decided to focus on the wellbeing of others, and despite missing years of schooling due to ill health she went on to gain a place at London University and completed an undergraduate degree in psychology and education. On graduation, she was offered the opportunity to pursue a doctorate, but she had become captivated by pet



therapy, a largely unexplored field and not supported by the university.

Nowadays, surrounded by her oodles, she well understands the role that animals can play in the therapeutic process.

Instead of further study she went travelling with a friend, following the overland route to Australia via places almost impossible to visit nowadays, especially for a blonde woman – Iran, Afghanistan, Pakistan...

Eventually she settled in Perth and later Brisbane where she resumed her education, completing a Master of Public Health through Curtin University, and working as Media Marketing Manager for Queensland Transport and later Manager, Queensland Injury Surveillance Unit, Mater Hospital. At the same time she had a private clinical counselling practice and was also a foster parent.

Her passion was the wellbeing of young people, focusing on the families of children who had drowned in backyard swimming pools. Working with the Queensland Injury Surveillance Unit she was a key adviser in drafting the pool fence legislation that was a first for any Australian jurisdiction.

At the age of 50, Dawn decided to pursue a PhD through the University of Queensland on the topic of the gaps in support for the

families of children who have drowned. Her thesis offered the opportunity to ‘give a voice’ to those families who all too often struggled through their grief with limited support and understanding from professionals and the community.

Equity of access to health care and emotional support for people in need is a subject close to her heart. She is currently writing a book on her journey with chronic pain and the gaps that she identified through this long and challenging time of her life. A previous work was titled “Nothing Changes if Nothing Changes: A Practical Guide for choosing the Right Counsellor”.

She is an Adjunct Professorial Fellow at Southern Cross University.

Last year Dawn Macintyre completed a 12-week stint of planned rehab at Ballina District Hospital (whose staff she greatly admires) – “gentle exercises, mind-body connection, validation of pain, processes to avoid catastrophizing - all these things have been building blocks for my daily coping.”

She cut off all the drugs she had been taking for years, including opioids. The journey was not easy, as she confirms.

Six years ago Dr Macintyre and partner Neil visited the local area for a weekend break, spotting a ‘For Sale’ sign on the Clunes property and driving onto the land.

As they gazed over the glorious landscape two white butterflies fluttered around her.

“Families who’ve lost kids have said butterflies represented the souls of their children flying free. I said we have to buy this place, and we did, building our dream home and additional accommodation for the use of people who have experienced the loss of a child, or who need respite.”

‘Highland Retreat’ is also home to their four gorgeous oodle dogs, Charli, a spoodle and the only girl, cavoodle Dougal, labradoodle Barnzy and groodle Riley. Oodles derive from original poodle stock and are as bright and engaging as their forebears. They provide wonderful companionship for Dr Macintyre who is now able to walk them with her husband most days and delight in taking the no-shedding, hypoallergenic canines on visits to local dementia and aged care facilities. Barnzy and Riley are larger dogs so can be patted without the need to bend down.

“Thanks to these lovely creatures, and the rehab support I received last year, I have many good days, while before I could barely say I had good hours. Research has shown that pets provide owners with both psychological and physiological benefits and the majority are healthier than those without pets.”

The dogs have such a place in her heart that she has published the first of a series of children’s books, Oodles of Fun, about their personalities and antics. A percentage of the book’s sales go to the Story Dogs literacy program <https://www.storydogs.org.au/> that brings young readers together with quiet companion dogs.

While no one can predict the future, perhaps the discreet tattoo on Dawn Macintyre’s inner wrist sums it up. At first it’s hard to spot as the dogs are so keen on crowding in to lick her hands. Years ago the Infinity symbol may have been a reminder that her pain would never stop. Now it must surely mean she has a long and happy life ahead.

“Everyone’s pain journey is different, and whilst for a long time I mourned the old Dawn, I now enjoy discovering the new me,” she says, with a warm smile. Oodles of joy seem to lie ahead.

Northern Rivers doctors win NSW rural medical awards



The photo features (L-R): Dr Ian Falson from Ballina, Dr Mark Rikard-Bell from Muswellbrook, Dr Delma Mullins from Muswellbrook, Dr Neroli Lawrence from South Grafton, Dr Richard Abbott from Scone, Dr Peter Lee from Singleton, Dr Anil Thakur from Maclean and Dr Chris McKenzie from Ballina. Photo provided by NSW RDN

Northern Rivers GPs Ian Falson, Chris McKenzie and Anil Thakur are among the regionally based doctors to win a prestigious 2018 NSW Rural Medical Service Award. They were honoured for their long-standing medical service at the presentation dinner hosted by the NSW Rural Doctors Network in Sydney.

The Rural Medical Service Award recognises GPs who have provided 35 years or more of medical service to the people of rural, regional and remote NSW.

Dr Falson is a GP proceduralist who has clocked up 38 years of medical service for the North Coast communities of Port Macquarie and Ballina. He has worked in the Northern Rivers since 1995, and has a special interest in primary care skin cancer medicine. He is a founding member of the Skin Cancer College of Australasia.

Dr McKenzie has practised at Ballina Family Medical Centre for 35 years. During this time, he has provided VMO services to patients at Ballina District Hospital, working both in the Emergency Department and medical wards.

Dr Thakur has been a surgeon and GP in Maclean since 1985. He has interests in endoscopy, cosmetic surgery and skin cancer treatment. He was an early promoter of computers in general practice.

Rural Doctors Network CEO Richard Colbran praised the significant contribution to their rural community by providing high quality continuity of care.

“It is rare for rural doctors to be formally recognised for the outstanding contribution they make to their community and to be acknowledged for the work they do,” he noted.

“This award provides a unique opportunity for the people of the Northern Rivers to acknowledge the difference that Drs Falson, McKenzie and Thakur make to the health and wellbeing of the community.”

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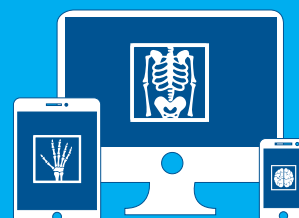
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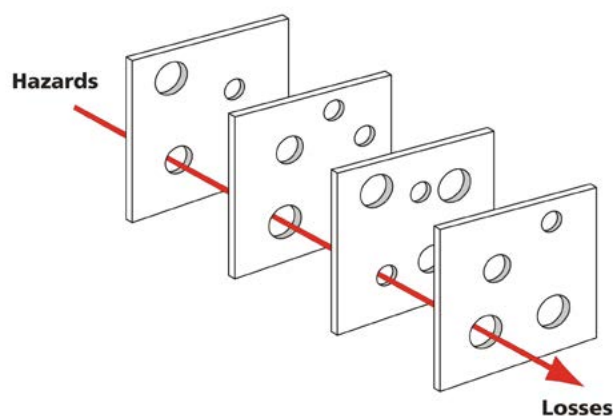
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Team work the key to better emergency care

by Dr Charlotte Hall, Emergency Physician, North Coast NSW

Imagine a perfect work day in healthcare. You were part of a motivated and well-functioning team. Patient care had been the best you could all deliver. Conversations with other healthcare workers were respectful and helpful. You had the chance to demonstrate both your leadership and follower skills and were able share your ideas and sense of humour.



The Swiss Cheese Model of Accident Causation

by Davidmack [CC BY-SA 3.0]

Your managers had granted you the autonomy to organize your own practice areas and workflow. You felt supported by your colleagues and enjoyed a sense of job security and mental well-being. You felt empowered to call out bad or concerning behaviours and knew that any serious adverse events would be investigated by a team with expertise in human factors.

And so on... but can we really change the culture of the medical workforce? Sceptics may think not, but the answer is “yes” according to graduates of the Advanced Emergency Performance Training (ADEPT) workshop.

