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ABOUT NETWORK LINK

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Artwork throughout by Riki Salam, We Are 27 Creative.



Pictured L-R: Matt Green (Queensland Ambulance Service), Kate Schultz (Metro North HHS), Sharon Gavioli (Brisbane North PHN), Mary Wheeldon (Metro North HHS), Dr Robert Franz (Metro North HHS) and Mark Butterworth (Metro North HHS).

Accolades for Community Falls Follow Up program

A joint initiative that supports older people at risk of fall-related injuries has earned Brisbane North PHN's Team Care Coordinators second place in the Metro North Staff Excellence Awards, presented on Thursday, 26 November 2020.

The Community Falls Follow Up program is a collaboration between the Metro North Hospital and Health Service (HHS) Community and Oral Health Directorate, the Queensland Ambulance Service (QAS) and the PHN.

As runner-up in the 'Excellence in Integrated Care' award category, the program was highly commended for developing a community falls response pathway focused on supporting over 65s across the North Brisbane and Moreton Bay region.

The pathway allows QAS to refer clients to Team Care Coordination, via the Metro North HHS Central Referral Unit, if they have fallen at home and do not need to go to hospital.



Pictured L-R: Matt Green (Queensland Ambulance Service), Sharon Gavioli (Brisbane North PHN), Mary Wheeldon (Metro North HHS) and Kate Schultz (Metro North HHS).

Sharon Gavioli, Manager of the PHN's Care Coordination team, said the Community Falls Follow Up program had performed well against the six other worthy finalists in its award category.

"Recognition provided through the Metro North Staff Excellence Awards is very welcome," Ms Gavioli said.

"We are grateful for the opportunity to show how this model of care improves health outcomes and reduces hospitalisation among older people who have experienced a fall," she said.

Team Care Coordination processed 108 QAS referrals during the six-month pilot project and the final report found that clients who accepted services were less likely to represent to hospital.

With continued support from Metro North HHS, the ongoing program received 306 QAS referrals in the 12 months to September 2020 and is now working on strategies to increase the acceptance rate among referred clients.

QAS referrals to the program commenced in June 2019 and comprised just 3.3 per cent of all program referrals in the 2018-19 financial year. However, this proportion increased to 16.8 per cent the following year.

Team Care Coordination Clinical Lead and Clinical Nurse Annie Hemms said

clients referred by QAS paramedics often tended to be people who were coping with multiple medical conditions, but receiving minimal help in the community.

"We go out and see them as a high priority, which usually means a visit within three days," Ms Hemms said, "and my job is a really complex one. We are usually the first health professional to knock on these peoples' doors", Ms Hemms said.

"These people have felt so scared that they've called for an ambulance to help them out of the situation that they're in," she said.

"They clearly haven't needed hospitalisation, but they then welcome you into their home to look at ways to reduce the chance of that fall from happening again."

"We're able to help identify where our clients can benefit from having some support. We can spot the gaps and the areas of potential concern and then use our specialist nursing knowledge to help our clients access the support they need to reduce their risk of falls," she said.

Ms Hemms recalled a client she had helped during the pilot project, a man in his late 80s who had fallen in his bathroom.

"He was a very proud man and lived on his own, and the fall really shook him up...physically and emotionally. It turned out he'd been having lots

of little falls, over a period of time," she said.

After explaining how Team Care Coordination's informal approach puts clients at ease, (e.g. lack of uniform and keeping interactions on a first name basis) Ms Hemms said, "He really opened up to how desperate he felt without any help at home".

"And although we want him to remain as independent as possible, we also realised there were some things we could do to help," she said.

Ms Hemms said she arranged for an Occupational Therapist to visit the man shortly afterward to make changes around his home and reduce his risk of further falls.

In addition to QAS referrals, Team Care Coordination also accepts referrals from hospital clinicians through the 'Staying Healthy, Staying Home' referral stream, and from GPs and other primary care providers.

An independent evaluation, published in October 2017, confirmed that Team Care Coordination was effective at reducing Emergency Department attendances, hospital admissions and the severity of patient illness.

