



WENTWEST  
DIVISIONAL

# focus

FOCUS #6 | OCT 10

## SHAPE Lifestyle Modification Program helps reduce risk of type 2 diabetes

Despite the warnings to lead healthier lifestyles, more Australians are being diagnosed with diabetes each year with an estimated 3 million people currently living with some form of the condition.

Experts anticipate that this trend will continue to escalate over the next three years with Diabetes Australia predicting the number to reach 4.2 million by 2013.

In an effort to reduce the onset of type 2 diabetes, WentWest currently runs the SHAPE (Sessions for Health and Physical Exercise) Lifestyle Modification Program (LMP).

The eight-session health and fitness program offers advice on diet and nutrition, ways to achieve a more active lifestyle and prevent the rise of type 2 diabetes.

Delivered over a six-month period, SHAPE LMP offers patients access to eight sessions combining diet and nutritional education with group exercise activities as well as regular fitness assessments and support throughout the program.

To refer patients into SHAPE LMP, the AUSDRISK (Australian Type 2 Diabetes Risk Assessment) tool and SHAPE referral form need to be completed and faxed to the WentWest



SHAPE participant, Brindha Ponniah, with WentWest Dietitian and Exercise Physiologist, Diana Daoud

are received by WentWest, participants are contacted and enrolled.

Among those who have benefited from the program is Pendle Hill resident, Brindha Ponniah, who completed the program in August. "I was shocked about my initial health results", Brindha said. "I didn't realise that my waistline measurement was such a strong indicator of my vulnerability to type 2 diabetes".

Brindha found SHAPE LMP to be an ideal combination of diet and nutritional education with structured exercise monitored by an exercise physiologist. "SHAPE LMP allowed me to make small but essential changes to my lifestyle", Brindha said. "It gave me the knowledge and the skills I needed to turn around the things that were negatively impacting my health".

Since completing the program, Brindha has continued to make progress with her lifestyle and now regularly walks and attends a local fitness centre.

These changes have seen Brindha lose over five kilograms and decrease her waist measurement by 4cm, both critical in the prevention of diabetes.

To find out more about the SHAPE LMP visit: [www.wentwest.com/public/shape.asp](http://www.wentwest.com/public/shape.asp) or contact (02) 8833 8029.

### Patient Eligibility

To be eligible, patients need to fall into one of the following categories:

- 40–49 years and at high risk of developing type 2 diabetes according to the AUSDRISK tool;
- 15–54 years Aboriginal or Torres Strait Islander and at high risk of developing type 2 diabetes according to the AUSDRISK tool.

confidential fax line on (02) 8208 9941 or through Secure Messaging.

All participants need to have had diabetes ruled out prior to being referred to the program. Once referrals

# Whither health system reform?



Well – after much waiting, we have a government that is both the same and different, and a health reform agenda that may also be the same – and different.

Our Health Minister (who remains the same) said a few weeks ago:

*"I am pleased and honoured to continue to lead the Government's ambitious health reform agenda ... (and) look forward to implementing changes that will deliver better health and hospital services across the country.*

*In particular, I will focus on the better delivery of health services through improved GP clinics, modernised hospitals, an expanded medical and nursing workforce, better after hours services and unleashing the benefits of e-health and telemedicine. ... The health team will ... have a strong focus on implementing existing agreed reforms..."*

## What does 'improved GP clinics' mean?

There are encouraging signs that this strategy is now moving well beyond marginal electorates and fixed views of a specific General Practice model.

If this ultimately means systematic investment in diverse General Practices – in infrastructure, teams, technology and teaching capacity, with first priority going to areas of greatest community and workforce need<sup>1</sup>, then we will be able to congratulate the government on its achievement.

As a division, our role will be first, effective advocacy for this much needed investment, and second, support for General Practices in enhancing their quality, scope and capacity.

## Will Divisions become Primary Health Care Organisations (PHCOs)?

Will the formation of PHCOs (or Medicare Locals) go ahead? At this point, we don't really know, but if PHCOs do proceed, then it's likely to be rapid.

If WentWest is one of the 'first wave'

Divisions invited to form a PHCO then, with our partner Divisions (Blue Mountains, Nepean and Hawkesbury-Hills), we will be immediately communicating with you and seeking your opinions.

We will also be working hard to engage with a wide range of people with genuine interests in advancing primary health care: other primary health care professionals and services, non-government organisations, patients and community groups.

The PHCO functions described do not differ greatly from those of Divisions, and this is likely to remain the case for the next few years. In the longer term, General Practice needs to clearly demonstrate its value, and proactively influence PHCO evolution.

Regardless of the short and longer term outcomes, providing good quality service to our GP members will remain a high priority for WentWest.

Divisions in Western Sydney are committed to working together to build local General Practice capacity and better health for our communities.

We already work together on the National Collaboratives Program, with Sydney West Area Health Service (SWAHS) in the Australian Better Health Initiative (ABHI), Sharewest, Access to Allied Psychological Services (ATAPS) and the NSW Severe Chronic Disease Management programs, and potential new areas of collaboration are continually being explored.

Our teaching, research and workforce partnerships with the Universities of Sydney and Western Sydney should continue to expand and strengthen in the event of PHCO formation.