ADEPT teaches “human factors” skills such as leadership, teamwork, communication, assertion, conflict management, self-awareness, situation awareness, and decision-making. Armed with enhanced skills and increased confidence, ADEPT graduates are already effecting positive changes in their workplaces. Our newest generation of healthcare workers is enjoying the opportunity to revolutionise one aspect of modern healthcare, the delivery of critical care in life or death situations.

Participants with extensive experience in medicine, nursing and allied health are sharing their wisdom and demonstrating that, as they seek to improve their own human factor skills, learning is lifelong.

Reducing the rate of errors in medical practice would save many lives a year and prevent the misery suffered by those who survive a mishap. In the USA, medical error is the third leading cause of death. Sadly, when a serious medical error occurs there is often a second victim. The healthcare worker involved in the case often assumes disproportionate responsibility for the error, failing to recognise that the system they were working in was a major contributor.

These feelings of isolation are often amplified by the investigation process and the healthcare worker then loses confidence in their ability and ultimately leaves their profession or becomes so distressed that they cannot function in their daily life.

We are all too familiar with those tragic cases where the second victim’s journey ends in suicide. So much more can and must be done to support healthcare workers who find themselves exposed to such enormous personal stress. Preventing the error in the first place should become a high priority for our industry. We will never prevent all errors but that should not stop us from trying to eliminate as many as we can.

Over the past five years rural generalist Dr Dean Robertson and emergency physician/ educator Dr Charlotte Hall have collaborated with senior pilots Mick Aspinall and Anthony Lock to devise and refine educational models for teaching human factors skills to health practitioners. Anthony Lock also works as the Director of Human Performance at the Royal Perth Hospital. Local senior clinical nurse educators, Fiona MacCallum, Sharene Pascoe and Michael Steenson have contributed their expertise to the ADEPT workshops.

Jana Ewing and Stuart James have assisted with program development and teaching. Surgeon Dr Sue Velovski and the LBH Executive team led by Wayne Jones and Dr Katherine Willis-Sullivan have welcomed and supported this reform initiative.



Dr Charlotte Hall

In 2018 concepts from the ADEPT workshop were presented to the NSW Health Minister Brad Hazzard who showed great interest and later organised and attended a further meeting at the Ministry of Health with leaders of pillar organizations, including the Agency for Clinical Innovation and the Clinical Excellence Commission.

The next step locally involves expanding the training and professional development programs. GP leaders Dr Tony Lembke and Dr David Guest have identified that human factors training is integral to the provision of excellent primary health care. Most importantly barriers to communication between hospital and general practices need to be torn down and replaced with more effective models. Face to face discussion remains one of the most effective means of communication and GPs should be both known and welcomed within our hospitals.

Mastery of human factors represents a catalyst for positive change in the culture of the healthcare industry. Here on the North Coast of NSW we are used to leading reform. Let’s add this one to our list.

Comments from previous workshop participants and registration details can be found at emergencyprotocols.org.au/ADEPT.

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Reflections of the retiring NCPHN Chair

Dr Tony Lembke retired as the Chair of the North Coast Primary Health Network in December 2018. He looks back at his time with the various primary health care support organisations from the early 1990s until today.

Not long after I joined the Alstonville Clinic as a fresh young GP in 1993 my senior partner Paul Earner suggested I put myself forward to join the Board of the newly formed Northern Rivers Division of General Practice.

I think his precise words were 'Make sure they don't bugger things up'.

The Lismore Base Hospital Department of General Practice was already very active at this time, and nearly all the Lismore and Alstonville GPs were VMOs. More than half the patients admitted to LBH - including obstetrics - were under the care of GPs. We all tended to run into each other each day on the wards, and every week we met at breakfast in the hospital cafeteria. On the menu was cold toast, bad coffee and a clinical presentation.

The new Division of General Practice had members from further afield - Ballina, Byron, Kyogle, Bonalbo, Casino, Evans Head, Coraki, Ocean Shores and Nimbin. The first edition of GP Speak was in November 1994. This journal reminds us that the management committee at the time comprised Hilton Koppe, David Guest, Chris Mitchell, Jane Barker, Christine Gestier and myself. David Helliwell ran the Nimbin Drug and Alcohol Service, Brian Witt managed the Early Intervention for Alcohol Abuse program, and Hilton Koppe ran the inter-practice visits program. We should do that again! David Guest was responsible for IMIT, and we were famous for open source principles and promoting Tux the Linux penguin.

Our mission was to make it easier for our GPs to deliver the high-quality care they aspired to. This has remained a core goal during the various iterations of the local primary care organisations that have followed.

The Division organised educational events and social occasions. Do you remember the car rally to Broken Head, the weekend events at Couran Cove, the family event at Sea World?

The Division became the Northern Rivers

General Practice Network (NRGPN). It was instrumental in the computerisation of general practice, where the North Coast is still a national leader. It supported immunisation and accreditation. Our region had the largest participation in the Australian Primary Care Collaboratives, which fostered innovation and collegiality.

We realised we were all dealing with the same issues and learnt to share generously and steal shamelessly. We ran the Family Care Centre in Lismore, managed the Nimbin General Practice, and auspiced the establishment of Bullinah and Jullums Aboriginal Medical Services. GP Speak became a voice of the local medical community.

Among many, Katherine Breen-Kurescev - whose tremendous skill and wisdom I remember her very fondly - Chris Clark, Sue Page and Andrew Binns were especially important to the Division.

From General Practice to Primary Care

In 2011, the government ceased funding General Practice Networks in favour of larger primary care organisations - Medicare Locals. 128 Divisions became 62 MLs. Medicare Local contracts were awarded to independent companies to provide specific services on behalf of the federal Department of Health.

The NRGPN, in partnership with our colleagues in the Tweed Valley, Mid North Coast, the Hastings Valley (and North Coast GP Training) and Many Rivers Alliance formed the company 'Healthy North Coast'. We were successful in a competitive tender to manage this new entity.

The NRGPN was able to retain funds that it had acquired independently on behalf of the general practice community and has been able to continue to operate since that time. The long-lasting GPSpeak is one of its ongoing achievements.

The Medicare Local, owned by the community and clinicians, has the aim of ensuring each person could access the care team that they need, that this care would be of high quality, and it would be joined up. I believe that because the Medicare Local in our region was auspiced by general practice it was better positioned to retain a focus on grass roots care centred around the relationship between a patient and their GP. This was not always the experience nationally.



Dr Tony Lembke

In 2015, 62 Medicare Locals became 31 Primary Health Networks. We were successful in retaining our boundary and in retaining management under the auspices of the company Healthy North Coast. This transition required a considerable amount of focus and a loss of momentum. I hope that the PHNs will now be given the space to consolidate their roles.

The PHNs have funding to support general practice and other primary care providers, and also to promote local integration of health care. They have a very specific role in assessing local needs and in commissioning services to meet those needs.

A Seat at the Table

A major result of these organisational changes is that general practice and primary care now have an established seat at the table where health decisions are made - in Canberra, in Sydney and especially locally.

The model of the Person Centred Health System, centred around a 'medical home', is well established and accepted at the highest levels of state and federal government. In this model, a patient and their family have an ongoing relationship with a particular GP, supported by a high functioning general practice team, and the rest of the health services wrap around this partnership.

Patients experience 'joined up' care. Our region has been instrumental in advocating for this model, and it is finally becoming rare for state and federal health strategies to ignore general practice.

In our region we now see joint planning between the Local Health Districts and the PHN. The Winter Strategy resources general practices to be proactive in managing high risk patients, supported by the Northern NSW LHD. We have a Healthy Towns program that is bringing together primary and secondary health, local council and social providers to develop innovative solutions to local needs. We are at the forefront of models for shared investment between state and federal governments, private companies, and social services, including education and justice, and other community services.

There are now regular meetings at every level - board, executive and management - between the LHDs and PHNs - and I cannot imagine any major initiatives that would not be a partnership. This is unique nationally.

