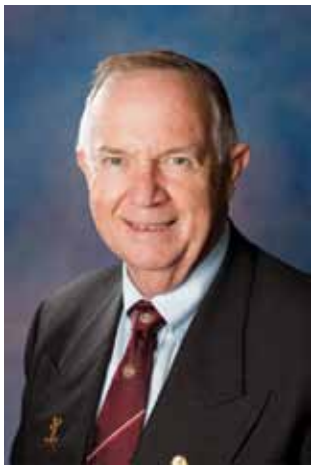
SCLMA
SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
Newsletter
April 2012

SCLMA President's Message ...
Dr Wayne Herdy



The recent State election gave birth to a new Cabinet.

This LMA had hoped that one of our local candidates might have been appointed Minister for Health. We had a disappointment but an unexpected pleasant surprise.

The new Minister for Health might not be a Sunshine Coast local, as we had hoped, but we do have the consolation that Lawrence Springborg is a country boy and might give more attention to rural and regional health resources (although we don't forget that Geoff Wilson was also from a rural background and did not seem to favour country areas any more than his predecessors).

The unexpected bonus was the appointment of his deputy – Chris Davis is not only a real doctor but has a long and distinguished history serving AMA principles, including years as Chair of AMAQ Branch Council and a year as AMAQ President. While he might not necessarily be able to give favour to AMA values, at least he will understand them intimately.

The change of State government has put the process of Local Hospital and Health Networks into pause mode, but we expect the process to resume shortly, and we are hopeful that the new government will demonstrate a more doctor-friendly approach (or at least one more understanding of the practical and philosophical issues pervading the health industry.

Wayne Herdy

The Sunshine Coast Local Medical Association sincerely thanks Sullivan Nicolaides Pathology for the distribution of the monthly newsletter.

Sullivan Nicolaides PATHOLOGY

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The Sunshine Coast Local Medical Association welcomes contributions from members, especially ***'Letters to the Editor".***

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Change of deadline dates The new date for all contributions will be 15th day of each month.

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ARE YOU A MEMBER?

If you are not a member please complete the application form in this newsletter.

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself **Enquiries: Jo**
Ph: 5479 3979 or 0407 037 112
Email: jobo@squirrel.com.au

REDUCTION!

Membership has been reduced to **half price** for 2012 with $55 for full membership with a sliding scale including free to doctors-in-training.

MONTHLY CLINICAL MEETINGS

Maroochydore Surf Club Function Room
Alexandra Parade, Cotton Tree.
6.30pm for 7pm - 9pm

THURSDAY 26 APRIL 2012

Presenter: Dr James Moir
Topic: 'Abnormal Vaginal Bleeding - Medical and Surgical treatment'.
Sponsors: Bayer, Gytech, IVF Sunshine Coast & Nabhealth

THURSDAY 24 MAY 2012

Presenter: Dr David McIntosh
Topic: 'Implications of ignoring childhood upper airway obstruction"
Presenter: Dr Vas Srinivasan, Orthodontist

THURSDAY 28 JUNE 2012

Presenter: Dr Shyam Sunder
Topic: TBA
Sponsor: TBA

THURSDAY 24 JULY 2012

Presenter: Dr Peter Nash
Presenter: Dr Dave Nichols
Topic: TBA
Sponosr: Abbott

SATURDAY 11 AUGUST
SCLMA CHRISTMAS FUNCTION
THE YACHT CLUB

THURSDAY 23 AUGUST 2012

Presenter: Dr David Colledge
Presenter: Dr Peta HiggsMcIntosh
Topic: TBA
Sponsor: Medtronic

ENQUIRIES:
Jo Ph: 5479 3979
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Meeting attendance: Free for current members. Non members: $30. Application forms available on night.

EDITOR'S CORNER

The state elections are now well behind us and we have a new Health Minister. We will see what that brings. I am sure everything will remain on track and the new Sunshine Coast University Hospital will proceed as planned.

We have received a few letters and comments through the annual newsletter survey and I thank you for keeping us informed. It really is your newsletter and I would strongly encourage you to use it as a good communication tool.

Nambour General Hospital is buzzing along and continues to provide a good service to the wider Sunshine Coast community. From an Oncological point of view we are busier than ever. We have noticed an increase in both upper and lower GI malignancies since more screening and scoping has taken place. The gastroenterologists continue to provide an exemplary service stretching from Gympie to Caloundra.

So sit back and enjoy reading the April issue of the SCLMA newsletter.

Dr Marcel Knesl
Editor.
mknesl@oceaniaoncology.com

Stop Press:

Newsletter surveys are still being collated - however preliminary results of popularity are:

1. **Local News**
2. **Meeting Information**
3. **President's Report**
4. **Letters to the Editor**
5. **New Members**

EXCELLENCE IN CLINICIAN-LED IMPROVEMENTS IN OUR PATIENTS' EXPERIENCE

ECLIPSE
THE CLINICAL SERVICES REDESIGN TEAM

MY TICKET HOME _____

I WILL BE GOING HOME ON _____ day the __/__ AT 10'CLOCK	I MAY NEED TO WAIT IN THE TRANSIT UNIT FOR MY FAMILY

THE DOCTOR WHO WILL BE DISCHARGING ME FROM HOSPITAL IS:

I WILL BE TAKEN HOME BY:			THIS IS ARRANGED	YES	
I AM WAITING FOR: (tick)					
Blood results	Yes	No	X-Rays	Yes	No
My physiotherapist	Yes	No	Not needed	**ANYTHING MY FAMILY OR I WANT TO TALK ABOUT**	
My CHIP Nurse	Yes	No	Not needed		
My Occupational Therapist	Yes	No	Not needed		
My Speech Pathologist	Yes	No	Not needed		
My dietician	Yes	No	Not needed		
My social worker	Yes	No	Not needed		
Other	Yes	No	Not needed		
BEFORE I GO HOME I NEED TO CHECK					
My medications have been explained	Yes	No	Not needed	They will cost	
My discharge summary is organised	Yes	My out-patients appointment is arranged		Yes	
I have collected all my valuables	Yes				
MESSAGES FOR MY FAMILY					

DISTRICT LINK - APRIL 2012
with Kevin Hegarty - The Eclipse

(Excellence in Clinician-Led Improvements in our Patients' Experience) clinical redesign project has been identifying innovative ways of improving patients' journey and flow throughout the District's facilities.