## What about Local Hospital Networks (LHNs)?

While the Commonwealth will drive the PHCO agenda, state governments will make decisions about LHNs. The break up of large Area Health Services and formation of smaller Local Hospital Networks (LHNs) is already underway, and potentially provides an opportunity to strengthen local General Practice/ LHN collaboration.

Importantly, this could increase

the General Practice voice within the hospital system and potentially enhance ease of patient access and transfer of care processes.

WentWest has responded to a recent NSW Health discussion paper outlining proposed LHN criteria, boundaries and service reconfiguration, and both documents can be found on the WentWest website at: [www.wentwest.com.au](http://www.wentwest.com.au). Please email any thoughts you may have on these issues to: [support@wentwest.com.au](mailto:support@wentwest.com.au).

As soon as we have definite news about the formation of Primary Health Care organisations, the news will be communicated and dates for local discussion forums set and publicised.

<sup>1</sup>RACGP discussion paper: *Building Quality, Equity and Capacity Through Revitalising General Practice*, Nov. 2009.



## Newsletter survey

WentWest is currently reviewing the range of newsletters we produce to improve the communications material we send to our practices.

We would appreciate it if you could complete the survey that is included with this newsletter and then fax it to: (02) 8833 8019.

Alternatively, you can complete the online version on our website at: [www.wentwest.com.au](http://www.wentwest.com.au).



Welcome to the second *Divisional Focus* newsletter for 2010. What a busy year we have had working with our General Practices and other health professionals to improve the health of the western Sydney community.

The recent election is still playing out in the health arena – whilst we know change is needed to ensure a more responsive, cost-efficient health system that meets the ever increasing demand of patients, how quickly the change will happen and what form it will take is still unknown.

WentWest is committed to working with its GPs and General Practices to ensure an approach to health reform that meets the needs and is considerate of the GPs and practices.

As soon as more information is avail-

able, WentWest will be holding discussion forums to consult with GPs and other health professionals in western Sydney.

## Update on WentWest activities

**SHAPE** – The SHAPE program is now taking referrals for patients aged 40–49 who are at risk of developing diabetes. There are multiple groups running across western Sydney that focus on improving lifestyle risk factors and improving health.

**Close the Gap** – WentWest is actively involved in the Close the Gap program to lower the life expectancy gap between Aboriginal and Torres Strait Islander populations and non-Indigenous people.

We are providing a service to assist your patients in the community that includes assistance with keeping appointments, keeping up with medi-

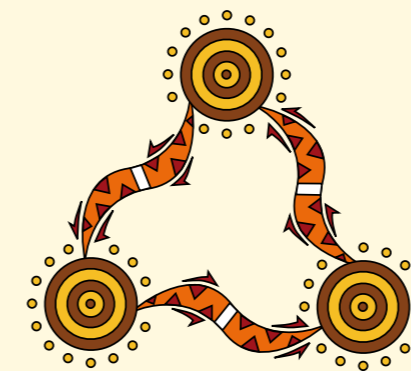
cations and accessing other health services. If you have Aboriginal and Torres Strait Islander patients that may benefit, contact WentWest.

**Heart Foundation** – WentWest has been selected as one of three NSW Divisions of General Practice to participate in a Heart Foundation program to support and build capacity of practices addressing lifestyle risk factors relating to chronic disease. We look forward to working with you on this new program.

**New staff** – we welcome a number of new members to the WentWest team, details of whom are located below in the News and Events section.

We would also like to congratulate Rachel Barker, WentWest SHAPE Coordinator, on the birth of her baby girl, Neave Grace Barker. Both mum and bub are doing well.

## NEWS AND EVENTS



## New Aboriginal Health logo

In an effort to promote Aboriginal health in western Sydney, WentWest has created a new logo. Designed by WentWest's Project Officer, Jamie Matthews, the design is titled: *The Journey*.

The large circles, traditionally used to symbolise camp fires, represent the Aboriginal community, WentWest, GPs and other health services that play an important role in the journey for Aboriginal people and their health.

The curved paths represent the sometimes complex and challenging issues that Aboriginal people face

regarding their health and the connection and interaction with those they meet along the way.

The arrows represent kangaroos, which are commonly known as a 'mob'. Aboriginal people also refer to themselves collectively as a mob and the design reflects all those involved working together as **one mob** to improve the health of Aboriginal people in our community.

The logo features on promotional and educational material as well as the shirts worn by the Aboriginal health team.



WentWest's Aboriginal Health team: Maria Matthews, Jamie Matthews and Shana Mason



New staff: Libby McCardle, Jimmy Young and Callie Moran

## New staff members

Since June, the following staff members have joined the WentWest team, and we wish them well in their new roles:

**Shana Mason** – Aboriginal Outreach worker (pictured left)

**Maria Matthews** – Aboriginal Outreach Worker (pictured left)

**Libby McCardle** – Strategy Planning and Policy Manager

**Callie Moran** – Area Services Coordinator

**Jimmy Young** – Health Services and Development Manager

## Continuity of care through Integration

*“The reality of continuity of care is that it crosses disciplinary and organisational boundaries. For patients and their families, the experience of continuity is the perception that providers know what has happened before; that different providers agree on a management plan; and that a provider who knows them will care for them in the future.”*

*For providers the experience of continuity relates to the perception that they have sufficient knowledge and information about a patient to best apply their professional competence and the confidence that their care inputs will be recognised and pursued by other providers”.*

Excerpt taken from *Continuity of Care: a Multidisciplinary Review*  
Jeannie L Haggerty et al

Through our programs, services and partnerships, WentWest ensures both continuity of information and management for patients and service providers, by developing processes that facilitate exchange of information required by care providers, collaboration and multidisciplinary management plans, ongoing monitoring and review of management.