Vahid Saberi and Dan Ewald require special acknowledgement for their vision and passion in developing the PHN. And I have had the honour of working with Linda Muscat, Leanne Tully and Marika Ilic for the whole 20 years!

Our second jobs

The first job in health care is the face-to-face interaction that clinicians have with their patients. What a privilege.

The second job is to improve the systems that enable us to deliver care, such that the next patient has a better outcome and experience.

It is easy as a doctor to think that the only one doing any real work is oneself.

I have developed a tremendous admiration and respect for those clinicians and non-clinicians who work in this second role - many of whom are part of the PHNs and LHDs. I understand that this 'second job' - success in improving systems - is just as essential in achieving our health aims as the role of clinicians.

Engaging with busy GPs was one of the greatest challenges for the Division of General Practice, and remains even more so for the PHN. I am aware that many GPs considered the Division a waste of money and the PHN even more so.

Progress is slow, many of the achievements are behind the scenes and not 'branded'; frustrations have not been fully resolved; and systems are incomplete. It is easy to notice when things don't work and

it can be invisible when they do - when a discharge summary doesn't arrive it stands out, yet is invisible when it does.

When I look at how I practice now, compared to when I started, some of the greatest successes that have been supported by the Division/PHN would include:-

Practice Nurses

Practice nurses are an integral part of the way we deliver care, forming a three-way team with GP and patient. They have more independence, and we wouldn't manage chronic disease, wound care, immunisation and acute illness without them. They have a strong supportive network, and are forming cooperative teams with community nurses.

Information Technology

I started in a paper-based world. It is surprising to remember how poorly we tracked medications and patient summaries, and the amount of work in writing letters, repeat prescriptions (especially for nursing homes) and processing incoming letters and results. Discharge summaries are now timely and legible. A central health record is available, and the hospital has begun to upload key results and events. I can communicate with a patient's care team electronically - for the most part anyway. This is still a work in process.

Mental Health

Mental health has become a highly significant proportion of the care we provide. We have many more tools at our disposal, including youth health services such as Head-space, psychologists, suicide prevention support services and geriatric services. Unfortunately, as the demand is growing, and being identified, there is much more to do.

Chronic Disease Management

CDM now makes up more than 50 percent of general practice. We have become much more proactive, systematic and team based. We have resources available to us in the community that facilitate the real work - that done by our patients and their families at home.

Work/life balance

It seems to me that improved systems and better workforce has given us more time with our family. Certainly the after-hours load is much less, and we have more days allocated off each week.

The future

People in our community need better health care. Our clinicians want to work in a system that enables them to deliver the best possible care. Our nation needs care to be efficient and effective.

I believe the NRGPN continues to have a vital role and I particularly acknowledge the work of David Guest, Nathan Kesteven and Andrew Binns as custodians. I think we had more collegiality as GPs and medical specialists 20 years ago and the NRGPN remains well positioned to foster our coming together socially and to guide professional development opportunities.

The NRGPN has an important role as one of just a few 'owners' of the PHN, and clinicians have the opportunity to participate in the clinical councils or as special advisors in the commissioning process.

The funding available to the PHN is an order of magnitude higher than that received by Divisions of General Practice. More than \$20 million is available each year for commissioning the services that our community needs. As clinicians I believe we have a responsibility to ensure it is allocated effectively and efficiently for the benefit of our patients.

With our participation, we can build a Person Centred Health System by 'focusing north'. Underpinning every time we see a patient, every meeting we attend, every paper and email we write, every service that is commissioned lies the question: how will this activity change the way an individual person uses their hands, feet or mouth to create a richer, more meaningful life for themselves?

Tony Lembke was an RMO at Lismore Base Hospital 1990-1992. He has worked at the Nimbin Medical Centre, Lismore Clinic, and Keen St Clinic. He has been a partner at the Alstonville Clinic since 1993. He was a director of the NRDGP 1994 - 2012, serving as chair from 1999. He was inaugural chair of the North Coast Medical Local (2012-2015) and then chair of the North Coast Primary Health Network (2015 - 2018). He was a director of the Australian General Practice Network and the University of Sydney's Donkey Kong champion in 1993.



From the French queen's boudoir

In suitable proximity to Lismore Regional Gallery's exhibition on the anti-logging campaign at Terania Creek stands The Hannah Cabinet, constructed of rare timbers (many of them recovered or recycled) and containing 14 secret compartments.

"Before the advent of metal safes you would conceal valuable items in hidden spaces within furniture," its creator Geoff Hannah explains, saying one such space in this masterwork holds a sliver of silk brocade from the inner sanctum of the bedchamber of Marie Antoinette (1755-1793), itself a secret place.

Featuring some of the executed queen's favourite motifs - roses, butterflies and tiny lattice-work - the fabric was woven

on the loom in Lyon that was used to make the original 17th century material, later destroyed by time.

Geoff was given a swatch in 1980 when he visited the restoration workshops at the Versailles Palace while researching early cabinet making techniques in England and France. Access to France's treasures was helped by letters from local MP Bruce Duncan and then-NSW Premier Neville Wran. The 30-year-old woodworker from Lismore was on his way.

"The fabric was presented to me by the chief ebonist [a worker in ebony or other decorative wood] after I spent some time studying the magnificent [Bureau du Roi](#), the rolltop desk made for Louis XV.

Without a trace of hubris, Geoff adds,

"I felt that if I could see and touch such pieces I would be able to understand how they were made and even match their quality. It was a long time ago, no white gloves were required!"

Viewing The Hannah Cabinet, and some of his other astounding creations, it is clear that he has achieved this goal.

"You could spend a day or even a week with the cabinet and never unlock its secrets," Geoff chuckles, "but I will reveal all to the ultimate purchaser, which will hopefully be our own gallery."

The [30-minute video](#) by filmmaker Ross Bray and cinematographer Steve Munro was produced by local business owners Brian Henry and Gaela Hurford.



Geoff Hannah holding a portion of the silk brocade from Marie Antoinette's chamber, in front of one of his superb creations. Another section is secreted in The Hannah Cabinet.

The Hannah Cabinet is two-thirds Lismore's

Already \$650,000 has been raised to keep Geoff Hannah's masterwork in Lismore. Let's raise the bar to \$1.0m and celebrate one of the world's best-ever pieces of furniture staying in the place where it was created.

In the past thirty years Lismore master craftsman Geoff Hannah has created five magnificent timber cabinets, with this one, known simply as the Hannah Cabinet is undoubtedly the finest, largest and most technically accomplished of them all.

With a passion for 18th and 19th century furniture Geoff was awarded a Churchill Fellowship in 1980, travelling to Europe to examine the intricacies of iconic pieces in the Victoria & Albert Museum in London, the Louvre in Paris and the Palace of Versailles.

"Two local doctors played a role in undertaking this once in a lifetime experience," said Geoff.

"Dr Nick Kerkenezov encouraged me to apply for the Churchill Fellowship and whilst away on the three month study tour it was Dr John Chadwick and his wife Josanne who regularly kept in touch with Rhonda [Geoff's wife] and the two kids, and took them on weekend getaways."

In 1988 Geoff displayed his first intricate marquetry cabinet, The Bicentennial Cabinet, which was first exhibited in the Sydney Opera House. The Yarralumla Cabinet followed in 1991 and was purchased by the Australiana Fund for the Governor-General's residence in Canberra. In 2000, while visiting the Olympics in Sydney, a Belgium businessman recognised Geoff's outstanding talent and quickly bought the third cabinet, The Australiana Cabinet, shipping it back to his international headquarters on the Grand Place in Antwerp.

Then came The Hannah Cabinet, rich with its complex marquetry, parquetry, 17 varieties of semi precious and precious stones, rare shells and even a piece of Marie-Antoinette's silk brocade border from her Versailles summer bedroom.