The whole ECLIPSE process has been driven by staff who are directly involved in patient care. They have identified the issues, developed the solutions and are now implementing them. Significant contributions are being made by medical, nursing, allied health, administrative and operational staff to improve patient care and patient flow.

The introduction of a "Ticket Home" process has seen co-ordinated discharge planning that actively engages patients and their family and carers in their discharge planning. This ensures patients and their families are aware of and working towards Estimated Date of Discharge, together with their care team. This has already seen empowered patients highlighting needs and discussing issues proactively. It also ensures allied health interventions and discharge scripts occur at the appropriate time. Feedback from patients has been positive and reflects their keenness to be involved.

Another related, but separate initiative addresses the need to make beds available to patients awaiting admission as soon as possible. The "Two by Ten" Program has wards making sure that patients that are ready for discharge are actually discharged by 10.00am. As the name suggests, each ward has the objective of achieving two such clinically appropriate discharges by mid morning.

Of significance, is the fact that since these initiatives were introduced on 27 February, there have been decreased instances of bed block preventing the flow of patients from the Nambour Hospital emergency department.

I am pleased to confirm that all three of the short listed PPP consortia for the development of Sunshine Coast University Hospital submitted bids on 28 February. The intensive evaluation process is already well underway. This, together with the construction work occurring on the collocated private hospital, makes our journey to being a tertiary service provider very real and heightens the excitement. The direct involvement of our senior clinicians in the bid evaluation process is a unique process and one that will ensure the best outcome.

Kevin Hegarty, District CEO
Sunshine Coast Health Service District
kevin_hegarty@health.qld.gov.au

Huge apology to David Saunders of City Style Constructions for placing an older advert last month which had an incorrect email address.
This month's will be a freebie David to atone!
Email: citystylecon@yahoo.com.au

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Richard Kidd

On the day Mr Campbell Newman announced the Queensland Cabinet AMA Qld congratulated the new Minister for Health, Mr Lawrence Springborg and the Assistant Minister for Health, Dr Chris Davis – an active geriatrician and past president of AMA Queensland.

While we look forward to working constructively with them to fix Queensland Health we will be firm in holding them to account.

AMA Queensland has met with both ministers since their appointments and raised a number of key issues with them including improving access to paediatric ENT services, reducing long waiting times for elective surgery and increasing investment in mental health following more than a decade of underfunding.

Mr Springborg and Dr Davis have been given copies of our Seven Stiches to Fix Queensland Health document, which offers solutions to the system's most troubled areas; a disengaged health workforce, a crippled public hospital system, an underfunded mental health system, an unplanned medical education program, a hospital system disengaged with general practitioners and the lack of adequate services to whole areas of our society – indigenous and rural.

I commend all our members download and read this document from the AMA Queensland website.

www.amaq.com.au

AMA Queensland will work hard to ensure Government implements Local Health and Hospital Networks (LHHN) with appropriate relationships to Medicare Locals and Lead Clinician Groups to deliver increased capacity with better delivery of care and services to patients as measures of success. Underpinning this, AMA Queensland recommends senior positions in all hospitals should be a medical appointee who is involved in patient care.

At a local level Sunshine Coast Hospital University Hospital must be a priority for the new Government and we will flag with the Minister the importance of building the Sunshine Coast University Hospital as quickly as possible.

We intend to produce a 100 days of new government report for health and use our Seven Stitches to Fix Queensland Health as one of our yardsticks.

Health is everyone's business and it is time for real leadership and action from this new Government to ensure our patients receive "the right care, in the right place, at the right time".

Dr Richard Kidd
AMA Queensland President

Update from Sandra Peters Sunshine Coast Division of General Practice Ltd GP Liaison Officer (GPLO)

Since starting in this role as the GPLO at the end of January I have been on the rapid ascent at the start of the learning curve! I shall endeavour to accurately represent the views of the wider general practice community locally as I interact with the public hospital system. In order that I may do so.

I encourage you to make your views known to me by e-mailing **speters@scdgp.org.au** or calling the office (07) **5456 8888** between 8:30am and 4:30pm on a Wednesday for a chat.

Communication is the key to a smooth transition of care from community to hospital and back to community. There are two potential "points of failure" – at referral and discharge. As primary care physicians we have a responsibility to ensure that our referrals contain the salient and relevant details of history and clinical examination, a summary of treatment tried and current up to date medication list, copies of investigation results and the reason for referral. I believe that we all strive to achieve this.

Hence a quick glance at the Referral **Work-up Guide** for General Practitioners should be all we need for most referrals to ensure they contain the information necessary for timely triaging of the patient into a category of urgency at the Specialist Outpatient Department.

With regard to the discharge summary, there has been a huge amount of work done locally to improve the timeliness of the discharge summary. Unfortunately due to a formatting issue the presentation of the summary when it arrives in our inbox leaves a lot to be desired.

Please send me your thoughts as to the current clinical content and suggestions for format in the new improved version!

Whilst we do not have any shared clinical records between primary care and hospitals, it would be useful if our complex and chronic care patients carried an up to date summary with them to hospital/specialist appointments at all times.

It may be timely to remind these patients of this at this time as the PEHR seems to be on hold for the foreseeable future.