For more information, call the PHN's Service Navigator on 1800 250 502 or visit <https://bnphn.org/TCC>.



Pictured: Brisbane North PHN Team Care Coordination Clinical Lead, Annie Hemms.

PREPARING FOR THE COVID-19 VACCINE ROLL OUT

Healthcare professionals have an important role in discussing and delivering vaccination against COVID-19 with their patients.

The Pfizer/BioNTech COVID-19 vaccine is likely to be available from mid-February this year. Doses of this vaccine will be available through 30 to 50 hubs at specific **hospital sites** across urban and rural Australia.

Approval of the University of Oxford/AstraZeneca COVID-19 vaccine is anticipated for the coming months.

The AstraZeneca COVID-19 vaccine will progressively be distributed through an expanded number of sites, including **general practice clinics, existing Commonwealth GP respiratory clinics, state-run vaccination clinics and pharmacies.**

The vaccine rollout roadmap has determined the phases of vaccination for priority groups. They are:

Phase 1a

- Quarantine and border workers
- Frontline at-risk health care workers*
- Residential aged care and disability care staff
- Residential aged care and disability care residents.

Phase 1b

- Adults over 70 years
- All other health care workers (including those working at hospitals, general practice, pharmacy, allied health and community health services)
- Begin vaccinating Aboriginal and Torres Strait Islander people aged 55 and over
- People at increased risk of severe disease e.g. people with an underlying medical condition or with a disability
- Critical and high risk workers including defence, police, fire, emergency services and meat processing.

Phase 2a

- Adults over 50 years
- Continue vaccinating Aboriginal and Torres Strait Islander people
- Other critical and high risk workers.

PREPARE YOUR PRACTICE FOR THE COVID-19 VACCINE ROLL OUT

- **check your practice complies** with the *National Vaccine Storage Guidelines 'Strive for 5' (3rd edition)* and has appropriate policies and procedures in place
- ensure relevant staff have created a **Provider Digital Access (PRODA) account** and are set up to access the **Australian Immunisation Register (AIR)**
- **ensure relevant staff have** completed training in:
 - » CPR and anaphylaxis
 - » uploading vaccination event summaries to *My Health Record*
 - » accessing and using AIR
 - » cold chain management
- **order additional PPE supplies** from your usual supplier
- **identify eligible patient cohorts** as per the *COVID-19 Vaccine National Rollout Strategy.*

Phase 2b

- Balance of adult population
- Catch up any unvaccinated Australians from previous phases.

Phase 3

- People under 18 years if recommended.

***Frontline health care workers in phase 1a are those at the greatest risk of exposure to COVID-19.**

This includes those working at/as:

- GP Respiratory Clinics
- COVID-19 testing facilities
- ambulance staff
- paramedics
- ICU staff
- emergency department staff
- clinical and ancillary support staff.

For more information visit the Department of Health's COVID-19 vaccines website and subscribe to the COVID-19 Vaccines at www.health.gov.au/covid19-vaccines.

CHANGES TO NETWORK LINK

Brisbane North PHN is making changes to how we publish Network Link.

We will no longer be printing the Network Link newsletter and will be transitioning to a digital-only newsletter, issued twice a month. These changes are so we can continue to keep our readers up-to-date with the most current news.

Thank you to all of our loyal subscribers who read the print version of Network Link every month and we hope that you will continue to read our news in your inbox each fortnight.

If we have a current email address on file, all subscribers will automatically receive the new format publication.

If you would like to make sure we have your correct email address or make changes to your publication subscription please email communications@brisbanenorthphn.org.au or call **07 3630 7600**.



Manager of Healthy Ageing at Brisbane North PHN, Julie Morrow, chats to centenarian and retired GP, George Corones, in May 2018.

Measuring the impact of community support services on quality of life

In an early move towards outcome-based reporting, a Brisbane-based consortium of Commonwealth Home Support Program (CHSP) providers has begun asking clients whether its services are improving their quality of life.