More than six years in the making it includes 34 different types of solid timbers and veneers, with the main frame being mahogany and the six columns carved from the one solid piece of ebony wood. The Hannah Cabinet has a treasure trove of secrets to divulge. Four tall front doors open to reveal



multiple drawers and a further 14 doors in tiers decorated with veneer inlays of birds, bugs and flora. Several secret drawers have not been seen and will only be revealed to the ultimate purchaser.

"Geoff's cabinets go beyond the realm of furniture and the Lismore Regional Gallery, like Bungendore Wood Works Gallery before it, recognises the iconic status of his work and in particular the importance of The Hannah Cabinet to the Lismore region and Australia," said Gaela Hurford, a member of the Acquisition Team.

On behalf of the Lismore Regional Gallery the group has taken on the challenge of raising \$1.0 million to purchase this magnificent piece for the gallery's permanent collection. It would also be made available for short periods to travel within Australia for specific exhibitions.

"We have come up with a unique way of raising money to purchase the cabinet by allowing 92 of the 140 drawers to be spon-

sored," said Brian Henry, another member of the Acquisition Team. "The value of the drawers range from \$5,000 to \$100,000 and sponsors receive formal recognition and are offered a private viewing," he said.

"To date we have raised over \$360,000 locally and the NSW State Government was so impressed with the local response and recognised its unique value, not only to the local region but to Australia, that they donated a further \$250,000." As well as being awarded the Churchill Fellowship, Geoff was made an Honorary Fellow of Southern Cross University in 2009 and was awarded an OAM in 2018 for services to the visual arts.

A public opening of The Hannah Cabinet takes place every Wednesday at 10.30am and every 4th Sunday at 11.00am at the Lismore Regional Gallery.

For more information about making a tax deductible donation or pledge please contact Brian Henry on 0428 251834 or Gaela Hurford on 0419 868 678, or visit www.hannahcabinet.com.



The Hannah Video

As part of the promotion to raise funds for the retention of the Hannah Cabinet in Lismore local filmmaker Ross Bray and cinematographer Steve Munro have produced a **30 minute film** on the cabinet and its maker Geoff Hannah.

The film produced by local business owners Brian Henry and Gaela Hurford covers Geoff's upbringing and family life and his early courting of his wife Rhonda since first meeting in their teenage years. Geoff tells of how he started in woodwork with local firm Brown and Jolly's where he developed a love for his craft.

His unique ability was recognised at an early age and in his early thirties he travelled to England and France on a Churchill Fellowship to increase his knowledge in the esoteric field of 17th century cabinet making.

Geoff's humble approach to his work is inspiring and shows what a life of dedication can achieve and is an example to us all.

The film will bring a tear to the eye of nearly all viewers. For those for whom it does not, they can assuage their lack of feeling by buying a drawer as part of the fund raising effort.



Homelessness is a hidden blight that needs healing

Homeless, homeless

Moonlight sleeping on a midnight lake

- *Homeless, from Graceland album*
by Paul Simon

Venture out any night to the picnic grounds, car parks, beach dunes and sporting fields in and around any Northern Rivers town – Byron Bay, Ballina, Lismore, Casino... the list goes on – and you'll see people sleeping rough. Some will be in park shelters, others in their cars or vans, huddled in alcoves in town, in single tents issued by welfare agencies or under tarps strung between trees.

There's nothing romantic about "moonlight sleeping on a midnight lake", especially when the weather is wet or cold, let alone when you're fearful of being assaulted, even sexually assaulted, or having your meagre possessions stolen by other homeless people, possibly affected by substance misuse or mental health issues, or by someone out to have 'fun' at the expense of the vulnerable.

Primary homelessness, as it's known in the business, is just the tip of an iceberg below which lie many more people moving from one accommodation to another, for example refuges or 'couch surfing', or living in boarding houses and budget caravan parks. Many are young, not least because of the paltry Newstart allowance, but others are parents, often solo with young children, while older women are a demographic whose numbers are rising.



Living out of a car is one of the ways homeless people find shelter for the night

The reality unseen to most of us is that seven local government areas on the NSW North Coast – Byron Shire sits at #1 - record the greatest rental stress levels (at least one-third of household income needed to pay rent) of the top eight in all NSW, which includes the cities. And as a consequence, we have the state's worst homelessness crisis.

As well as high rents the problems include rentals being converted to Airbnbs, forcing people to move out and away, and the upward pressure on caravan park rates during holiday seasons, which are now almost year-round.

Public housing wait lists are long, and only minimal construction or conversion is taking place. Support centres such as the **Winsome & Lismore Soup Kitchen** which has some accommodation, are inundated by daytime visitors seeking food, company and referrals to services. Many have mental health and other issues, and few

will ever find work again, whatever their backgrounds.

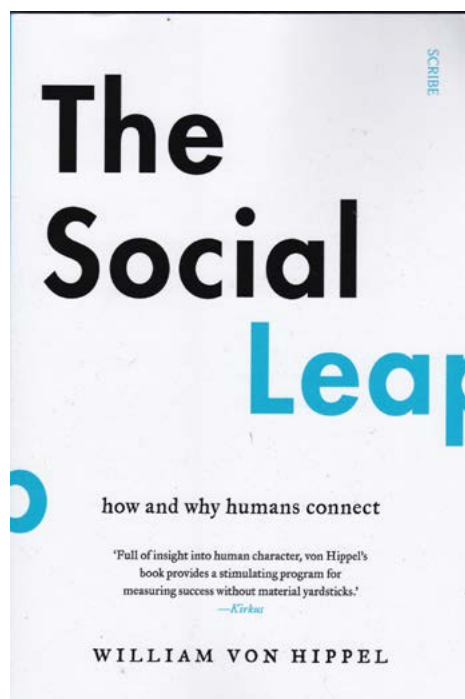
In the lead-up to the NSW election, the Berejiklian government joined with NGOs to launch a plan to significantly reduce street sleeping, the most publicly embarrassing sign of homelessness, but as with so many initiatives the focus was Sydney rather than non-urban areas. The challenges in our backyard are similar yet unique, not least because we lack services such as night patrols and emergency accommodation.

The medical challenges of assisting homeless people will be well known to doctors – extreme co-morbidity, the difficulty of arranging follow-up appointments, the risk of patients losing (or having stolen) medications or not following dosage timetables. Many GPs outreach to services assisting homeless and/or vulnerable people, including Aboriginal community members, but the challenges are great.

Having access to proper accommodation, whatever one's status in life, is a fundamental human right and a core foundation of Maslow's well-known hierarchy of needs, yet so many people cannot achieve it, or worse, are being denied it through no fault of their own. This is certainly an indictment of our society but on a positive note might be seen as a spotlight on where our priorities should lie.

- Robin Osborne

Book Review



Reviewed by Robin Osborne

The Social Leap ***How and Why Humans Connect***

William von Hippel
Scribe 304pp \$29.99

A myriad of books discuss who and what we are, and why we behave the way we do. From Darwin to Dawkins, human genetics and behaviours have gone under the microscope, and it is hard to imagine what mysteries remain to be uncovered, apart from the causes and possible cures of many illnesses.

Yet William von Hippel has compiled a highly original and enjoyable account of human evolution and its inextricable relationship with our psychology.

Professor von Hippel grew up, studied and taught in the US before “finding his way” to Australia, as his bio puts, and later becoming a professor of psychology at the University of Queensland. Extensively published in the mainstream and academic press, this is his first full-length book, and a cracker it is, although hardly the “rollicking tour through humanity’s evolutionary past” that one reviewer suggested, if for no other reason than a good deal of it is set in the present.

“We tend to think of evolution in terms of anatomy, but attitudes are just as important for survival as body parts,” he writes.

“Preferences that don’t fit your abilities are as debilitating as limbs that don’t suit your lifestyle... our bodies changed a little over the last six or seven million years, but our psychology changed a lot.”

How this affects matters as diverse as world peace and the relationship between our happiness and our health, he discusses in riveting fashion, crafting a narrative that holds equal appeal for both general and specialist readers, not to mention corporate chiefs whose competitive behaviour is entertainingly, and accurately, compared to African baboons.