What a great night at the Meet and Greet the Specialists from Nambour General Hospital on 28th March. It was a gathering of thirty Doctors attending from the Orthopaedic and Paediatric Departments and General Practice. There was time for exchange of information of general and specific clinical nature, service delivery news between these care settings and getting to know one another. We are grateful for the support of our local District Specialists in providing informal presentations and to all doctors for your attendance and support.

Yours in health!

Sandra Peters

The Sunshine Coast Private Hospital at Buderim

MAJOR OPERATION AT THE SUNSHINE COAST PRIVATE HOSPITAL BRINGS $20 MILLION BENEFIT TO REGION

After helping thousands of Sunshine Coast patients since 1980, it's now time for The Sunshine Coast Private Hospital at Buderim to have some work done themselves. The facility is currently undergoing a $20 million operation which, on completion, should see the hospital revitalised and ready to handle the challenges of our expanding population.

A new stand-alone Mental Health Unit is being built, along with a new Maternity and Women's Health Unit, and the existing Intensive Care and Critical Care Unit is being expanded.

"This additional work is part of UnitingCare Health's commitment to the Sunshine Coast," said General Manager Terence Seymour. "The Sunshine Coast Private Hospital at Buderim is a not-for-profit facility where any additional funds go back into improving the hospital's equipment and facilities to keep up with the demands of a growing and ageing population," he said.

The new Mental Health Unit is currently under construction. Despite some weather-related delays it is expected to open before Christmas. It will be the largest mental health unit outside Brisbane, with 33 beds. The building will have a five star hotel feel with rooms especially dedicated to music and creative art therapy . The lower level will be dedicated to the Hospital's successful Mental Health Day Programs for anxiety and depression.

Work is also well underway on the new Maternity and Women's Health Unit, which will expand capacity to 20 beds. All rooms will feature double beds, allowing the father to stay overnight, and the latest comforts. There will be three birthing suites, all with water birthing facilities. The Hospital also features a Level 4 Special Care Nursery .With eight consulting obstetrician/gynaecologists this new facility will cater for the birth of more than 1,200 babies each year.

The third stage of these major works is the expansion of the Intensive Care and Critical Care Unit. This project, which is in the planning process, will see the existing unit increase from eight beds to a total of 14.

"These three projects are the latest stage in our expansion, and will see almost $20 million poured into the facility, bringing huge benefits to the local economy in terms of construction jobs and long-term employment of additional medical staff," Mr Seymour reported. "The Sunshine Coast Private Hospital is consistently rated amongst the top 1% of Australian hospitals, and these improvements can only enhance our ability to look after the people of the Sunshine Coast to the highest possible standard," he said.

MEDICAL MOTORING

with Doctor Clive Fraser

Driving in Denmark

"Bluetooth - Bridging connections"

The Oresund Bridge connecting Denmark and Sweden is undoubtedly an engineering marvel.

For millennia the only other way across the Baltic Sea had been by boat.

But on July 1st 2000 the world's longest cable-stayed roadway bridged the gap between Malmo and Copenhagen and the rest of Scandinavia finally joined mainland Europe.

For 285 Danish Kroner ($49 AUD) you can pay the toll plus a cab fare and travel across a Scandinavian border.

And from the deck of the bridge the water doesn't seem that far below.

That was until I mistakenly asked the Danish taxi driver how far exactly above the Baltic we were.

I should have been happy with his first answer which was that the bridge was tall enough to allow the Queen Mary 2 to pass underneath.

But I knew that the Queen Mary 2's funnels were 62 metres above the water-line and it just didn't seem that far down as we made a steady pace across the bridge.

It was at that point that the Danish taxi driver told me that he'd check straight away whilst he mumbled something about the QM2's funnels being able to be lowered.

Well we all know how dangerous it is to talk on a mobile phone whilst driving, even in Denmark.

And texting whilst driving is arguably even worse.

But my taxi driver seized upon the opportunity to Google up the answer on his 3G smart-phone (whilst driving).

With both hands and his brain fully occupied on his iPhone, it was left up to his knees and lower limbs to keep the taxi's steering wheel on track.

Picturing us plunging into the Baltic I suddenly announced that my question about the height of the bridge didn't really matter, but the taxi driver's belief that his country had built the biggest and best bridge in the world would not allow him to sit back and just drive the cab.

His persistence reminded me of how many other drivers that I'd seen in Denmark talking, texting and surfing on their phones whilst driving.

You see in Denmark there is a hefty fine of 1,500 Danish Kroner ($260 AUD) for doing any of the above, but the offence is not policed strongly and the Dane's don't like to be interfered with.

Another example of this is the fact that they don't have fixed speed or red light cameras in Denmark.

Apparently attempts to introduce them in 2008 were met with guerrilla war-fare and the devices were quickly disabled in mid-night raids by free-spirited Danes.

This seems incongruous with the fact that the Danes happily register almost every other aspect of their lives in Government databases which provide a rich source of data for demographers and epidemiologists.

So how did I get the taxi driver to put his smart-phone down and concentrate on driving the cab?
Well, I asked him another question about the cultural significance of the Oresund Bridge's construction and he told me about the last attempt to bridge the divide between Denmark and the rest of Scandinavia,

You see King Harald of Denmark (aka "Bluetooth") united the Danes with the Norwegians in the tenth century in an attempt to stave off domination from the Germans.

"Bluetooth" in retrospect may have been a sufferer of the autosomal recessive disease alkaptonuria, one of the four in-born errors of metabolism described by Sir Archibald Garrod in 1902.

MEDICAL MOTORING /cont:

In modern times Bluetooth became the name that the Swedish company Ericsson used to describe a short-range wireless technology that connected PC's and mobile devices with the logo reflecting the stylized initials of King Harald.

And looking more closely at the silhouette of the Oresund Bridge I noticed that it mimicked the Bluetooth logo as well.