**Continuity of information and management from hospital to GPs**  
Currently, GPs whose patients present with chronic conditions at Auburn, Blacktown and Mount Druitt hospitals receive notifications of their presentation and discharge from the Emergency Department.

While this process was originally implemented by exchanging information through fax, it is currently being trialled through Secure Messaging.

High-risk patients are also linked back to their GP before being discharged from inpatient areas at Blacktown and Mount Druitt hospitals through a discharge teleconference, ensuring continuity of care for patients from hospital into the community, and first-hand information for the GPs.

This process is supported by a writ-



A community case conference in progress at HealthOne Mount Druitt

ten document from the teleconference summarising the discussion and plan of care in the community. GPs attending the teleconference can claim Medicare item numbers for the time spent attending the conference.

### Continuity from GPs to other care providers

GPs are supported by WentWest with education, training and tools, which allows them to gather relevant information that facilitates ongoing communication with allied health, community nursing and other service providers. GPs are also supported by GP liaison nurses and project officers to provide care coordination to their clients.

WentWest, along with its partners, have been facilitating written feedback to GPs, organising community case conferences to facilitate multidisciplinary care plans, supporting the management review of patients and facilitating exchange of information with the hospital when patients present at the hospital.

### Projects and GP engagement

Integration to achieve continuity of information and management is the core principle of projects at WentWest. Projects being implemented in partnership with various organisations, foremost of which is Sydney West Area

Health Service (SWAHS), that facilitate integration and support patients, GPs and other care providers include:

- HealthOne
- Antenatal Shared Care
- Access to Allied Psychology Services
- Secure Messaging
- Breast Screen
- Western Sydney Severe Chronic Disease Management Program
- Close the Gap
- Mental Health Nurse.

Every project is developed along with GPs and service providers, who are involved in the planning process and ongoing monitoring. This is achieved through reference groups and committees, and stakeholders are also consulted individually where such interest is expressed.

### More information

If you or your practice is interested in improving continuity of information and/or continuity of management for your patients, or if you wish to be involved in planning, providing strategic direction and monitoring these initiatives by WentWest, please feel free to access more information about specific programs at: [www.wentwest.com.au](http://www.wentwest.com.au), contact us on (02) 8833 8029 or email: [support@wentwest.com.au](mailto:support@wentwest.com.au).

## APCC: getting the results

The Australian Primary Care Collaborative (APCC) has been running at WentWest for the past 12 months and achieved some positive results.

The outcomes achieved by the 19 practices currently participating in the program are shown in the table below.

Results were generated from monthly improvement strategies such as data cleansing and clinical coding.

These strategies have resulted in a more accurate database to provide

participants with registers to recall patients in a more targeted approach to ensure they are receiving the care they need.

The practices involved are paving the way at WentWest towards quality improvement using evidence-based strategies and data extraction to create positive patient outcomes.

If you would like to obtain more information regarding the program, please visit: [www.apcc.org.au](http://www.apcc.org.au).

### AVERAGES OF THE 19 GENERAL PRACTICES PARTICIPATING IN THE PROGRAM

	WentWest State Wave (12 months in the program) 7 General Practices	WentWest Local Wave (5 months in the program) 12 General Practices
Average number of patients on the Diabetes Register	275	140
Percentage of patients with a HbA1c of 7 or less	5% increase	24% increase
Percentage of diabetic patients with a BP less than or equal to 130/80 mm Hg	6% decrease	9% increase
Percentage of diabetic patients with a cholesterol of 4mmol/l or less	4% increase	13% increase
Average number of patients on the Coronary Heart Disease Register	110	–
Percentage of CHD patients with BP recorded	4% increase	–
Percentage of CHD patients prescribed an Anti-platelet	18% increase	–
Percentage of CHD patients prescribed a Statin	8% increase	–
Unmet demand: average number of patients unable to access the GP in one week	9	11
Third available appointment: number of days delay to see a GP	1.5	1

## INFORMATION MANAGEMENT/ INFORMATION TECHNOLOGY

### Secure Messaging

Secure messaging is a form of electronic messaging with an added layer of security giving health professionals the confidence to instantly exchange any patient identifying clinical information, such as referrals and reports, in most cases directly from their existing patient management system for example, MD and Best Practice.

WentWest has been promoting the benefits of Secure Messaging for more than 12 months and there are a large number of GPs who are now ready to send and receive messages.

WentWest is currently involved in a number of pilot projects with Breast Screen NSW, SWAHS and the Pap Test Register, which will enable GPs to receive clinical feedback directly into their patient management system, similar to how pathology results are currently received.