The healthy@home consortium used the Adult Social Care Outcomes Toolkit (ASCOT) – developed by the University of Kent – to survey more than 700 clients supported by its 12 service provider members.

This initiative reflects healthy@home's commitment to a performance-oriented culture and improvement of service provision through evidence-based data collection, says Julie Morrow, manager of Healthy Ageing at Brisbane North PHN.

“By adopting ASCOT as a shared outcome measurement tool, our aim is to support the best possible health outcomes for our clients,” Julie said.

Brisbane North PHN leads the healthy@home consortium, a partnership of service providers, government bodies, and aged care and consumer advocacy groups, as part of the broader strategic work it undertakes to improve coordination of care in its region.

“Aged care is moving from output-based performance measurement, such as the number of services provided, to measuring consumer wellness and reablement outcomes,” Julie said.

“We implemented the ASCOT self-assessment tool to keep us ahead of this curve,” she said.

Julie said that by gathering evidence-based data directly from consumers, the ASCOT presented service providers with an opportunity to enhance their care review and planning capability.

“It also provides our healthy@home consortium with a population snapshot of consumer self-reported quality of life and identifies areas of unmet needs for future focus,” she said.

SURVEY RESULTS

Healthy@home supported 8181 clients during the 2019-20 financial year. Consortium service providers collected 732 survey responses over that period, representing a sample size of around nine per cent.

"We had aimed for a slightly higher sample size, but given this was the first time multiple aged care organisations anywhere in Australia have collaborated and shared this kind of information, I am very grateful for what we achieved," Julie said.

"The data we collected will create a baseline that we can use as an indicator of change over time," she said.

The results showed healthy@home achieved a social care related quality of life combined score of 0.86; a score comparable to the United Kingdom's general population and higher than that achieved by service users in that country.

The UK comparison is relevant because no comparable Australian ASCOT data is available.

OPPORTUNITIES FOR IMPROVEMENT

"Around 83 per cent of support hours provided to healthy@home CHSP consumers in the 2019-20 financial year was for domestic assistance, so this obviously influenced the responses we received across the eight ASCOT domains," Julie said.

"The COVID-19 pandemic would undoubtedly have impacted on our results, even though our service providers adapted their activities in innovative ways to keep consumers socially engaged and connected," she said.

The survey responses showed consumers reported higher levels of satisfaction for ASCOT domains covering 'personal cleanliness' and 'food and drink', but lower levels of satisfaction were reported for the 'occupation' and 'social participation' domains.

Occupation refers to whether the service user is sufficiently occupied in a range of meaningful activities, whether it be formal employment, unpaid work, caring for others or leisure activities.

"Ultimately, one in five survey respondents didn't feel they were engaged enough in things they valued or enjoyed and the same proportion didn't feel they had enough social participation," Julie said.

"These results help us to understand the level of social isolation and underutilisation our clients are experiencing," Julie said.

"Recognising that older adults can continue to be active and contribute to society, it would appear that increasing access to a broader range of opportunities presents our best way to improve quality of life for CHSP clients," she said.

The healthy@home consortium is now investigating the use the ASCOT for individual care planning and care review.

Healthy@home is a consortium of 18 leading organisations experienced in supporting people with diverse needs, characteristics and life experiences. For more information, visit www.healthyathome.org.au.

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MEDICAL ASSISTING 2021 COURSE STARTING SOON

Medical assistants are multi-skilled members of the practice team.

They perform administrative tasks and front desk duties as well as a wide range of treatment room procedures.

If your practice would benefit from a medical assistant to assist setting up for minor procedures, remove sutures and sterilisation, you may want to consider talking to your staff about enrolling in a Certificate IV in Medical Practice Assisting.

The medical assistant role boosts the general practice workforce by freeing up practice nurses and GPs to use their higher-level skills in complex patient care, preventative care and chronic disease management.

We have a new course starting shortly, but places are limited.

For more information or to register your interest please contact Annette Dunlop at Brisbane North PHN on **07 3630 7371**.