With the iPhone still in his hand, I didn't dare debate any of this with the Nordic taxi driver!

Meaning that the captain of the Queen Mary 2 would shave five metres off his funnels (which don't lower) if he attempted to sail underneath the Oresund Bridge, but please don't try to argue this point with your Danish taxi driver!

Safe motoring,

Doctor Clive Fraser
doctorclivefraser@hotmail.com

The Oresund Bridge
Specifications:

Total length = 7,845 metres
Longest span = 490 metres
Width = 23.5 metres
Clearance below = 57 metres

Mental Health in Children – such a complex field

The Children's Mental Health Network is set to meet again ....

Date: **Wednesday 2nd May**
Time: **6.00pm**
Venue: **Nambour High School**

Previous meetings have been well attended by an enthusiastic mix of paediatricians, GPs, speech therapists, child psychiatrists, social workers, psychologists and guidance officers.

The mental health of children (aged 4-13) is such a complex field and the network provides an opportunity for practitioners to get to meet with each other and discuss relevant topics.

Next meeting's topic will be "Distress, Relationships and Ways of Coping" presented by locals, Dr Brenda Heyworth and Julie Stirling, who'll then be joined by Andrew Wood and Wendy Campbell to present a case with complexity whom they have all shared care.

If you would like to become involved in this network or for more information, contact :
Emma Tunstall on 5476 3477
or email Lydia Venetis at l.venetis@mhpn.org.au

"Acid Trip"

dr. plonk

The discussion of acid in wine can be a caustic topic amongst wine makers and in particular wine judges. It is bandied around by those who are keen to espouse their wisdom on willing subjects. Comments on its levels and effects on the wine immediately elevate you into another level of wine boffin. Acid and fruit sugars are a little bit like the yin and yang of Asian spirituality, one can't exist without the other unless in the right harmonious balance. Too much acid and you may as well have some lemon sherbet.

The most common fixed acids found in grapes are tartaric, malic and lactic with acetic being known as volatile acid. Heading back to chemistry 101, the pH is the measure of free acid and the lower the number the more free hydrogen ions are swimming around. Sparkling wines range from pH 3-3.5, whites 3.2-3.6, and reds 3.5-3.7. Where fruit ripens easily, such as Australia, acid can be added to balance sugar levels. But in cool climates like France you can add sugar but not acid. Acid is usually added at fermination but can be at any stage. The other important job of acid is to help keep unwanted bacteria out and act as a long term preservative.

An important bacterial process is the conversion of Malic acid, which is tart like green apples and softens to a less hydrogenous sate in the form of Lactic acid. Almost all red wine goes through this process with Chardonnay being the only white wine encouraged to undergo this. The wine maker can vary how much zing he wants his wine to have by cooling the process or using some commercial techniques to stop the bacterial process.

One of the world's great grapes that has lost favour, particularly in Australia, is Riesling. The acid levels are the back bone of this wine and indicate its ability to cellar well. Originally grown in Germany in less than ideal conditions, such as cool temperatures, slate and rocky soil with mountain goat terrain, Riesling is a magical wine.

Picked early with low sugar and high acid, these drier styles will age for many years. They will display early floral and grassy notes that later develop hints of honey, nuts and kerosene like nuances. They also have low alcohol contents of 7-12%. When left to ripen a little longer, high residual sugars are ethereally balanced by the acid back bone. The super sweet style is achieved by over ripening and the reduction of water by a fungus known as Botrytis or freezing, known as ice wine.

Australian Rieslings are the best value wine in the world. Spending $20-$30, you will get a wine that is a pure expression of the land and climate it comes from, minimal wine maker influence and a wine that will either drink well immediately with Thai grilled scallops or an ageing white that will morph into an elegant eclectic wine. Jancis Robinson MW, a leading wine writer, has Riesling tattooed on her right forearm. I don't think she has any piercings or rides a Harley though. Riesling is cool by her standards. The coolest Riesling maker in the land is Kerri Thompson from Wines by KT in the Clare Valley. Her individual vineyard wines sell out fast as she often only makes 200 dozen of each. The Clare valley wines have a lime zestiness and full mouth flavour, whilst the other major region is Eden Valley, has wines that have more lemon notes and sharper acid structures. Tasmania makes cracking cool climate Riesling.

Recommended Wines

- White – 2008 Dr Loosen Bernkesteler Lay Kabinett Riesling
- Red – 2008 Grahems Blend Bendigo Shiraz Cabernet - 2010 Delatite King Valley Reserve Pinot Noir

King of Kings Seafood Yum Cha Restaurant
2F 175 Wickham St
Fortitude Valley
07-3852 1889

Fast cars and Yum Cha, what do these 2 have in common. Nothing really, except a couple of weeks ago, I was the guest of a good friend of mine who was invited to the launch of the new Porsche 911.

Now for Porsche enthusiasts this was a big deal! This is only the 3rd time in the history of Porsche that a whole new 911 platform has been produced.

The evening in true Porsche style was very avant-garde, a bit of James Bond in Fortitude Valley. Champagne, imported Italian beer- Peroni, a bit strange for a German car launch, and beautiful canapés, ensured Porsche enthusiasts remained happy and order books remained full.

At $'s upwards of $250K, it's a bit of a stretch. Yum Cha at $70, sounded far more affordable.

Yum Cha is also known as Ban Ming, in Cantonese literally meaning "drink tea". It is a Chinese style of morning or afternoon tea, which involves drinking Chinese tea and eating dim sum dishes.

Dim sum refers to the wide range of small dishes, whereas Yum Cha refers to the entire meal.

Dishes are typically steamed or fried and may be savoury or sweet. Typical dishes include steamed buns, assorted dumplings and rice noodle rolls. Ingredients range from beef, chicken, pork, prawns and vegetables.