### WentWest's Online Health Services Directory

WentWest's Online Health Services Directory (OHSD) gives you access to information such as names, addresses, contact numbers and consultation times for a variety of health professionals, making the process of locating and referring to your colleagues even easier.

For assistance or a login account visit: [www.wentwest.com.au/ohsd](http://www.wentwest.com.au/ohsd) or email: [directory@wentwest.com.au](mailto:directory@wentwest.com.au)

### Software Training Workshops

In response to a large number of enquiries, and our success with the MD3 training workshops, WentWest hosted a much anticipated PracSoft training event in June. Next on the training calendar will be the introduction of Best Practice training, with the first workshop scheduled for 26th October.

Should you have suggestions or feedback on WentWest's training workshops, contact Daniel Hanna on (02) 8833 8033 or email: [daniel.hanna@wentwest.com.au](mailto:daniel.hanna@wentwest.com.au).

## Aboriginal Health – Close the Gap project

**C**lose the Gap project is part of the federal government's initiative to close the life expectancy gap between indigenous and non-indigenous community. WentWest is funded under this initiative by the Department of Health and Ageing to address the gap in the WentWest area.

As part of the project, WentWest provides support to GPs, Aboriginal community members and other care providers through a team comprising a project officer and outreach workers.

address three key areas, which have been identified as crucial by community elders:

### 1. Continuity of Care

Continuity of Care for Aboriginal and Torres Strait Islander patients is provided through the implementation of processes, in partnership with care providers, to deliver continuity of information and management.

The program is designed to support members from the community, identi-

Information from multidisciplinary care plans and GP management in the community may also be shared with the hospital to provide comprehensive care at the hospital.

### 2. GP support and cultural appropriateness in primary care

Cultural awareness training for GPs and practice staff is currently being developed by WentWest. While this training is designed to provide culturally appropriate care in primary care settings, it also meets the criteria for cultural awareness training for those GPs and practices that are registered for the Practice Incentive Payment (PIP) Indigenous Health incentive.

GPs are also supported with information on new programs and initiatives. An example of this is the Indigenous Health Incentive and PBS Co-Payment Measure that will help the GPs to provide ongoing care for patients who are at risk of chronic disease.

### 3. Community engagement and consultation

Community elders, Aboriginal groups, relevant organisations and other stakeholders are regularly consulted to identify improvements to the services provided, their implementation and ongoing monitoring of the project.

Needs assessment conducted by the project officer along with Aboriginal elders, Sydney West Aboriginal Health Unit and Aboriginal Medical Service have highlighted a series of issues faced by the community members.

Input from the community, organisations mentioned and groups, such as the Merrin Wejali and Men's Shed, have helped to fine-tune solutions that are currently being implemented in support with our partners.

If you would like more information about the Close the Gap project, to arrange support for your patients or your practice or be involved in the implementation and monitoring of the project, go to: [www.wentwest.com.au](http://www.wentwest.com.au), contact WentWest on (02) 8833 8029 or email: [support@wentwest.com.au](mailto:support@wentwest.com.au).



John Murphy, Close the Gap client, with Maria Matthews, WentWest Aboriginal Outreach Worker during a home visit

The project provides support to Aboriginal community members through services such as:

- Follow-up visits following discharge from hospital;
- Joint visits to GPs and specialists;
- Information and referrals for their psychosocial needs, including transport to attend health care appointments;

Support to care providers is enabled through:

- Facilitating information sharing, including assessments conducted, care plans made and information about the patient's compliance; and
  - Assistance to organise multidisciplinary teams and case conferences.
- The Close the Gap project aims to

identified as having a chronic condition or who are at risk of a chronic disease. Referrals into the program will be received from the hospital, HealthOne, Mootang Tarimi outreach bus and from self-referred clients.

Identified clients are followed up by an outreach worker who then assesses the client, regularly reviews their case and coordinates culturally appropriate care through care providers as required.

Clients are also provided with social support, which includes linkages to services such as housing, transport, legal services and community groups.

Information about the client is also provided to the care providers, including translating information into a language the patient understands.

## SHAPE Program – clinical outcomes

**S**HAPE (Sessions for Health and Physical Exercise) was launched by WentWest in March 2009.

SHAPE was established to:

- Educate participants on healthy dietary and nutritional practices;
- Encourage a more active lifestyle;
- Prevent the rise of chronic disease including Type 2 diabetes and heart disease.

SHAPE offered high-risk individuals a range of both personalised and group-based services delivered by accredited allied health professionals, including exercise physiologists (EPs) and dietitians. Services included:

- Initial and final fitness assessments;
- An eight-session series of healthy lifestyle education sessions combining dietary education with group exercise activities; and
- Post-program support for self-managing lifestyle in the future.

The project filled a service gap for overweight, obese and high-risk western Sydney residents by encouraging active self-management and sustained lifestyle change.