Alcohol and Other Drugs incentivised training

Brisbane North PHN in association with Insight Centre for Alcohol and Other Drugs Training and Workforce Development is offering incentivised training for GPs, practice staff and nurses in the North Brisbane and Moreton Bay region in alcohol and other drugs.

Alcohol and other drug (AOD) use is one of the major causes of disease burden in Australia, yet risk factors attached to it are modifiable and disease and sickness can be prevented.

Recognising this, the Department of Health allocated funding to Australian PHNs to specifically promote targeted AOD training for GPs, conducted by the RACGP and ACRRM aiming to upskill GPs to better address drug and alcohol addiction in their local communities. Whilst specialist AOD treatment services are not located in every community, GPs invariably are, and therefore have a key role to play in supporting their patients to address problematic substance use.

The Insight training for general practice staff is part of a broader strategy to address the impact of COVID-19, which has seen significant rises in calls to crisis and support services.

The advantages of this training include enhanced capacity to engage in the sometimes uncomfortable and awkward conversations required to raise awareness of problematic

substance use. As AOD use and mental health concerns are often intimately linked, obtaining skills to engage in meaningful conversations with a patient, or knowing how to respond to a request for help, will greatly increase your ability to facilitate patient care and treatment, whilst improving your own self-management and coping abilities through these increasingly challenging times.

Registration for the Insight training is free and essential. For further information, contact Amie Horwood, Project Officer, Primary Care Liaison on Amie.Horwood@brisbanenorthphn.org.au, or Gai Lemon, Program Development Officer (Alcohol and Other Drugs) at Gai.Lemon@brisbanenorthphn.org.au.

RACGP training is specifically for GPs and includes online workshops, online learning modules, webinars and a mentoring series. Members can access the program at three separate entry points, with each pathway a stand-alone program. You can access all three levels of training or just the level of training that best suits you.

- **Essential skills** focuses on core AOD skills, is available online to all RACGP members and takes two hours to complete.
- **Treatment skills** builds on the core AOD skills and takes a minimum of six hours to complete. You receive \$1,200 upon completion of training. Applications are now open and close on the 31 July 2021.
- **Advanced skills** builds AOD specific skills based on the AOD trends in your local patient community. It is a flexible learning program and takes up to 20 hours to complete. You receive \$2,500 upon completion of training.

Applications for the final RACGP training intake open on the 18 January 2021 and close on the 15 March 2021.

The RACGP is also running an AOD Connect: Project ECHO group every Thursday evening, a weekly online forum where GPs can discuss AOD cases and seek support from their peers and AOD experts.

For more information on Program eligibility, grant payments and to register or apply, visit <https://bnphn.org/racgp-AODtraining>.

MANDATORY ACTIVE INGREDIENT PRESCRIBING

The Department of Health has changed legislation to require the inclusion of active ingredients on all PBS and RPBS prescriptions.

- These mandatory Active Ingredient Prescribing (AIP) requirements come into effect on 1 February 2021.
- To meet this timeline, prescribing software developers have been progressing AIP software updates in general practice.
- These software updates are also inclusive of the electronic prescribing functionality. This means eScript capability is now available nationally in most general practice clinical software.

To comply with the new legal requirements, practices should update their clinical software immediately.

GPs wanting to issue electronic scripts should also contact their local community pharmacies to ensure they are ready to dispense electronic scripts.

For more information, visit <https://bnphn.org/ADHA-e-prescribing> or contact your PCLO for support.

My health for life quality improvement toolkit released



Brisbane North PHN has recently launched a new quality improvement toolkit focussing on the *My health for life* program.

The toolkit supports general practice staff in identifying eligible patients for the program, and making easy, measurable and sustainable improvements with their data.

My health for life is a free behaviour change program designed for people at high risk of developing a chronic disease. The program works in partnership with general practice and is a practical extension of the advice given by GPs and nurses to their patients.

The toolkit meets requirements for the Practice Incentive Payment (PIP) for Quality Improvement (QI) and can be completed at your own pace, with the support of your Primary Care Liaison Officer (PCLO).