Some of the best dim sum can be found in Cantonese restaurants in Hong Kong, but if that is not on your itinerary, then China Town in the Valley and 'King of Kings' should be your spot.

The Chinese tea arrived and we started to explore the hidden ingredients of Yum Cha. All sorts of dim sum dishes arrived at our table. It's up to you to choose which dish you would like. We tried them all. Steamed half shell scallops in XO sauce, Szechuan chilli, ginger and shallot. (XO sauce is spicy seafood sauce made from ingredients which include dried scallops, red chilli, Jinhua ham, dried shrimp, and garlic and canola oil). Abalone, sea cucumber and shark fin dishes, steamed prawn dumplings, beef tripe in special sauce, deep fried squid tentacles, steamed BBQ pork buns and the house favourite chicken feet in black bean sauce.

Well, chicken feet in black bean sauce?? ? Here I started to draw the line. I settled on eating the bit between the toes and the top of the leg. I could not face the little toes. They come prepared in a sweetened batter and you actually suck off the little bits of meat, leaving the little crunchy bones behind. Ok I did it!!!

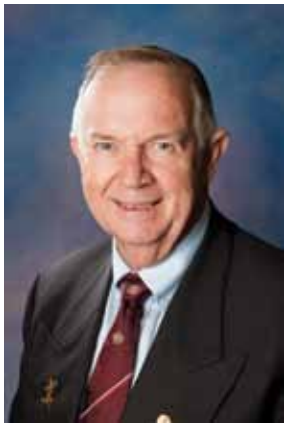
Overall it's a great evening out. The cuisine is varied and as true westerners you will be left asking for more steamed BBQ pork buns and less of the chicken feet, but hey, that's what life is all about. A wonderful mix of cultures to be enjoyed by all.

Sihk Faahn (Bon Appetit)

Marcel

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy



The Patient –Controlled Electronic Health Record (PCEHR is now customarily but irreverently pronounced "pecker") is due to be born on 1st July, after a decade-long gestation period. Will it be stillborn or a strong healthy baby with infinite growth potential?

The signs are not auspicious.

The medical profession has balked at the concept of patent control.. If a patient controls the content, then doctors fear that the record will lack clinical relevance. Patients will want to include material that is irrelevant to real clinical decision-making. Other patients will want to conceal some history – STD's and abortions and drug or alcohol abuse are embarrassing and sensitive but highly relevant to diagnosis and management. We have no objection to patients controlling who has access to the record – but we will be suspicious when a patient refuses to allow us access. What other conduct would you expect of a doctor-shopper?

The initial launch of the PCEHR proposes to polulate the demographic fields and little or nothing more. So why would a clinician spend valuable consultation time exploring a database that discloses name and address and other identifying data that is already on the file created by our reception staff?

The Shared Electronic Health Record (and I deliberately distinguish between the SEHR and the PCEHR) is much wanted and needed –and it is an embarrassment to both the medical profession and the IT profession that we have been unable to apply secure database management that banks have applied successfully for a long time, with only a few breaches of security or reliability... The process has to start somewhere, so let the games begin…….

AGED CARE REFORM.

The Commonwealth government has finally bitten the bullet and announced aged care reform.

The official AMA response to the Living Longer Living Better plan welcomes the extra dollars and the concept of allowing elders to live in their own homes longer, but reminds us that even more dollars are needed and expresses concern that the medical component of aged care has been overlooked.

The non-AMA Wayne Herdy response is not so kind or diplomatic:

1. If the government expects tomorrow's patients, with needs equal to today's nursing home patients, to achieve equal care in their own homes, the issue of manpower needs more thought. At a time when we struggle to get GP's (let alone geriatricians or other specialists) to visit nursing homes, we expect to struggle even more to get those reluctant doctors to visit patients' homes, where hourly rates of earning will be even poorer, and access to the simplest medical resources such as ear syringes will be poorer again. Even if incentives were created to get doctors to do more home visits, we do not presently have the manpower to meet the need. Likewise, nurses and allied health personnel will not be able to provide individual home visits with the level of care now expected in nursing homes. A partial answer is to provide transport to take patients to the health professionals, but this is almost as expensive and will be at least inconvenient and uncomfortable for patients who presently qualify for residential care.

AMA COUNCILLOR'S REPORT / cont:

Dr Wayne Herdy

2. A major component of nursing home care revolves around medication management, especially the need for a clinician (ie a real nurse) to exercise discretion based on clinical assessment before making decisions about use of prn medications. Any GP with a nursing home practice knows the frustrations of dealing with pharmacies servicing nursing homes. Those problems will be magnified by an order of magnitude when each patient's home becomes a nursing home from the pharmacy supply viewpoint.

3. The government overlooks the large number of telephone calls from nursing homes to GP's. Many questions arise in daily nursing management, but in a nursing home the GP at least has the benefit of some level of nursing expertise before the telephone call comes. If a patient's condition changes in a house with no trained nurse, will the GP have the advantage of basic observations such as temperature, BP, pulse and urinalysis before the phone call is made?

The government's plan will focus on keeping elders in their homes longer. This is what most patients want – and I would want it myself. But is the government motivated by human compassion, or are they simply aiming to reduce the level of capital outlay on specialized buildings without taking the politically unpalatable step of making patients sell the family home to pay for their own care?

While some of the information herein is acquired from the AMA environment, the opinions expressed herein remain those of your correspondent.

Wayne Herdy

Platelet-rich Plasma Injections
Dr Scott Masters and Dr Matt Dwyer
Caloundra Spinal and Sports Medicine Centre (CSSMC)

Tendinopathies can be a persistent problem for many patients despite the best efforts of health professionals. Any emerging therapy that may assist recovery needs to be closely examined and platelet-rich plasma (PRP) is showing great promise in treatment resistant tendinopathy.Its use amongst high profile sporting professionals has put in the spotlight recently although it has been in use for over 21 years.