WentWest used a number of methods to evaluate the effectiveness of SHAPE with the following clinical results:

### Weight

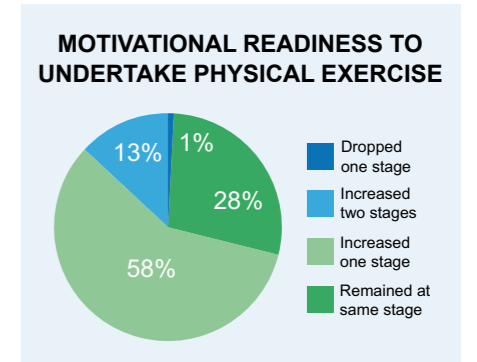
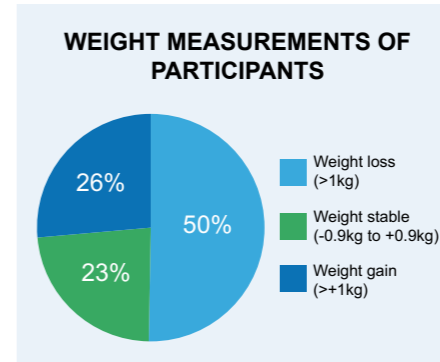
- Average change in weight – 1.27kg loss
- 50% experienced weight loss >1kg
- 23% experienced stable weight (from 0.9kg loss to 0.9kg gain)
- 26% experienced weight gain >1kg

### Waist Circumference

- Average decrease in waist circumference of 1.8cm (range +15 to -23cm)
- 59% decreased
- 15% remained the same
- 25% increased

### Hip Circumference

- Average change in hip circumference – 1.8cm loss (range +7 to -10cm)
- 65% decreased
- 12% remained the same
- 23% increased



**Stages of change – physical activity**  
Participants undertook the 'Stages of Change' Questionnaire in the initial and final assessments.

This method is a measure of motivational readiness for change with regards to physical activity on a five-point scale:

- Stage 1** – Inactive and not thinking about becoming more active
- Stage 2** – Inactive and thinking about becoming more active
- Stage 3** – Doing some physical activity
- Stage 4** – Doing enough physical activity
- Stage 5** – Making physical activity a habit

Average increase in 0.8 stages

Overall, SHAPE has been a successful project, reflected in both the evaluation data collected from WentWest and analysed by the University of Sydney – Western Clinical School.

Several observations support the program's success, including a significant difference in key areas of measurements and feedback obtained from those participating in terms of the knowledge acquired and behavioural change.

The cumulative impact of these results indicate the program has not only been effective in enhancing knowledge of nutrition and exercise, but also positively influencing behaviours towards eating and physical activity.

WentWest acknowledges the Department of General Practice, University of Sydney – Western Clinical School for the clinical evaluation of SHAPE.

## Do you have patients at high risk of developing type 2 diabetes?

### SHAPE Lifestyle Modification Program

SHAPE (Sessions for Health and Physical Exercise) is a health and fitness program that offers advice on:

- Diet and nutrition;
- Ways to achieve a more active lifestyle and prevent the rise of type 2 diabetes.

### SHAPE Lifestyle Modification Program offers:

- 8 sessions combining diet and nutritional education with group exercise activities;
- Regular fitness assessments and support.

### Eligible patients need to be:

- 40–49 years and at high risk of developing type 2 diabetes; or
- 15–54 years Aboriginal or Torres Strait Islander and at high risk of developing type 2 diabetes.



To find out more, call WentWest on (02) 8833 8014 or visit: [www.wentwest.com/public/shape.asp](http://www.wentwest.com/public/shape.asp)

**SHAPE**  
Sessions for Health & Physical Exercise

## WentWest chosen to participate in Heart Foundation program

WentWest along with two other Divisions in New South Wales has been chosen by the Heart Foundation to participate in a two year Prevention in Primary Health Care (PIPHC Program).

The program aims to address barriers to referrals and focus on the following lifestyle risk factors, referred to as SNAPO:

- Smoking
- Poor Nutrition
- Excessive Alcohol intake
- Physical inactivity; and
- Obesity.

The primary outcome of the program is to build capacity in General Practice settings to provide support for patients who have been identified with a lifestyle risk factor for chronic disease by referring them to lifestyle risk factor modification (LRFM) services that will support behavioural change.

WentWest is participating in the project in order to identify barriers to referrals to support General Practices on increasing capacity and patient outcomes by utilising existing local services to meet patient needs.

As Australia moves towards primary health care and prevention, WentWest will support General Practices to address the burden of chronic disease by catching patients at earlier stages to encourage lifestyle modification.

In order to do this, we will utilise the program to explore and address barriers and issues with five General Practices. The acquired learning will then be available to all General Practices in the WentWest region and provide the opportunity to implement preventative health strategies.

For more information regarding the program or to express an interest in participating in the program, please email Kthryn Bondoc from WentWest at: [k.bondoc@wentwest.com.au](mailto:k.bondoc@wentwest.com.au) or call (02) 8833 8024.



## Breast Screen program aims to reduce risk of breast cancer

Women in NSW currently have a one in nine risk of developing breast cancer in their lifetime, and the risk is more common in women aged 50-69 years of age. Almost three-quarters of breast cancers develop in women of this age group.

While breast cancer can be treated, it needs to be detected early to ensure a better chance of successful treatment and recovery.

