



SCLMA President's Message

Dr Di Minuskin

Christmas is now only a week away. GPs have battled tirelessly this year to stay on Santa's "Good List". We have been working harder than ever to tackle the burden of chronic disease, limiting both impact on the patient personally, and financially on the health system. We have stoically put our heads down to plough through the increasing burden of red tape and paper work appearing on our desks. We have, with a sigh of resignation, shouldered the responsibility of advocating for the disadvantaged in our community, when they were threatened with a financial barrier to health care in the form of a co-payment. Surely it was not unreasonable to expect to appear on Santa's good list. However, those of us who hoped to find a gift under the tree this year, or at the very least have the status quo remain, are going to be disappointed. In my October report, I said "I would be much happier if the reduction in the Medicare rebate was also specifically mentioned as being sidelined". That concern has proved to be valid. Having failed to push through original budget proposals, the government has come up with version two. Measures include specifically targeting GPs via a \$5 reduction in rebates for non-concessional patients. A freeze on any increase in MBS rebates until 2018 and a shift in the definition of a short consult up to 10 minutes. Radiology and Pathology services that were to be included in cuts in the original version, have managed to escape the axe in round two.

It seems to me that this proposal fails to understand that middle Australian families do experience financial pressure. Imagine the conversation that unfolds when, having seen Mr and Mrs Smith for a consultation, you discover that Mr Smith has a BGL of 12 and you want him to come back and discuss this. "But Doc, I paid you \$60 on Monday. The fridge blew up this week and I can't afford to pay anything more. Can you please bulkbill me?" So the GP has the choice of accepting the reduced rebate, or face the medico-legal and moral consequences of failure to provide best care. There is no safeguard in this proposal for bulkbilling a non-concession patient who is experiencing short term financial difficulties without the GP carrying the financial burden! In the face of increasing staff wages and costs, what small business is able to cope with this reduced cash flow?

Perhaps there is a silver lining.. By the time this federal government is finished with GPs, we will all be eligible for our own concession cards!



I would like to look back at the year that has been, and the year ahead for the SCLMA. We have again benefited from the generosity of our members who have inspired and educated us with some fascinating talks. I continue to be impressed by the depth and breadth of the specialists on the Sunshine Coast. We have supported each other within the medical community, and offered the hand of friendship and mentorship when needed. The SCLMA continues to support education with its ongoing bursary to the Sunshine Coast University.

The year ahead promises some challenges and changes in the way medical services are provided on the Sunshine Coast. We are waiting to see how the new "Primary Health Network" will function after next June, given its huge geographic area. Queensland Health is developing some exciting pathways that will see increased co-operation between general practitioners and the hospital. We are seeing expansion of services, with reduced need for patients to travel to Brisbane. And of course, that nest of cranes at Kawana, is building a home for our new tertiary hospital, hopefully on track for 2016. The members of the SCLMA have, between them, hundreds of years of experience providing medical services to the Sunshine Coast community. Stay engaged, and give a voice to that experience.

May your Christmas be filled with the laughter of friends and family.

Di Minuskin

**The SCLMA
thanks
Sullivan
Nicolaides
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for the
distribution of
the monthly newsletter.**



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

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NO JANUARY NEWSLETTER

FEBRUARY 2015
Deadline Date will
be FRIDAY 12th
FEBRUARY

The Editor would like the newsletter to reach all readers in the 3rd week of each month. So ... ALL reporters and advertisers - please help us achieve this challenge!

Our circulation via email, post and courier (Sullivan Nicolaides Pathology) reaches approximately 800 recipients!

Contact Jo: 5479 3979

Mobile: 0407 037 112

Email: jobo@squirrel.com.au

Fax: 5479 3995

We welcome new content - case studies, local news and photos. If you are a new member, send in a short bio and a photo to introduce yourself.

ARE YOU A MEMBER?

If you are not a member please complete the application form available on the website:

www.sclma.com.au.