Theoretically there are good reasons why PRP should speed up tendon repair. Tendons are slow to repair once injured often due to inadequate growth factors in the tissue. PRP has concentrations of platelet derived growth factor, transforming growth factor beta and vascular endothelial growth factor four to six times that of whole blood. It has shown impressive results in vivo with transacted rats Achilles tendons. In humans there has been promising case control studies and recently some RCT's have been published.

Peerbooms in AJSM, 2010 compared the efficacy of a single injection of PRP or corticosteroid in chronic lateral epicondalgia (tennis elbow). The PRP group progressively improved over 12 months with a 73% cure rate at 12 months while the steroid injection worked quickly but then wore off with only a 49% success rate at 12 months. Wilson and Rabago performed a non-randomised 3 arm study for persistent lateral epicondalgia comparing PRP to prolotherapy to "wait and see". At 16 weeks follow-up PRP patients had significantly better results with 90% drops in pain/disability scores compared to 50% and 20% respectively for the other groups.

Achilles tendinopathy trials are limited. One small RCT with limited follow-up showed no statistical difference between a single PRP injection and a single saline injection. Encouraging case control studies exist for Achilles tendinopathy, medial calcaneal pain (plantar fasciosis), rotator cuff tendinopathy and acute ligament and muscle injuries. Initial studies in knee osteoarthritis have also been promising.

To perform PRP injections between 20 and 50 mls of whole blood needs to be collected from the patient. Two to three mls of PRP can be derived per 10 mls after spinning the blood down in a centrifuge for 10-15 minutes. Calcium may be added after collection to activate the platelets. The PRP is then injected into the injured area. Small amounts of local may be used prior to injection or the patients may use a Penthrox inhaler. Patients should be warned that the area may be quite sore for the next 48-72 hours and adequate oral analgesia needs to be supplied. The injection can be repeated at 6 week follow-up if clinically necessary. Side- effects tend to relate to the needle with infection being the most serious complication but thankfully very rare.

Our experience at CSSMC with PRP injections so far has been mainly with persistent lateral elbow pain, Achilles and patella tendinopathy resistant to other conservative therapies. Our experience over the last 6 months has been largely positive. It would seem a worthwhile treatment modality to consider in any persistent tendinopathy, particularly before surgical intervention.

Platelet-rich Plasma Injections
Dr Scott Masters and Dr Matt Dwyer
Caloundra Spinal and Sports Medicine Centre (CSSMC) / cont:

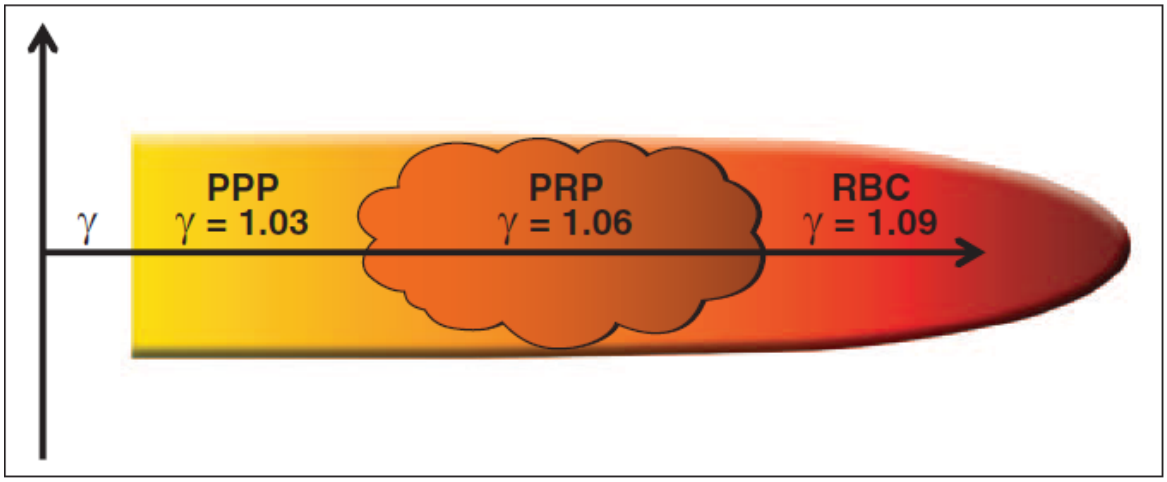


Fig. 2—Diagram of platelet-rich plasma preparation. Centrifugation separates whole blood into three layers according to specific gravity (Y) (*x* axis): RBCs (bottom layer, specific gravity = 1.09), platelet-poor plasma (PPP) (top layer, specific gravity = 1.03), and platelet concentrate that contains leukocytes (PRP) (middle layer, specific gravity = 1.06) [17].

Issues associated with your Self Managed Super Fund (SMSF) investing in Property Overseas

Retiring to the South of France, or that favourite beach hideaway is a dream many Professionals share. Given the constant pressure of maintaining the standards that society places on all those who call themselves “Professionals”, it is often that picture of retirement that is the light at the end of the tunnel.

The dream of retirement, a beautiful property and the desire for financial security leads many to ask the question. Can my SMSF invest in overseas real estate ?

A strong Australian dollar coupled with financial stress in Europe, United States, Japan and England following the Global Financial Crisis (GFC) has lead many SMSF trustees to contemplate the merits of acquiring overseas based rental properties. The Superannuation Fund legislation and regulations do not specifically prohibit SMSF’s from investing in overseas based properties. But before jumping on a plane to purchase that dream property, trustees must consider the investments rules and restrictions that may apply. There are no special rules within the Superannuation Legislation which provide specific guidance on the types of property that trustees are entitled to purchase. That being said there are certain practical and commercial considerations that need to be considered.