Western Sydney has a low breast screening rate making the population vulnerable to breast cancer.

In order to address this WentWest has partnered with Westmead Breast Cancer Institute (WBCI), which provides screening under Breast Screen New South Wales, to support GPs in identifying and recommending screening.

### BCI Sunflower Clinic

Established by WBCI, the BCI Sunflower Clinic is a new concept that provides a whole-of-care approach, linking screening with treatment, support and follow-up.

Screenings are conducted in friendly and convenient locations across western Sydney, such as Myer Parramatta. Screening is free for women aged 40 and over with priority given to women aged 50-69.

### Multiple screenings

Screened images are generally read once by radiologists and then reported. However, overseas studies have shown that 20 per cent of breast cancers are usually detected in a second reading.

Screenings conducted by WBCI are read twice by independent radiologists. When there is a conflict in findings a third reading is completed. This ensures that symptoms do not go undetected enabling the best possible outcome for women.

Throughout the process WBCI provides feedback to GPs with the patient's consent.

### Support to GPs

GPs in the WentWest area are provided with the following support:

- Information for GPs;
- Support to establish processes to identify women who attend the practice and are at risk of developing breast cancer;
- Forms and templates on clinical software to simplify the referral process;
- Patient information brochures and posters to educate women on the importance of screening.

For more information or to receive support, please contact WentWest on (02) 8833 8029 or email: [support@wentwest.com.au](mailto:support@wentwest.com.au).

## New program addresses sleep problems and therapy options

The latest NPS education program 'Management options to maximise sleep' encourages prescribers to recommend non-drug therapies as first-line treatment for insomnia and to discuss the importance of good sleep practices and the potential harms of hypnotic medicines with the patient before prescribing hypnotics.

The program encourages health professionals to:

- Explore patient concerns with sleep difficulties – identify and address causes;
  - Offer behavioural and cognitive therapies for insomnia;
  - Trial discontinuing hypnotic medicines in patients who have been using them for long periods;
  - Engage patient/carers in managing sleep difficulties;
- For patients who have been taking

hypnotics for a prolonged time, prescribers are encouraged to develop a withdrawal plan to decrease their dose and review progress through the GP clinical audit tool provided by NPS.

The NPS has developed the following resources and activities about managing insomnia for health professionals:

- NPS News (67): *Addressing hypnotic medicines use in primary care*;
- Prescribing Practice Review (49): *Management options for improving sleep*;
- GP and GP Registrar Clinical Audit – Use of benzodiazepines, zolpidem and zopiclone in insomnia;
- Case study (62): Maximising sleep and minimising potential harms;
- Drug Use Evaluation (DUE) tool: *Benzodiazepine and non-benzodiazepine hypnotic medicines for*



*insomnia in aged care facilities*;

- One-on-one educational visiting by NPS facilitators;
- Small group discussions led by NPS facilitators;
- A sleep diary which can be given to your patient's to assist in the assessment of their sleep problems;
- Door hangers with sleep hygiene tips for patients.

Visit [www.nps.org.au/health\\_professionals](http://www.nps.org.au/health_professionals) to access insomnia resources and activities. For more information contact NPS on (02) 8217 8700 or email: [info@nps.org.au](mailto:info@nps.org.au). For details regarding the WentWest educational visiting program, contact Rebecca Cause on (02) 8833 8026.

The National Prescribing Service Limited (NPS) is an independent, non-profit organisation for Quality Use of Medicines funded by the Australian Government Department of Health and Ageing.

## CHRONIC CARE

### Diabetes workshop improves care for isolated patients

WentWest, in collaboration with the Sydney West Area Health Service (SWAHS) and local General Practices, has established a diabetes workshop for patients who have difficulty accessing clinical services.

The program aims to educate low-risk diabetes patients on ways to control their blood sugar levels and other related health issues to avoid long term complications.

WentWest identified isolated areas where existing diabetic patients were having difficulty accessing the service due to a lack of public transport. Data provided by the public health diabetes clinic indicated that a large number of referrals from low-risk diabetes patients were waiting up to eight weeks for services.

Dr Govinda Family Practice in Berala agreed to participate in the program along with Practice Nurse,



Maggie Wong, Practice Nurse at the Dr Govindan Family Practice in Berala, providing a patient consultation through their diabetes clinic

Maggie Wong, who has been running a diabetes clinic at the practice since March 2010. The practice identified suitable diabetes patients and recalled them for the clinical workshop. Shirley Koh, a diabetes educator from the Auburn Hospital SWAHS

diabetes clinic, delivered a one-hour educational session to the patients.

Thirteen patients attended the educational session, where they participated in a comprehensive, interactive and practical discussion on better ways to manage their diabetes. WentWest facilitated the workshop and provided each patient with a pedometer and resource materials from Diabetes Australia.

Following the success of the diabetes workshop, further educational sessions in other areas are being planned. WentWest will also be working with local health professionals to better manage the condition through its SHAPE Diabetes Support Service.



### Student nurse clinical placements

WentWest, in partnership with the Australian Catholic University and University of Western Sydney, is promoting 'Nursing in General Practice' as a career option for nursing students through clinical placements in General Practices.