To start using the toolkit call your PCLO on **07 3630 7300** or visit <https://bnphn.org/MH4L>.

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NURSE IMMUNISATION LEARNING PATHWAY STARTING SOON

Brisbane North PHN has partnered with The Benchmark Group to offer an exciting new course in immunisation, tailored for primary care staff who administer immunisation as part of their day-to-day scope of practice.

The Course in Immunisation Practice in Primary Healthcare is designed to provide students (clinicians) with the specific knowledge and skills that will enable them to perform a range of comprehensive immunisation services and remain up-to-date with current programs, changes, and requirements relevant to their practice.

The Course in Immunisation Practice in Primary Healthcare consists of six individual programs that make up the immunisation learning pathway.

Successfully completing the pathway means you will have achieved the nationally accredited Course in

Immunisation Practice in Primary Healthcare (10754NAT).

On completion of this program the health professional will be able to:

- understand the *Legislative Act* relevant to immunisation practice within the jurisdiction of practice
- apply fundamental elements of legislation, standards and codes for the administration of vaccines
- demonstrate knowledge of state or territory legislation relating to authorisation/endorsement
- qualify to complete the Immunisation Endorsement Program.

THE PROGRAMS INCLUDE:

- *Foundations of Immunisation* (online program)
- *Immunisation Needs in Adult and Older Persons* (online program)
- *Immunisation Needs for Influenza* (online program)
- *Immunisation Needs in Pregnancy* (online program)
- *School Age Immunisation* (online program)
- *Practice of Immunisation* (online, half-day workshop, and workplace based activity).

We are in the process of confirming workshop dates for Brisbane North.

For more information or to register your interest please email stephanie.thompson@brisbanenorthphn.org.au.

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SUPPORT GPs REDUCING ALCOHOL-RELATED HARM

Alcohol and other drug (AOD) use is one of the major causes of disease burden in Australia¹. Increased evidence of relationships between alcohol consumption and the risk of cancers including breast, liver, pancreatic, colorectal, oesophageal, and mouth and throat cancer were found in a recent NHMRC review of the Australian guidelines to reduce health risks from drinking alcohol².

In addition to health impacts, risky alcohol use has ramifications for health and wellbeing, and effects families and the wider community through absenteeism, family violence, assaults, and motor vehicle collisions.

However, the risk factors attached to alcohol use are modifiable, and disease and sickness can be prevented.

General practice plays an essential role in reducing alcohol-related harm in our community. In the 2018-19 period, there were more than 25 million general practice presentations in Queensland³, placing general practice at the core of potential change in population health regarding problematic alcohol use.

Whilst the Monash University based REACH Project (Reducing Alcohol-related harm in General Practice) focuses on assisting general practice in Victoria, the development and testing of a new approach towards the application of brief interventions is universally applicable.

Brief interventions involve assessing a person's alcohol use and offering individualised advice to reduce health risks.

These are effective in reducing the average amount of alcohol people consume in a week, and are recommended in the RACGP Preventive Care guidelines. Despite their effectiveness, clinicians may find it difficult to offer brief interventions in daily practice.

The Project Team have developed a package of practical, evidence-based and informative resources to support GPs and nurses to talk to their patients about alcohol use. Devised with input from GPs, nurses and community members, the resources are freely available on the project website at <https://bnphn.org/REACH>.

- 1 AIHW (2020) *Australian Burden of Disease Study 2015* (updated Aug.2020) Australian Institute for Health and Welfare
- 2 National Health and Medical Research Council. *Australian guidelines to reduce health risks from drinking alcohol*. Available: <https://www.nhmrc.gov.au/health-advice/alcohol> Accessed 31 July 2020.
- 3 Queensland Health (2020) *The health of Queenslanders 2020. Report of the Chief Health Officer Queensland*. Queensland Government. Brisbane Available www.health.qld.gov.au/_data/assets/pdf_file/0019/1011286/cho-report-2020-full.pdf

RAPID ACCESS TO THE RIGHT CARE

The Metro North Hospital and Health Service has launched a Virtual ED (MN VED) that provides clinical consultation in near real time for patients who are with their GP, Queensland Ambulance Service Officer or community nurse via telehealth platforms.