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

Are you listed on the Member Directory on our website? Are your details correct?

Directory form available on the website.





Welcome to the last SCLMA newsletter for 2014.

Every year Christmas creeps up really fast and before you know it it's the week of Christmas and you are suddenly short of time in regards to Christmas present shopping, food preparation and those pre-Christmas catch up drinks you were planning on having.

This year is no different. By the time you receive this newsletter Christmas will be upon you and it's too late. At the end of this column I have included a special Christmas dessert recipe. It's a favourite of ours and soon it will be yours but it may have to wait till next year.

Before I wish you all a merry Christmas and a prosperous New Year, I must thank all you regular contributors. The deadline always approaches fast and the months seem to wizz by. Jo Bourke is that special person who keeps everyone on track and working to that 15th deadline. December is the last newsletter with January a month off and then back to that creeping deadline in February.

Christmas Meringue Cake

1 cup (140g) pitted dates
 ½ cup (100g) red glace cherries
 ½ cup (100g) soft dried figs
 ½ cup (80g) blanched whole almonds
 ½ cup (80g) brazil nuts
 ¾ cup (90g) pecans
 300g dark chocolate
 1 ½ tsp ground cinnamon
 2/3 cup (150g) castor sugar
 7 egg whites

Icing sugar, to dust.

Fresh cherries to decorate.



1. Preheat oven to 170deg. Grease and line a round 24cm cake tin.
2. Finely chop dates, cherries, figs and then place in a large bowl.
3. Process almonds, brazil nuts and pecans in a food processor and pulse in short bursts until roughly chopped. Tip into the bowl with the fruit.
4. Using your hands, break the chocolate into small pieces and add to the fruit and nut mix. Add the cinnamon and mix well.
5. Whisk egg whites to soft peaks and the gradually 'rain' in the sugar whisking all the time until thick and glossy.
6. Add the meringue to the mixture, using a large metal spoon to fold in gently.
7. Spoon into the pan and level the surface so that it is flat.
8. Bake in the middle of the oven for 45min or until firm and golden.
9. Turn off the oven and cool cake in the oven for about 3 hrs, with the door held ajar with a wooden spoon.
10. When serving, sit cake right side up and dust with icing sugar and decorate with cherries. Serve with whipped cream or vanilla ice cream.

Lauren Knesl – this cake is absolutely devoured at our Christmas dinners. It is lighter than the traditional Christmas cakes, and for those who don't like raisins, it is a wonderful alternative.

You can also vary the nuts and fruit added, depending on what is in season and what you have in your pantry cupboard.

Enjoy, and see you all at next year's LMA meeting, 26 February 2015.

Bon Appetite

Marcel Knesl

mknesl@oceaniaoncology.com

HIGHLIGHTS:

- | | |
|----------|--|
| P 5: | Kevin Hegarty - Health Service Link |
| P 7: | Dr Shaun Rudd - AMAQ President |
| P 9: | Dr Wayne Herdy - RIP - the co-payment |
| P 10-11: | Patti Hudson - Medicare Local Report |
| P 14-15: | Dr Sandra Peters - GPLO Update |
| P 17: | Intro new member - Dr Joanne Boynton |
| P 19: | Dr Erica Baer, Paediatrician, NGH - Mandatory Reporting Changes 2015 |
| P 21: | Nina Meloncelli - 'Change' article |
| P 35: | Classifieds |

Sunshine Coast University Private Hospital

People caring for people



Sunshine Coast University Private Hospital thanks the medical community for its support over the last 12 months. Our first anniversary is a significant occasion, and we are proud of the extraordinary effort of our dedicated team of staff and doctors.

Since opening our doors in November 2013, Sunshine Coast University Private Hospital has treated more than 19,000 patients and performed 14,000 procedures.

There have been many notable achievements in our first year, and as we enter our second year, I welcome your continued support as we work together to provide our patients with the highest level of care.