The General Practice placement requires 120 hours of negotiated clinical practicum, supervised by a preceptor who has to be a Registered Nurse (RN), and split over the entire semester within a General Practice setting. Student nurses are required to follow or mirror their RN preceptor's individual roster, with a maximum of 40 hours per week.

Benefits to GPs include:

- Nurses assist GPs with writing care plans;
- Nurses assist with gathering patient history from new patients;
- Nurses can undertake 'observations' ready for the GP visit;
- Nurses can provide patient education;
- GP gets to spend more time on clinical interventions and complex cases.

With a new semester starting for student nurses now, seven expressions of interest have been received from General Practices interested in a student nurse placement.

If you are interested in a student nurse placement contact your WentWest Area Services Coordinator or phone (02) 8833 8000.

For more information regarding the role of nurses in General Practice, review the '2009 Nursing in General Practice Recruitment and Orientation' resource at: [www.wentwest.com/public/practice\\_nursing.asp](http://www.wentwest.com/public/practice_nursing.asp)

## Cold Chain Management – tips for your domestic refrigerator

As a vaccine service provider having an efficient vaccine storage management system is vital to ensuring patients are receiving effective health products.

Cold chain management is the system of ensuring vaccines remain within the safe temperature range of +2C and +8C from the time of manufacture to the time it is given to the patient.

Vaccines are very delicate substances and freezing, heat and sunlight may result in vaccines becoming ineffective. For this reason it is vital that the practice refrigerator is managed effectively.

Domestic refrigerators are designed to store food; however, if modified correctly it can make a safe storage place for vaccines. Some steps you can follow to ensure a well-managed domestic fridge include:

- Ensuring the fridge is placed out of sunlight and is accessible to staff only;
- Ensuring the power source is marked clearly to prevent it being accidentally turned off;

- Placing ice packs or water bottles in the freezer and place water bottles in the lower draws and door of the fridge to assist in stabilising the temperature;
- Logging the fridge temperature twice daily so you can identify any problems in your refrigerator and adjust accordingly;
- Placing freeze-tolerant vaccines in the shelves identified as being the coldest and the freeze sensitive vaccines on the shelves identified as having more stable temperatures;
- Using your thermometer to identify these cold spots;
- Storing the vaccines in enclosed plastic containers in their original packaging. The enclosed containers help stabilise temperatures and act as a buffer to outside conditions;
- Keeping vaccine stock to a minimum. You can do this by using the following formula: (Quantity required) – (the amount left over) + 10% of the quantity used in the last period.

Following the above points is a step towards better vaccine storage and quality health care for your patients.

## Are you interested in employing a General Practice Nurse?

**Date:**  
Tuesday, 23rd November 2010

**Venue:**  
Clarion Hotel on the Park  
Parramatta (formerly known as  
the Courtyard Marriott),  
18-40 Anderson St Parramatta

**Time:**  
7.30–8.30pm (Dinner and  
Presentation)

8.30–9.30pm (Networking  
opportunity with Nurses)

**RSVP:**  
By 17th November  
to WentWest on  
(02) 8833 8000 or email:  
[support@wentwest.com.au](mailto:support@wentwest.com.au)



Enjoy an evening with dinner  
and opportunity to meet Nurses  
who are interested in working  
as a Practice Nurse.

## Coping with adverse events in General Practice

Safety and high quality in patient care should be promoted by discussing errors and near misses openly with colleagues and the practice team to prevent them from happening again.

A no-blame culture within the practice team leads to safe patient care and fosters quality improvement. Slips, lapses and mistakes, which are not appropriately dealt with, may expose patients to an increased risk of adverse outcomes, and practitioners to an increased risk of medico-legal action.

When an adverse event occurs, GPs and practice staff might experience a fight or flight response. Fight or flight is the normal human response to a fearful situation and examples of how these could be exhibited include: blaming other people, avoidance, denial, shame and guilt.

Various feelings amongst GPs and the practice team could be common such as in relation to themselves, their peers, patients, statutory bodies and medico-legal issues.

Following an adverse event, health professionals involved could go through the stages of a grieving process and experience feelings such as: denial, anger, bargaining, depression and acceptance.

Strategies for coping with adverse events include:

- Openly acknowledging the potential for error in General Practice and that responding to errors is necessary for ongoing learning;
  - Being supportive and constructive to colleagues when they are involved in an adverse event;
  - Having practice principals or senior GPs talk about past mistakes with less experienced GPs is particularly effective, and provides a mandate for such discussions to occur at other times;
  - Accepting that the need for support is not a sign of weakness – GPs and practice staff need to be resilient, but most people are grateful for the support of colleagues when an adverse event occurs;
  - Developing an agreed policy on open disclosure in your practice and providing clear guidelines as to how adverse events are to be managed.
- Having a proper risk management policy in place, including the management of adverse events, is achieved through the application of management policies and processes to enable the systematic identification, analysis, treatment and monitoring of risk.

For more on this topic refer to the Practice Management session of our website. If you have any comments, feedback or suggestions, please email: [alex.mclaren@wentwest.com.au](mailto:alex.mclaren@wentwest.com.au).