“Baboon leaders are particularly motivated by the enormous status, power and financial reward of being a CEO”, he writes, juxtaposing the animal and its human counterpart with elephants and the rest of us whose characteristic behaviours are largely collaborative.

“Once we moved to the savannah and found that cooperation was the key to success, we had the good fortune that group goals and individual goals aligned for the first time in the great apes... [this] eventually brought us to the top of the food chain, despite the conspicuous absence of any biological weaponry beyond our large brain.”

Hence, the great “social leap” and our exit from Africa.

“It was our capacity to learn from the experiences of others that gave Homo sapiens an enormous local advantage... each generation had no need to reinvent the wheel.”

The book enters fascinating territory when von Hippel considers the psychology behind technical innovation, pondering why some people innovate new products while most people don’t, and exploring what he terms the “social innovation hypothesis”.

Based on extensive studies, he suggests that while almost all humans are innovators, people with a more social disposition direct their inventive capacities towards socialising rather than invention. Further, “Professions oriented towards technical solutions (e.g. mathematics and engineering) boast many more people in their ranks who are not only on the autism spectrum but are predominantly male.”

Apple’s Steve Jobs comes to mind.

Equally intriguing is his exploration of how humans evolved to cooperate within but not between groups, citing how “our ancestors also faced the risk that other groups had been exposed to different pathogens,

and thus could potentially give them new diseases... so we developed psychological adaptations to disease threats that are collectively characterised as the behavioural immune system...



“People who found other people’s open sores interesting or attractive were far less likely to survive and have children of their own, and thus evolution ensured that our disgust protects us... by regarding behaviours different from our own as wrong or immoral, we tend to stay away from people who engage in those behaviours, which protects us from them.”

Similarly protective, if internally based, is the close relationship between personal happiness – a quality not dependent on our material purchases, as he stresses – and our immune functioning:

“Our immune system evolved to hum along at peak capacity when we’re happy but to slow down dramatically when we’re not. This is why long-term unhappiness can literally kill you through its immune-suppressing effects, and why loneliness in late adulthood is deadlier than smoking.”

A study of older people showed that they remembered positive images (baskets of puppies) much better than negative ones (plane crash scenes), and this memory focus was closely linked with higher CD4 white blood cell counts, which indicates a greater preparedness to fight off disease: “In other words, the more positive their memories were today, the healthier they were next year and the year after... by focusing on the positive aspects of life, we enhance our own immune functioning.”

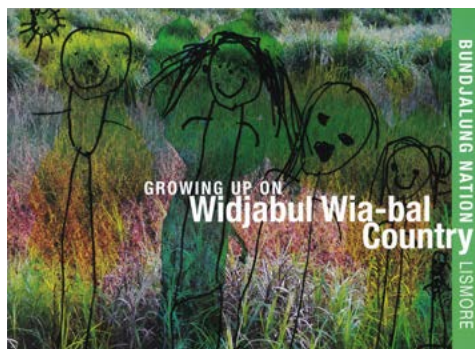
This is one of his ‘ten easy steps’ for a better life. Others include living in the present, cooperating with family, friends and colleagues, learning new things, accumulating “experiences not stuff”, and prioritising food, friends and sexual relationships.

Sounds a good recipe for continuing our social leap forward.

Youthful understanding of local Country

*Every child from everywhere
have rights to learn
in their way from their place
it's their turn
valuing what they give and bring*

- Every Child (Monkey & the fish)



Cover illustration by Grace (aged 5) from Lismore Preschool, on photograph taken at Banyam Baigham by Rob Garbutt.

Cover design by Leonie Lane.



At the launch of 'Growing up on Widiabal Wia-bal Country' were (l-r) Sarah Black from Friends Child Care Centre, Shauna McIntyre, project coordinator, Lynette Funnell Lismore Pre School, Elder Aunty Thelma James, and sisters Audrey (aged 7) and Eliza (5) Zwiers who have Wiradjuri heritage through their father.

The meeting room at Lismore Regional Gallery was packed with Aboriginal Elders and community members, representatives from funding bodies (including YWCA, Southern Cross University, Lismore City Council), early childhood educators and, most especially, young children and jarjums (children in the Bundjalung language), who had participated in this remarkable project.

The book launch began with a Welcome to Country by Widiabal Wia-bal Elder Aunty Thelma James, a key member of the coordinating team, and included a live performance of the song Every Child by local artists Chris Fisher and Marcelle Townsend-Cross, a.k.a. Monkey & the fish, well-known in the Bundjalung community.

The 44-page book features artwork by preschoolers, Aboriginal and non-Aboriginal, depicting features and creatures of the

local Widiabal Wia-bal Country, part of the broader Bundjalung Nation. Birds, koalas, goannas, turtles, trees, waterways, and the natural landscape come alive through the children's eyes and imaginations, enhanced by guidance from the Elders as well as their educators.

Shauna McIntyre, project coordinator said that while the children and jarjums are the book's "main authors", the project was an early childhood education and cultural project inspired by Widiabal Wia-bal Elders and Country of the Bundjalung Nation and the world renowned early childhood education practices from Reggio Emilia, Northern Italy.

The Reggio Emilia approach is an educational philosophy focused on preschool and primary education. It is a pedagogy described as student-centered and construc-

tivist that uses self-directed, experiential learning in relationship-driven environments.

"The project began with educators as learners - listening to and learning from Aunty Thelma James and Aunty Marie Delbridge; Will Davis from SCU's Gnibi, from Country itself, from our readings and from each other through sharing experiences and exchanging ideas over many meetings."

Elders visited early childhood centres to share stories, song, ochre, dance and food, meetings were arranged with Bundjalung knowledge keepers and artists, children visited special sites, the Gallery (where Digby Moran's acclaimed work was on show), the city and the river.

"The aim was to enable children to know the place where we live, learn and play, and work.

"Through all these experiences young children and jarjums, supported by their passionate educators, used their senses, intelligences and capacities to make and express their own meanings of what they were experiencing and learning," Ms McIntyre said.

"All these learning strategies were carefully documented by their dedicated group of educators by recording children and jarjums words, their artwork and taking photos of their play.

"This book is told largely through the fresh voices and artwork of some of Lismore's youngest citizens... it is not only for the jarjums, children and their families - it will be also offered to the community as a contribution to the contemporary culture of the city and to our collective efforts towards children and jarjums experiencing themselves as belonging to a community for children, in Lismore, on Widiabal Wia-bal Country of the Bundjalung Nation".

Bundjalung upgrade for Goonellabah hub

There's nothing like an impending election, especially in a marginal seat such as Lismore, to attract much-needed funding to community projects, and proof positive came with the NSW government's grant of \$100,000 to help transform one of the most socially challenged precincts of Goonellabah.

The retiring State MP for Lismore, Thomas George, was represented at the launch event by his aspiring Nationals successor Austin Curtin, son of the eminent local surgeon of the same name.

Managed by successful tenderer and lead agency North Coast Community Housing (NCCH), the project kicked off in late January with the commencement of striking artwork by Bundjalung painters Gilbert Laurie and Luke Close, assisted by local Aboriginal children.

NCCH representatives came together with the artists, community members, and other participating organisations, including Lismore City Council, PCYC and Lismore Police, NSW Health's HIV and Related



Bundjalung artists Luke Close (left) and Gilbert Laurie with (l-r) Georgina Cohen, Manager Integrated Care Team - Rekindling the Spirit, St Vincent de Paul Society's Special Works Manager, Linda Williams, North Coast Community Housing's Chair Robyn Hordern and CEO John McKenna, Senior Constable Lismore Police David Henderson, PCYC General Manager Greg Ironfield, and Lismore City Councillor Darlene Cook.



Programs (HARP) and St Vincent de Paul Lismore.