The service is available Monday to Friday 8.00 am-5.00 pm on 1300 847 833. The MN VED guiding principle is to align patients with care in the right setting, to do so effectively we are challenging historical beliefs that patients must physically transition through an ED to gain access to hospital provided services.

The MN VED provides access to an emergency medicine consultant prior to presentation, by doing so we can align the clinically appropriate location for their ongoing care.

In our experience, we have been able to support our referring clinicians and their patients, with a management plan that does not involve a presentation to ED, 70 per cent of the time. When ED is the clinically appropriate location then the receiving facility is informed of the pending presentation, improving the patient flow to the department.

Dr Rushbrook, Executive Director of Medical Services at Metro North described the service as an opportunity to support clinicians with advice and deliver care to patients with acute but non-emergent conditions.

“Virtual care consults can improve access and effectively deliver specialist care in a timely manner whilst preventing an in-person presentation to a busy emergency department,” Dr Rushbrook said.

While other VED services seen interstate have similarities, the MN VED is the first of its kind to offer a model of care that supports clinician to clinician referrals for primary care, ambulance and community nursing networks within a metropolitan catchment; with the goal of better aligning care prior to hospital presentation.

For more information visit <https://bnphn.org/virtual-ED>.

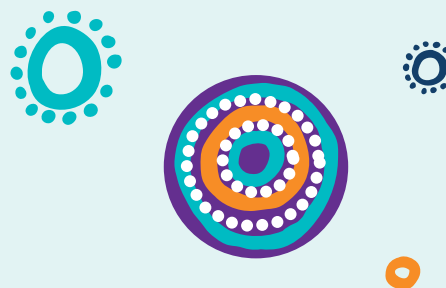
CASE STUDY:

Management of an 11-year-old patient, seen by his GP the previous day after being kneed in the face playing football. A CT had been organised which showed an un-displaced fracture of the right infraorbital region with a haematoma but no entrapment of the ocular muscle. This was accompanied by a normal eye examination apart from localised swelling.

The GP contacted the VED to ask whether the patient required an ED presentation. The VED emergency physician advised an optometrist review and arranged for a referral to the children's public hospital maxillofacial service for a follow up outpatient appointment for the facial fracture.

The patient avoided an ED presentation and any associated wait in the ED. The GP reported support from the MN VED as pivotal to improving this patients' outcome.

NEWS in brief



Expanded mental health support for aged care residents

On 30 November 2020, the Australian Government announced \$35.5 million to extend access to the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) (Better Access)* initiative to aged care residents and evaluate Better Access.

The Better Access expansion addresses Recommendation Three of the Royal Commission into *Aged Care Quality and Safety's Aged Care and COVID-19: A Special Report*. This recommendation called for the urgent creation of MBS items to increase the provision of allied health services, including mental health services, to aged care residents during the pandemic.

Under the expansion, aged care residents can access mental health services under the Better Access initiative from 10 December 2020 to 30 June 2022. Over this period, eligible aged care residents can access up to 20 Medicare subsidised individual psychological services each calendar year. Psychological services will be provided by eligible General Practitioners (GPs) and other medical practitioners, psychologists, social workers and occupational therapists and flag falls will be provided to practitioners to visit aged care facilities.

To access support through Better Access, aged care residents can speak to their GP. The GP will assess whether the resident has a mental disorder and, where appropriate, prepare a Mental Health Treatment Plan or refer them to a psychiatrist who may prepare a Psychiatrist Assessment and Management Plan. The referring practitioner will decide how many sessions the resident can receive up to the maximum amount.

The Australian Government has funded training resources to build the capacity of health professionals to support the mental health needs of aged care residents. For more information visit www.psychology.org.au.