So lets look at some of these issues:

- **Investment Strategy** - The trustees of the SMSF must be able to articulate why the particular property purchase is consistent with the investment strategy of the fund. When doing so that should be able to demonstrate an understanding of how the risks, diversification, reurn and liquidity issues associated with the fund are impacted by the investment in question.
- **Sole Purpose Test** - The trustees of the SMSF must be able to show that the investment is being made solely for the purpose of providing retirement benefits for members, Investing overseas raises a number of issues regarding sole purpose especially if for instance members are investing in a villa in the south of France for their future retirement.
- **Related party acquisitions** - The property should not be acquired from a related party unless it is business real property. I have had associates in the past who have wished to acquire a French farmhouse from a family member, before proceeding I asked them to look closely at the definition of a related party prior to considering whether to proceed or not.
- **In-house asset rules** - Accountants and lawyers like to complicate things and this is the same the world over. This may be an issue if the SMSF trustees are not purchasing the property directly but via a company and or trust. In the USA it is common for property to be acquired by a “LLC” a Limited Liability Company, such an action may be fine in the USA but breach the In-house asset rules in Australia.
- **No Borrowing or charges** - Generally a superfund is prohibited from borrowing and from placing a charge over assets unless it is exempt under section S.67a and 67b. Obtaining finance from an overseas bank familiar with these specific regulations can be very problematic.
- **Arms Length Transactions** - Any purchase and subsequent rental of property must be on an arm’s length basis. Arms length is not defined in the act, but a useful test is to ask yourself whether a prudent person, acting with due regard to his or her own commercial interests, would have agreed to the terms if this arrangement.

- **Travel costs reimbursed by SMSF -** The trustees have an obligation to manage the investments of the superfund in a way that maximises the retirement benefits of members. With that in mind there is a compelling argument that supports the notion that SMSFs can pay or reimburse the travel costs that trustees incur whilst inspecting overseas property. However it would be naive not to recognise the ATO's reluctance to accept these arrangements, as such it is highly recommended that the trustees apply a number of tests before paying or reimbursing costs. These tests hinge around, what the trust deed allows, is the expense necessarily incurred and / or reasonable, is the cost wholly incurred in carrying out the trustees duties to name a few. The rule here is seek advice before proceeding.

There is no doubt that the recent GFC has created financial pain for many, however for the astute investor it may also be a once in a lifetime opportunity to acquired highly desired assets. When your SMSF is involved in the process understand the importance of doing it the right way.

If you have any doubts David Darrant of the Poole Group is only a phone call away **5437 9900.**

If you're not familiar with the work of Steven Wright, he's the famous Erudite (comic) scientist who once said: "I woke up one morning, and all of my stuff had been stolen and replaced by exact duplicates." His mind sees things differently than most of us do.

Here are some of his gems:

- I'd kill for a Nobel Peace Prize.
- Borrow money from pessimists -- they don't expect it back.
- Half the people you know are below average.
- 99% of lawyers give the rest a bad name.
- Conscience is what hurts when all your other parts feel so good.
- A clear conscience is usually the sign of a bad memory.
- If you want the rainbow, you have got to put up with the rain.
- All those who believe in psycho kinesis, raise my hand.
- The early bird may get the worm, but the second mouse gets the cheese.
- I almost had a psychic girlfriend, ... But she left me before we met.
- OK, so what's the speed of dark?
- How do you tell when you're out of invisible ink?
- If everything seems to be going well, you have obviously overlooked something.
- Depression is merely anger without enthusiasm.
- When everything is coming your way, you're in the wrong lane.
- Ambition is a poor excuse for not having enough sense to be lazy.
- Hard work pays off in the future; laziness pays off now.
- I intend to live forever... So far, so good.
- Eagles may soar, but weasels don't get sucked into jet engines.
- What happens if you get scared half to death twice?
- My mechanic told me, "I couldn't repair your brakes, so I made your horn louder."
- Why do psychics have to ask you for your name.
- If at first you don't succeed, destroy all evidence that you tried.
- A conclusion is the place where you got tired of thinking.
- Experience is something you don't get until just after you need it.
- The hardness of the butter is proportional to the softness of the bread.
- To steal ideas from one person is plagiarism; to steal from many is research.
- The problem with the gene pool is that there is no lifeguard.
- The sooner you fall behind, the more time you'll have to catch up.
- The colder the x-ray table, the more of your body is required to be on it.
- Everyone has a photographic memory; some just don't have film.
- If at first you don't succeed, skydiving is not for you.

And the all-time favorite -

- If your car could travel at the speed of light, would your headlights work?

The Power of Positive Property

Positive Cash-Flow Properties...
Marketing Myth or Actual Reality

This article looks to explore ways you can make your investment property cash-flow positive and... debunk one-stop-shop marketers and schemes.

1 Let's start with the easy one...
The most straight-forward, if not blatantly, obvious, way to positive cash-flow an investment property is to limit borrowings to what can be serviced by the income streams... ie cash deposit - too easy... if you have it.

"Complexity by its very nature opens the portal for risk..."

K.I.S.S.'S
Keep It Simple, Safe and Smart..."

2 Schemes and Rent-Guarantees...
RUN!... Run like the wind and don't, for the love of all that is good in your life, do *not* look back, for it is in that fleeting backward glance that they'll hook ya and you'll be sucked into the vortex of fast-talking, best-buddies, only too happy to give you the tip - "Buy it *today*, there's only, one, left..."

The receding tides of the GFC have exposed many of the weaknesses in schemes and "guarantees". To be fair, there are, perhaps, more cowboys than there are actual sharks in the property industry, however, most of them feed in the fast-paced schemes and guarantees market.

The real question to ask yourself is... why you believe you need someone, or anyone, else in-bed with you?