The first phase entails an extensive upgrade of Elders Memorial Park, a well-treed but neglected area, beginning with a revamp of the basketball court that will be resurfaced, painted blue and fitted out with hoop backboards featuring sunrise and sunset designs by Luke Close. Park furniture, towers and street lighting will also be added.

"I hope that when young people score a goal in the sunrise goal, and then a goal in

the sunset goal, it will cause them to reflect on the decisions they made that day," Luke said.

A short stroll up the road, the rear wall of the Coles supermarket has been painted with a giant mural featuring symbolic Bundjalung designs interpreted by Gilbert Laurie, a cultural custodian, helped by a group of willing jarjums (children).

Another component of the broader project is the installation of a disposable sharps container to help reduce waste and encourage responsible syringe use.

"This is the first unfolding of a much larger \$100,000 project that will see the re-development of this area into a safe hub for young people to express themselves," said Robyn Hordern, NCCH Chair.

"It was really important to us that local young people are invited to be involved because this is all for them. It allows them the opportunity to create their own sense of place in the space they call home."



10 important tips for business owners

As a business owner, there is always something to do, however many owners often spend more time working in the business than they do on the business.

Here are ten simple management tips to help you maintain a successful business in good and not-so-good times.

1. Watch trends in your industry. Compare your business performance with your competitors and to performance in previous years.
2. Review your market and your sales/marketing plans at least every three months.
3. Review your financial management. Timely accurate reporting is vital to the success of any business.
4. Ensure your budgets are current and regularly reviewed. If profit falls below what you had budgeted, prompt action is essential to reduce costs or boost sales.
5. Align your business development plans with your budget. Ensure they are practical and won't put any undue pressure on your profit margin. If you can't afford to do or buy something now, postpone it to when you know your business will be in a better financial position.
6. Ensure credit control is tight with prompt follow-up of overdue accounts. Make sure that your clients are aware of your trading terms upfront and if you have any concerns, discuss it first or refer them elsewhere. No clients are better than clients who can't pay.
7. Review your payments policy. Are you taking maximum advantage of prompt payment



- discounts? Or if you are unable to pay an account in full by the due date, talk to the supplier and make arrangements to pay it off. Keep the communication open and honest and fulfil your promises.
8. Review credit facilities with your bank. Are there better options available that could save you money?
 9. Check inventories and ensure your stock turnover rate is at least equal to industry standards.
 10. Above all DO IT NOW! If things look bad, take action to correct the situation. Look for positive approaches to solving any problems; and for new opportunities to build your business.

These all sound pretty simple, but in the day-to-day running of a business it's easy to let the simple things slide. For your peace of mind and success, allocate time to these important tasks.

Please contact TNR if you have any queries from the above information or if you have other queries regarding your financial affairs.



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'Scale-C' is a new pinnacle of hepatitis C treatment

After three decades of groundbreaking Hep C treatment in Australia, a new research project is focusing on ways of expanding Hep C care for Indigenous people. Andrew Binns explains.

In 1996 the then-Northern Rivers Division of General Practice received funding for a Hepatitis C shared care project. At the time there were 20 new notified cases of hepatitis C (Hep C) each month, according to a GPSpeak article by Dr Jane Barker, the Project Manager.

Interferon was one of the drugs used for Hep C treatment. It was given over a 6-12 months period and for some had unpleasant side effects. The waiting time to see a gastroenterologist for treatment was quite long and GPs were encouraged to share the care to reduce the workload of the specialists involved.

The Richmond area had the highest notification level on the North Coast, with 640 cases in 1995, the year before the project launched. It is believed this reflected the high use of intravenous drugs in this area, or the movement to this area of IV drug users from urban areas, e.g. Sydney, Brisbane, Gold Coast.

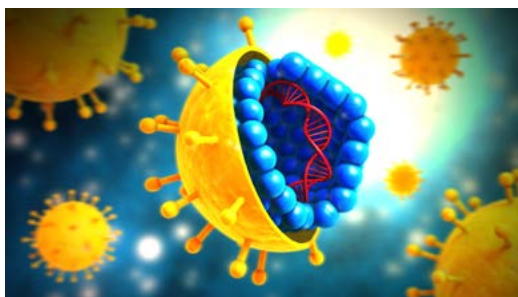
In 2003, after years of lobbying, the then-Northern Rivers Area Health Service secured funding to establish the area's first Liver Clinic (in Lismore) for treatment of Hep C. This facilitated access to much-needed treatment for many patients, especially those on low incomes who were less able to travel for treatment.

The Liver Clinic provided a detailed assessment of the patient, including liver biopsy, education and treatment. Some GPs were trained to become S100 treatment prescribers for Hep C medications in a shared care model.

At the time the combination of pegylated interferon and ribavirin for Hep C patients (a once weekly injection) resulted in cure rates of at least 80% of patients with genotype 2 or 3 and about 50% for patients with genotype 1.

So where are we up to with Hep C treatment 16 years later?

Oral direct-acting antiviral (DAA) treatments introduced in 2016 have revolutionised the management of HCV infection and given rise to optimism about



the potential for HCV elimination in Australia. With high cure rates (sustained virological response [SVR] >95%) after 8-12 weeks treatment, HCV DAAs provide the tools required to reverse the growing burden of liver disease and strive for HCV elimination.

The HepC Virus (HCV) disproportionately impacts vulnerable populations, including Aboriginal and Torres Strait Islander people, injecting drug users, and people in custodial settings. In 2015, an estimated 227,306 Australians were living with chronic HCV, including over 22,000 Aboriginal people, with a growing burden of HCV infection and HCV-related liver disease. While Aboriginal people account for 2-3% of the national population, it is estimated that 8-10% of all Australians living with HCV infection are Aboriginal.

GPs play a vital role in identifying and managing those with chronic Hep C infection. Most of these regular patients have now been treated and the Liver Clinics are doing less initiating of Hep C treatment than in past years. GPs are now able to prescribe on authority script the DAA medications once the appropriate testing has been done.

The challenge in the attempt to eliminate Hep C is to access those people in the community who are marginalised, whether in the custodial system, experiencing homelessness or for whatever reason have not come forward for this lifesaving treatment. This may mean accessing those with Hep C infection through medical services for Aboriginal people, homeless people or those in custody.

One of the issues when working in these facilities is that, according to Hep C treatment protocols, there are many steps required during testing and follow up visits to a GP. As so often within an itinerant population, patients are lost to follow up. Compliance with a full course of treatment which lasts for 8-12 weeks can also be a

problem for some of these people.

But what if there was a simple finger prick test that could enable diagnosis and treatment with a prescription in a matter of hours? This would certainly increase the chance of successfully treating a person with chronic Hep C infection.

The news on this front is encouraging, with such a test now being trialled at different sites around four of Australia's Aboriginal Medical Services (AMSs). Jullums AMS, opposite Lismore Base Hospital, is one of those. It provides a primary care GP service to residents of Balund-a, a diversionary NSW Corrective Service facility. The residents are young men who have come through the custodial system. In addition testing at Jullums will be available for all patients who are at high risk of having acquired Hep C infection. This research project, known as Scale-C, commences in April 2019.

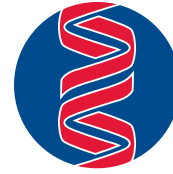
It is being run until 2022 by the Kirby Institute and the South Australian Health and Medical Research Institute, with funding from the National Health and Medical Research Council. The aim is to develop an integrated model of care that increases access to HCV testing and treatment for those who need it most.

According to Professor Gregory Dore, who leads the Hepatitis Clinical Research program at the UNSW Kirby institute, around 60,000 Australians have been treated since 2016 with the highly curative therapies and now for the first time we are seeing fewer people dying of hepatitis C-related causes.

Prof Dore's data has also shown the prevalence of HCV among people who currently inject drugs had declined from 43% in 2015 to 25% in 2017.