We also recommend downloading the guide: <http://www.wentwest.com.au/public/documents/Guide-RegainingTrustafteranadverseevent.pdf>

### Have you completed the WentWest Workforce Survey?

Western Sydney is facing health workforce concerns, especially in our most socially disadvantaged communities. These include:

- Lack of female GPs;
- Large numbers of GPs nearing retirement;
- Difficulties recruiting and retaining Practice Nurses;
- Declines in cervical screening rates and provision of asthma and diabetes cycles of care; and
- Capacity shortages around after-hours and aged care.

In an effort to improve the support we provide to Practices and to increase access to primary healthcare, WentWest sent a survey to GPs requesting information on health workforce issues. The survey is two pages and should take no more than 20-30 minutes to complete.

Completed surveys are required by 1st November to our fax line: (02) 8833 8019.

Survey results will allow us to design targeted solutions aimed at addressing workforce issues in our communities by:

- Helping Practices with recruitment and retention difficulties;
- Increasing Practice efficiency;
- Informing allied and community health practitioners of workforce issues in their areas.

For more information, please contact Libby McCardle at: [libby.mccardle@wentwest.com.au](mailto:libby.mccardle@wentwest.com.au) or call (02) 8833 8037.

### RACGP Standards

For all General Practice professionals who want to improve care and patient safety, the RACGP Standards provide an overview of the important elements of a General Practice.

The Standards includes information on: the support of high quality and safe comprehensive care; the rights and needs of patients; quality improvement and education processes; and the physical aspects of a practice.

The Standards provide a structured way for a practice to assess itself in relation to quality and safety, before considering what changes may need to be made. Achieving the Standards demonstrates that a practice is providing high-quality, safe and effective care

as determined by the profession.

Using the Standards provides an opportunity for the GPs and their practice team to come together to consider quality improvement.

Engaging in quality improvement and meeting the RACGP Standards demonstrates to your patients that your practice is serious about providing the highest quality and most comprehensive care possible. Read more on the Standards at: <http://www.racgp.org.au/standards>.

If you require assistance with accreditation or would like WentWest to conduct a confidential pre-assessment of your practice, email: [support@wentwest.com.au](mailto:support@wentwest.com.au) or contact us on (02) 8833 8029.

## EDUCATIONAL PROGRAM

	DATE	TIME	EVENT	VENUE
OCT	Wednesday, 20th October	12.30–2.00pm	Blacktown Medical Practitioners' Association (BMPA) Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Tuesday, 26th October	6.30–9.30pm	Best Practice – Clinical Users Workshop	WentWest Offices, Level 3, 20 Wentworth St, Parramatta
	Friday, 29th October	12.30–2.00pm	Mount Druitt Medical Practitioners' Association (MDMPA) Midday CPD	Jade House, cnr Mt Druitt Rd and The Avenue, Old Mt Druitt
NOV	Wednesday, 10th November	12.30–2.00pm	Parramatta/Holroyd Monthly CPD	Parramatta Workers' Club, 163-165 George St, Parramatta
	Wednesday, 17th November	12.30–2.00pm	BMPA Midday CPD	Chopsticks Restaurant, 6 Ash St, Blacktown
	Friday, 19th November	12.30–2.30pm	Keep Them Safe	Rooty Hill RSL, 55 Sherbrooke St, Rooty Hill
	Tuesday, 23rd November	6.30–9.30pm	Practice Nursing: Work-life Balance	Courtyard by Marriott 18-40 Anderson St, Parramatta
	Wednesday, 24th November	7.00–9.30pm	CPR Training	The Holroyd Centre, 17 Miller St, Merrylands
	Thursday, 25th November	6.30–9.00pm	Risk Management	Courtyard by Marriott 18-40 Anderson St, Parramatta
	Friday, 26th November	12.30–2.00pm	MDMPA Midday CPD	Gosing Chinese Restaurant, 19 Rooty Hill Rd, North Rooty Hill
	Tuesday, 30th November	6.30–9.30pm	Best Practice – Reminders and Letters Workshop	WentWest Offices, Level 3, 20 Wentworth St, Parramatta

## HEALTH AWARENESS EVENTS

	EVENT	DATE	LOCATION	MORE INFORMATION
OCT	beyondblue Anxiety and Depression Awareness (ADA) Month	All month	Nationally	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
	Mental Health Week	10-16th October	Nationally	<a href="http://www.waamh.org.au">www.waamh.org.au</a>
	National Nutrition Week	10-16th October	Nationally	<a href="http://nutritionaustralia.org">http://nutritionaustralia.org</a>
NOV	MOvember – Changing the Face of Men's Health	All month	Nationally	<a href="http://www.movember.com/">www.movember.com/</a>
	Lung Health Awareness Month	All month	Nationally	<a href="http://www.lungfoundation.com.au">www.lungfoundation.com.au</a>
	World Diabetes Day	14th November	Worldwide	<a href="http://www.diabetesaustralia.com.au">www.diabetesaustralia.com.au</a>
	World Aids Day	23-30th November	Worldwide	<a href="http://www.un.org">www.un.org</a>
	International Day for the Elimination of Violence Against Women	25th November	Worldwide	<a href="http://www.un.org">www.un.org</a>



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