For further information on the Better Access expansion, please visit <https://bnphn.org/better-access>.

Welfare support services for the ADF Afghanistan Inquiry

The Departments of Defence and Veterans' Affairs care about the welfare of all personnel involved in the Inspector-General Australian Defence Force (IGADF) Afghanistan Inquiry. We are committed to ensuring there is the right support available for individuals and their families.

Australian Defence Force (ADF) personnel who are currently serving and are involved in, or affected by the Inquiry continue to be supported by their chain-of-command and also have access to assistance including mental health, medical, legal, pastoral and social work services.

Veterans and their families have access to support from the Department of Veterans' Affairs (DVA) and the Department of Defence. This includes support for mental health, medical, compensation and income support, transition to civilian life, and, in some cases, legal support. Ex-Service Organisations (ESO) also provide a critical role in supporting our people and their families.

A full list of support services are available at <https://bnphn.org/DVA-igadf-services>.

Nicotine e-cigarettes available by prescription only from October

As the result of a decision of the Therapeutic Goods Administration scheduling delegate, consumers will, from 1 October 2021, require a doctor's prescription to legally access nicotine e-cigarettes and liquid nicotine in Australia.

This decision aims to prevent adolescents and young adults from taking-up nicotine e-cigarettes while allowing current smokers to access these products for smoking cessation on their doctor's advice.

In the coming months there will be a wide range of educational and communication resources to support health professionals and consumers on the changes. The TGA website, which will be updated regularly, includes more information for consumers and health professionals about the changes.

For more information visit www.tga.gov.au/community-qa/electronic-cigarettes.

NOTICEBOARD

RECOGNISING, DIAGNOSING AND MANAGING DEMENTIA

Do you find the process of diagnosing and managing dementia in your practice challenging?

Do you think your training in how to diagnose and manage dementia in your practice has not met your clinical needs?

Would you benefit from a practical, step-wise approach to both the diagnosis and management of dementia in your practice?

If you answered yes to any of these questions, then this interactive practical workshop—being held on **Saturday 6 March 2021 at Everton Park**—could be right for you.

The workshop aims to improve the knowledge and skills of those attending to assist them to more confidently diagnose and/or manage dementia in the general practice setting.

This includes practice nurses experienced in caring for people living with dementia.

For more information or to register your interest email dta@qut.edu.au.

CAMPAIGN CELEBRATES THE RESILIENCE OF QUEENSLAND WOMEN

Queensland women who faced adversity during 2020 are sharing their stories of inner strength, in our new campaign putting a spotlight on women's wellbeing.

Queenslander profiles women from throughout Queensland sharing their stories of 2020. The campaign will run over social media and via the webpage over the next three months, culminating in International Women's Day on 8 March 2021.

Designed to shine a light on the stories of Queensland women, the campaign celebrates the achievements of those who have stood tall in the face of adversity during 2020 and beyond.

To read the stories visit <https://hw.qld.gov.au/>.

MAKING TIME FOR WHAT MATTERS

Following a difficult year, the National Mental Health Commission (NMHC) has had conversations with people experiencing mental illness and those who care for them about their challenges and what has helped them, as well as how they are feeling about the summer and festive period.

What was loud and clear was that everyone's experience over the past year has been different, and so too is what helps them get through. What they make time for however, matters greatly and can positively impact their mental wellbeing.

The NMHC has launched *#MakingTime* as a way for Australians, especially those living with mental ill health, mental distress, and those who care for them, to share their daily experiences. Our stories can help everyone understand how to prioritise their mental health and wellbeing, as well as the need to make time for the things that help us respond to daily challenges.

Visit www.nmhcmakingtime.com.au and share what you are *#MakingTime* for over the coming months to look after your mental health.

TRIPLE P ONLINE TRAINING

The Primary Care Triple P program is developed for nurses and GPs, designed to fit with a short appointment, and provides GPs with a therapeutic approach when they have consultations about parenting and child mental health issues.

This training is free of charge and government funded.