Whilst this is an enormous advance in controlling the epidemic there are still 170,000 people in Australia living with chronic Hep C. Moreover, there has been a recent drop in treatment uptake that needs to be addressed in order to meet the WHO elimination targets of reducing deaths by 65% and new infections by 80% before 2030.

Encouragingly, Prof Dore believes Australia is in a good position to meet these targets, and if the experience of recent decades is anything to judge by, the prospects do look bright.



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Dr Sarah McGahan is Pathologist-in-Charge of SNP's Lismore laboratory. A graduate of The University of Queensland, she trained in pathology at Royal Prince Alfred Hospital, Sydney. In 1995 she moved to northern NSW, where she worked at Lismore Base Hospital for 13 years, joining SNP in 2008. She has expertise in a broad range of histopathology including dermatopathology and gastrointestinal pathology, and has a particular interest in melanoma.



Dr Andrew Mayer MBBS(Hons) FRCPA
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Dr Andrew Mayer has expertise across a broad range of general surgical pathology with particular interests in breast, gastrointestinal and dermatopathology. He graduated with honours from the University of Sydney in 1989 and went on to one year of forensic pathology training at the NSW Institute of Forensic Medicine, followed by five years in anatomical pathology training at the Institute of Clinical Pathology and Medical Research (ICPMR), Westmead Hospital.



Dr Juan Ortiz MD FRCPA
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(02) 6620 1202

Dr Juan Ortiz completed his medical training in Colombia before moving to Australia where he undertook specialist training in anatomical pathology in Brisbane. There, he developed his interests in dermatopathology and ophthalmic pathology. He worked in private pathology in Newcastle before undertaking a one-year clinical fellowship in ophthalmic pathology at the Houston Methodist Hospital, a leading residency training hospital in the USA.

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Getting food facts back on the table

by Robin Osborne

In a report whose recommendations are unlikely to gain traction until after the federal election, and perhaps only then if the Coalition fails to regain office, the Dietitians Association of Australia is leading a push to thoroughly update the 26-year-old National Nutrition Policy.

Alarmed by the impacts of poor diet on preventable chronic conditions the DAA has launched the **Nourish Not Neglect report** an advocacy document aimed at addressing Australia's \$70 billion p.a. bill for chronic illness.

Despite this unaffordable situation, the National Nutrition Policy has not been updated in more than a quarter-century, during which time Australia has slipped from being a "global leader" in dietary influenced health practices.



Robert Hunt, DAA CEO

Striking an alarmist note, the DDA's chief executive Robert Hunt – no relation to the right-aligned federal health minister with the same surname – said, "There is no point spending money on portfolios to service the population, because the reality is, if we continue without a collaborative, contemporary nutrition framework, we won't have a population."

Or at least a healthy and sustainable one.

Attending the report's Feb 12th launch at Parliament House were the Heart Foundation, Nutrition Australia, Public Health Association, Diabetes Australia, Carers Australia, Mental Health Australia, National Rural Health Alliance, NDIS, Australian Institute of Health and Welfare, CSIRO and the Department of Health. More than 6,900 dietitians across Australia have contacted local MPs urging them to petition for a new National Nutrition Policy.

The 'current' policy, if such can be said of a 1992 document yet to be revised, was followed by a government-commissioned Scoping Study in 2013, made public three years later only after a Freedom of Information request.

The policy was blighted from the start, a victim of food politics, characterised by claims of nanny state-ism and intense lobbying by the food industry. Battlegrounds included junk food advertising in children's television time, 'traffic light' food labelling, sugar taxes, and doubtful 'ticks' of approval by certain health organisations.

The issue may be a gift that keeps on giving for investigators at Choice magazine and ABC's The Checkout, but there's been little value to consumers, which is all of us: within five years it is predicted that 83 per cent of men and 75 per cent of women will be overweight or obese.

"To address Australia's growing health and societal issues, the Australian Government needs to develop, fund and implement a new National Nutrition Policy," the DAA report urges.

"Not only will this reduce the incidence and prevalence of diet-related chronic disease risk factors and conditions among Australians, but it will also improve nutrition for the benefit of Australia's health, wellbeing, sustainability and prosperity.

"A new National Nutrition Policy would address the rising prevalence and health-care costs of diet-related chronic disease, and help improve food and nutrition security, Aboriginal and Torres Strait Islander health, the nutritional needs of vulnerable Australians, sustainability, social equity and productivity.

"It would take into account key food supply influences, such as agriculture, environment and trade. A contemporary policy would integrate key current policy tools and programs including: the Australian Dietary Guidelines (due for review), Nutrient Reference Values (under ongoing review), food labelling initiatives (including the Health Star Rating system), relevant taxes and laws and monitoring and surveillance systems."

The DAA is calling for the government – presumably the next one – to rejuvenate the National Nutrition Policy through



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development, implementation and evaluation strategies.

These include appointing an expert oversight group and external consultants to develop the National Nutrition Policy, the release of the draft for public consultation, funding a ten-year implementation, committing to a quality food and nutrition monitoring and surveillance system, and reporting key targets to WHO and the FAO.

"Updating the National Nutrition Policy is imperative to ensure a co-ordinated and collaborative approach is undertaken to improve food and nutrition-related health and reduce the adverse outcomes due to poor diet in Australia," it says.

"Specifically, a new National Nutrition Policy would create positive change by co-ordinating both government and non-government strategies towards reducing the burden of diet-related disease, providing structures to systematically reduce diet-related health inequalities, contributing to increased prosperity, securing an environmentally sustainable food and nutrition system [and] reflecting international and national best-practice activities, to keep Australia's nutrition approach current on the world stage."

Desirable goals that should be achievable if the political will and budgetary allocations are brought to bear.

'Rural taster' leads to career path

by Jessica Holster

4th year medical student, UOW

I did not come to study medicine because of any childhood dream or lifelong aspirations to save lives, which is perhaps the more conventional path into this career. I finished high school in Port Macquarie in 2009 and went straight to university to study radiography. I graduated in 2012 and commenced my career as a radiographer in Coffs Harbour.

It was during my time here that I began my journey towards becoming a doctor. A radiologist at my work noticed that I was trying to further my education through various university courses, none of which maintained my interest. He enthused me to sit GAMSAT. I battled with the thought of becoming a doctor for the simple fact that I did not believe I could possibly be smart enough or as brilliant as some of the doctors I had the honour of working alongside of.

With his encouragement and reassurance, I agreed to sit the exam and see what came of it. In 2015, to my absolute shock I passed GAMSAT and received an invitation to interview at the University of Wollongong (UOW). A dream was becoming a reality right before my eyes.

I accepted an offer to study medicine at UOW and began a journey of a lifetime. In my first year I took up the opportunity to undertake a voluntary clinical placement in Grafton Base Hospital. It was a two week 'Rural Taster' for those who were interested in rural medicine.

I rotated through the different departments and medical teams within the hospital, finding that I was quickly welcomed and made to feel like a member of the team. The doctors were encouraging and patient and took every opportunity to teach me.

During my Rural Taster I met the chief radiographer in the hospital imaging department and was lucky enough to arrange some holiday work. I have returned to Grafton Hospital every year since in my holidays to work within their department. This has allowed me to maintain my skills as a radiographer, form many new great friendships, gain more exposure to a rural clinical setting and in a hospital full of friendly and supportive staff.



It is such opportunities as these made possible by the University that reinforce the dream of becoming a rural doctor. I love the strong sense of community you get to experience every day and the unmatched passion to teach in a safe, nonjudgmental environment. Even though I do not know for certain where my journey will take me, I am hopeful that it will lead me to a place I can feel as inspired and encouraged as I have during my time in Grafton.

Med students link with local medical workforce

The staff, students and preceptors that form part of the Clarence Valley University of Wollongong (UoW) Phase 3 Extended Clinical program, celebrated the end of the year in a Christmas get together in November 2018 (picture right).