Whether it be the grinning property-scheme promoter, or even the more legitimate Government-linked rent guaranteed s-c-h-e-m-e-s-... ***Do you really want or need that someone/anyone else in-bed with you...?***

TIP... A great integrity test is to pull back during the sales process and see how much line you're let... Cowboys and sharks are both typically quick to start pulling on the line in an attempt to regain control, as they usually don't have a lot of time to *'close the sale'*.

ONE-STOP-SHOPS... Offering ALL services in the one organization reduces the risk of 'outside-influence' and affords the business more sway towards *their* outcome.

Beware of control, being sold as "service" and maintain independent advice during your decision-making.

3 Increasing Income Streams...
Maximising any or all of your income streams has the greatest potential to create a positive cash-flow property, whilst keeping your investment strategy simple, with an exclusive membership ie ***YOU***.

Increasing Rental Yield...

Smart inclusions - The appeal outweighs the cost & attracts a premium rent... a garden shed.
Duplex - There are some very good plan ideas.
Get outta town - Due to demand, some more Northern areas can offer higher yields & enjoy good growth - ie Mackay has a great story.

Maximising Tax Benefits...
Using professional service providers is the key.

4 Reducing Costs...
Don't be complacent... Negotiate better Management Fees and Costs of Finance.

A financial review undertaken for a new Client saved $15,000 a year in finance costs by introducing them to a new Lender. That's $300 a week! It's a true story and saved them from quitting one property, in a desperate bid to stem their cash-flow bleed.

We're often guilty of under-valuing our business... either in its appeal to other providers or in the effort required to explore alternatives. **Researching has never been easier...**

If you're paying standard market rates, you're probably paying too much. If nothing else, it's worth an audit.

5 New Revenue Streams...
Solar Power is an exciting cash-flow initiative and a great way to reverse the cash-flow bleed. It takes a certain level of expertise in terms of structure etc, but the financial rewards are positive and long-term.

If *anyone* tells you it can't be done, they're wrong.

Contrary to common belief... Positive cash-flow does not mean you lose-out on potential tax benefits.
Rather, it simply refers to ALL incomes ≥ outgoings and, of course, tax benefits are one of those income streams.

For more information you can take to your financial advisers email wes@seqpropertyplanners.com

You CAN positively-gear your investment property!

If you qualify and act NOW, you can have a new 4 bedroom, House & Land investment property ON THE SUNSHINE COAST with positive cash-flow...

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Your death Your choice

Euthanasia
Ethics
Palliative Care
Medico-Legal issues

Community Forum
Saturday May 19

EVENT

Your Death Your Choice Community Forum
Events Centre @ Maroochy, Sunshine Coast
8.30am to 3.30pm Saturday May 19th
MC - Kerrie Noonan, The GroundSwell Project
GUEST SPEAKERS include;
Marshall Perron – Former Northern Territory Chief Minister
Jim Soorley – Former Lord Mayor of Brisbane
Prof Ben White – QUT School of Law
Senator Sue Boyce – (LNP)
Dr Mark Deuble – Palliative Care Physician
Senator Larissa Waters – (Greens)
Senator Claire Moore – (ALP)
Prof Colleen Cartwright – Ethicist
Pat Neely – Palliative Care Clinician
John Todd – President, Dying With Dignity QLD

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Cancer Voices Queensland

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084

MEMBERSHIP APPLICATION

Enquiries: Jo Bourke Ph: 5479 3979 Mb: 0407 037 112 Email: jobo@squirrel.com.au

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	Suburb:	Postcode:
	Phone:	Fax:
ALTERNATE ADDRESS: (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
PRACTITIONER DETAILS:		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
PLEASE NOTE:	***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***	
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).		
1. NAME:	**Signature:**	
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Payment can be made by cheque payable to SCLMA or by direct debit to the

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Please note*: Membership applications will be considered at the next Management Committee meeting.*

CLASSIFIEDS

REGISTERED NURSE REQUIRED

- Registered Nurse required for small busy family practice situated in Caloundra. Needed 1 day a week with holiday and relief work. Experience in MD & Pracsoft preferred.

Please email: ccfp@internode.on.net
February 2011

LOOKING FOR FEMALE GP

- Female VR/GP F/t or P/t in small busy practice with currently 2 GPs near the Maroochydore CBD. Fully computerised and accredited with AGPAL. RN support.

Enquiries with Carol Vona on 075443 9228
February 2011

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- Two matching examination couches for sale in 'as new' condition. Hoping for **$300 o.n.o each.**

Contact James Dick,
Ph: 0412 712 431.
February 2011

VR GP - COOLUM BEACH

- Young Doctors Wanted:
- VR GPs required for Family Medical Centre, established 1978.
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Contact Practice Manager, Sharon:
Ph: 0402 807 559
Email: sharon.richards21@bigpond.com
February 2012

CONSULTING SUITES - NAMBOUR

- Consulting suites to let in Nambour in recently renovated building. Situated halfway between Nambour General Hospital and Selangor Private Hospital.
- All rooms generously proportioned and renovated to a high standard. Would suit medical or other professional.

Please direct enquiries to Gary Langford
0412 348 533. *April 2012*

VR GP REQUIRED - GOLDEN BEACH

- VR GP required for doctor-owned Family Medical Centre in Golden Beach, Caloundra. We are a long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support.
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- Please see our website

www.goldenbeachmedicalcentre.com.au

For further information please contact Practice Manager:

Karen Clarke on 07 5492 1044

Email:gbmedcentre@bigpond.com.au.

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April 2012

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NO MARCH CLINICAL MEETING - DUE TO MAROOCHYDORE DELUGE

MARK YOUR DIARIES

SCLMA CHRISTMAS IN AUGUST!

SATURDAY 11 AUGUST 2012

Pics from 2011

Left: The Markwells & The Scotts

Right: The Beaks

Left: The Tarrs

Right: The Moores

Left: Clive Fraser, Chris Lonergan & Trish Pease

Right: Santa with Carol Hawkins