Primary Care Triple P course suits health professionals or practitioners including GPs who can offer advice to parents and families via brief consultations (15-20 minutes over two to four sessions). The next two-day training will be held online on 8 and 9 February 2021.

Please note this training course is accredited by the RACGP for the current triennium.

For more information visit <http://www.triplep-parenting.net>.

GP BULLETIN – FEBRUARY 2021

News from General Practice Liaison Officers at Brisbane North PHN and Metro North Hospital and Health Service. Please provide feedback to the GPLO program mngplo@health.qld.gov.au.

HEALTHPATHWAYS UPDATE

Newly released pathways

- anxiety, distress and agitation in palliative care
- delirium in palliative care
- dyspnoea in palliative care
- pain management in palliative care

More palliative care symptom control and emergencies pathways to come.

To submit feedback about HealthPathways, please contact administration.integration@brisbanenorthphn.org.au.

HealthPathways login

Login at: brisbanenorth.communityhealthpathways.org or phone 07 3630 7300 for login details.

GPLO-led education events

- 22 February 2021 (TBC) – CVD Risk and local approach to Acute Chest Pain

Invitations will be sent to GP bulletin subscribers when date is confirmed or visit our event calendar for full details <https://brisbanenorthphn.org.au/events>.

To provide feedback on our GPLO-led education events email mngplo@health.qld.gov.au.

Spread the news

Please encourage any colleagues who may not be receiving the GP bulletin to subscribe at <https://bnphn.org/subscribe>.

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GPS WANTED FOR OUR BRIBIE ISLAND AFTER HOURS PILOT PROJECT

Brisbane North PHN in partnership with Beacon Strategies is inviting Bribie Island GPs to participate in a focus group to help co-design the *Bribie Island After Hours Pilot Project*.

A total of four focus groups will be held in February to explore local issues, potential model options and design considerations for a specific after-hours model.

For more information, please email Sarah Crisci at: sarah@beaconstrategies.net or visit <https://bnphn.org/afterhours>.

SURGICAL, TREATMENT AND REHABILITATION SERVICE OPEN NOW

The new Surgical, Treatment and Rehabilitation Service (STARS) is a sub-acute and elective 182-bed specialist public hospital located at Herston and a facility within Metro North Hospital and Health Service. It does not have an emergency department. STARS provides new and expanded health services to increase patient access to:

- general and specialist rehabilitation services
- elective surgical and endoscopic procedural services
- specialist outpatient services.

Clinical services are due to commence from February 2021. For more information visit <https://metronorth.health.qld.gov.au/stars>.

REGISTER NOW FOR THE KIDNEY SUPPORTIVE CARE SYMPOSIUM

The 2021 Kidney Supportive Care Symposium will be an opportunity to hear from leading speakers on the latest in kidney supportive care.

This symposium is targeted at renal and palliative care clinicians across all disciplines, academics, general practitioners and consumers. All are welcome. This symposium is a blended event and can be attended in person or on-line.

The symposium will take place on Friday 12 March 2021 at the RBWH Education Centre.

For more information visit <https://bnphn.org/KSCS-MNHHS>.

IRON SUPPLEMENTATION RESOURCES

New iron supplementation resources, developed for clinicians and patients to use, are now available to download from the Metro North HHS website.

These resources are available on the Refer Your Patient webpage, including *Optimising Iron Use: A Guide for Clinicians*, *Iron Supplementation Indication Flow Chart*, plus a patient information sheet for patients receiving IV iron.

For more information visit <https://bnphn.org/anaemia>.

GP RESPIRATORY CLINICS IN NORTH BRISBANE

For patients requiring a COVID-19 test, there are a number of testing locations available within the North Brisbane and Moreton Bay region. For a full list of testing locations visit the Queensland Health website: <https://bnphn.org/QH-testing>.

Patients are also able to book appointments online and over-the-phone at any of the GP respiratory clinics in the region.

For more information visit the PHN website: <https://brisbanenorthphn.org.au/covid-19>.

This is an initiative of the General Practice Liaison Officer Program.