UoW in collaboration with the North Coast University Centre for Rural Health, has a strong focus on preparing medical students for rural practice has been sending students to the Clarence Valley since the establishment of this post graduate medical degree 10 years ago. Whilst on placement in the Clarence Valley, senior medical students spend time at Grafton and Maclean Hospitals and local General Practices, as well as immersing themselves in the local community.

As the Clarence Valley reaches the milestone of supporting these students for 10 consecutive years, it is time to reflect and celebrate. With the Phase 3 program being so dynamic and diverse, involving many primary and community based health settings, it is rare that all involved get together and connect.



Pictured are medical students with preceptors from the Hospital and General Practice. (L-R) Medical student Jack Archer, GBH staff specialist Dr Kanewala Jayasekara, medical student Keiran Davis, medical student Felix Loschetter and GP Dr Nicholas Cooper.

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Book Review

Eggshell Skull

Bri Lee

Allen & Unwin

Reviewed by Dr Zewlan Moor

Image provided by @byronbiblio

Statistics show that about 1-in-5 women experience sexual assault (ABS - Personal Safety Survey, 2012) yet only 1-in-6 reports to police of rape and less than 1-in-7 reports of incest or sexual penetration of a child result in prosecution (Sexual Offences: Law & Procedure Final Report, Victorian Law Reform Commission, 2004).

This book, shortlisted for the 2019 Victorian Premier's Literary Award and Indie Book Awards,

tells a personal story behind those figures. It starts off as a journey into the working life of a young, idealistic law graduate who lands a prestigious job as a judge's associate and then does the rounds of the District Courts in rural Queensland.

It's easy to be cynical when hearing about ridiculously short sentences for horrific crimes. What is intriguing is the actual machinations of the legal system, such as



the way defence lawyers stage delay after delay in the hope of the prosecution giving up. The process of jury selection is also abominable, with most females and educated prospects being sent home. It is definitely a case of "a jury of one's peers", if peers means other men who think it's fine to get a bit rough with women.

Out of all her case studies, there was one happy story of a childhood sexual assault perpetrator being found guilty - not surprisingly, in that case the victim was a man.

Just when you're thinking the legal system can't still be that bad you realise this was all happening as recently as 2016... and still?

The rest of the memoir switches to Lee's personal history, ending with her sitting on the other side of the courtroom, watching the impassive face of another judge's associate. Along the way, she explores the complexities of dissociation involved in coping with trauma. In particular, she found it hard to simultaneously show her vulnerabilities, but also present as a resilient fighter. And this is where the title comes in:

As the back cover blurb explains, 'Eggshell Skull' is a well-established legal doctrine that a defendant must 'take their victim as they find them'. But what if it also works the other way? What if a defendant on trial for sexual crimes has to accept his 'victim' as she comes? a strong, determined accuser who knows the legal system, who will not back down until justice is done?"

This book will help you empathise with victims of sexual assault and those individuals who do not wanted to report sexual assault to the police. It will make you want to fight for law reform. I am so happy that this brave, articulate woman wrote this compelling page-turner.

Prescribed for: Medical professionals working at the coalface of sexual assault, e.g. GPs



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OAM honour for local anaesthetist

North Coast anaesthetist, Chris Lowry, has been awarded the Order of Australia in the recent Australia Day Honours list.

Dr Lowry is a former Director of Anaesthesia at Lismore Base Hospital as well as a past Director of Clinical Training for Junior Medical Officers and a past Anaesthetics Training Supervisor. He has been heavily involved in training LBH residents and registrars over many years and as testament to this work some of his former students have returned to the area as consultant anaesthetists.

Dr Lowry has a long standing interest in underwater medicine which he first developed when he joined the Navy in

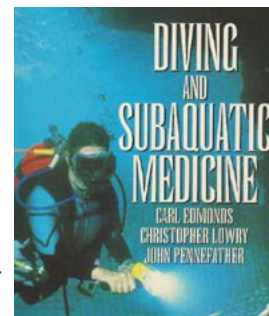


Dr Chris Lowry

his medical student days in Sydney. He subsequently served with the Navy for four years full time then subsequently as a reservist. After leaving the navy he trained as an anaesthetist. He was a VMO at Royal North Shore Hospital before coming to the North Coast in 1992.

Dr Lowry has worked with overseas aid organisations since the mid eighties. He has made multiple trips to South East Asia and the Pacific Islands as part of Interplast, the organisation of Australian plastic surgeons that provides plastic and reconstructive surgery to nations that lack these services.

The marriage of his interests in swimming, diving and anaesthetics has made him an expert on underwater medicine. He is also an author of the widely read book, *Diving and Subaquatic Medicine*.



In semi retirement you will no longer find him in the theatres but is still doing some preadmission assessment clinics. If you're quick you might catch him somewhere between The Pass and Main Beach early on a Sunday morning.

Dosage a key factor in medication adherence

by Alanah Mann, pharmacist

The 6th Community Pharmacy Agreement (6CPA) provides funding for pharmacists to deliver professional services to eligible patients. These services are provided at no cost to the patient and they aim to improve patient outcomes and medication adherence, to increase communication with other health care professionals and reduce medication misadventure.

Whilst there are many components to the 6CPA, the most relevant to prescribers are described below.

Medication Adherence Programs include Dosage Administration Aids (DAAs) and Staged Supply. Dosage Administration Aids (DAAs) are often known as 'Webster Packs'. Whilst these are particularly useful for patients with complex medication regimens with multiple medications, such as quarter or half tablets or alternate day dosing, they are also beneficial in many other situations.

For example, children using psychostimulant medication in school packs, or patients with simple medication routines but miss doses frequently as the DAA allows them to see if doses have been missed.

DAAs are also helpful for travellers as each medication is identifiable and the bulk of multiple boxes or bottles is reduced. If you wish to start a patient on a DAA, please send a medication summary along with any prescriptions needed to give to their pharmacist.

Staged Supply allows for the provision of PBS medicines in instalments as request-

ed by the prescriber. The frequency can be daily, weekly, fortnightly or as otherwise requested. A prescriber only needs to annotate their wishes on the prescription and this will be followed by the pharmacist. This service can be used for any patient, but may be particularly useful for patients with mental illness or drug dependency issues.

In most cases, the patient only needs to pay for the usual cost of their medication.

Medication Management Programs include Home Medicine Reviews (HMRs) and MedsChecks/Diabetes MedsChecks. A HMR is completed in the patient's home and is a comprehensive clinical review of a patient's medicines performed by an accredited pharmacist.

This service requires a written referral from the GP and the patient is able to choose their accredited pharmacist. The accredited pharmacist will provide a written report to the prescriber along with any recommendations to be discussed and reviewed at their next GP visit.

MedsChecks/Diabetes MedsChecks include a review of the patient's medications, with a focus on education and self-management. They are performed within the pharmacy by the pharmacist. MedsChecks/Diabetes MedsChecks aim to identify and assist with any issues that the patient may be experiencing, such as side effects, poor adherence or issues with access to their medications. The service can also provide education on the patient's medication and associated medical conditions, as well as how to best use and store their medicines.



Natalie Green (left), pharmacist and proprietor of Terry White Chemmart Alstonville, and pharmacist Alanah Mann.

In addition, Diabetes MedsChecks focus on the patient's management of their diabetic condition, including their medications and any blood glucose monitoring devices. The patient will be given a copy of their MedsCheck/Diabetes MedsCheck which lists their medication, instructions for how to take, what the medication is for, as well as any additional information deemed necessary. A copy of this can be sent to the prescriber as requested or considered necessary.

A MedsChecks/Diabetes MedsChecks can be initiated by the patient or their carer, the pharmacist or the prescriber. If you wish for your patient to receive this service no formal paperwork is required but a medication summary is often useful. Issues identified during the MedsCheck/Diabetes MedsCheck process can be further explored via a HMR if required, as a MedsCheck/Diabetes MedsCheck does not preclude the HMR service from being performed.



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