Oli Steele

Chief Executive Officer

Sunshine Coast University Private Hospital

www.sunshinecoastuniversityprivate.com.au

SUNSHINE COAST
UNIVERSITY PRIVATE HOSPITAL

Happy Holidays

from the team at **SPORTS & SPINAL**

The holiday season is a wonderful time for us to remember the friends & medical community who help our business and make our jobs a pleasure all year long, Sports & Spinal would not be possible without your support.

We would like to take this moment to say thank you and send our best wishes to you and your families. May your new year be filled with success and happiness.

We look forward to continuing to provide you and your patients with the very best evidence based treatments and rehabilitation in 2015.

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HEALTH SERVICE LINK

December 2014



Orthopaedic patients

In my May and October columns I referred to the 'non-operational pathways' which were initiated in March this year, to reduce the time orthopaedic patients have to wait before commencing treatment.

The Orthopaedic Physiotherapy Screening Clinic has seen almost 50 patients each month and the Musculoskeletal Pathway of Care (MPC) over 100 patients each month. A care plan is established in consultation with each patient and sent to their general practitioner with recommendations. This has seen a marked reduction in the orthopaedic outpatient waiting list since these initiatives commenced in March. Between 1 March 2014 and 1 July 2014, the number of category 2 patients waiting decreased by 39%.

Not only have these patients received care earlier, there is also the further benefit of maximising orthopaedic surgeons time to see patients who are most likely to progress to surgery. Less than 25% of patients referred to Orthopaedic Outpatient clinics will require surgery.

Over the next several columns I will be enlisting the expertise of Dr Russell Bourne, our Director Orthopaedics and Orthopaedic Specialists to provide information on how the Sunshine Coast Hospital and Health Service assesses patients for outpatient categorisation. We are currently receiving 100 general orthopaedic referrals per week. This does not include the almost 100 referrals to the orthopaedic fracture clinic, received each week.

The vast majority of work that is performed by the Sunshine Coast Health Service within the specialty of orthopaedics is related to fractures and management of trauma injury. This leaves a considerable number of patients with what is deemed cold orthopaedic surgery waiting to be reviewed, but 75% of these patients waiting for assessment will not benefit from any surgical intervention.

As always, the more complete the information contained in referrals received, the better we can help patients.

Quality of Care Report

Our second Quality of Care Report which showcases key health achievements and initiatives from the past 12 months has recently been released. The report contains real life stories from patients, who have benefited from our care. Our staff, who provide the services, also feature in the report. I recommend you view the report at:

<http://www.health.qld.gov.au/sunshinecoast/docs/13-14-qoc.pdf>

On behalf of the Executive Leadership Team and all staff of the Hospital and Health Service I extend best wishes for the festive season and for a safe and healthy 2015.

Kevin Hegarty
Health Service Chief Executive
Sunshine Coast Hospital and Health Service
Kevin.Hegarty@health.qld.gov.au

COASTAL WOMENS HEALTH CLINIC

3rd Floor

Cnr Esplanade & 2nd Ave

Maroochydore Qld 4558

Ph: (07) 5443 4301



Coastal IVF is proud to announce the opening of **Coastal Women's Health Clinic**.

The clinic will be managed and staffed initially by five female General Practitioners specialising in women's health. The clinic will provide sessional treatment times and commences in February of the new year.

On 20 November 2014, Fiona Simpson MP officially opened the clinic along with new laboratories at Coastal IVF, co-located in a purpose-designed suite on the 3rd floor, cnr Esplanade & Second Avenue, Maroochydore.

The Coast's first set of IVF babies (twins born at 26 weeks), now 16 years old, provided entertainment with a duet of instrumental pieces.

Coastal Women's Health Clinic will offer well-woman checks, pap-smears and breast checks, contraceptive management and menopausal care. Appointment times out of normal office hours will also be offered at the clinic to provide flexibility for women who find appointments during work hours difficult to access. Allied to the women's clinic will also be the availability of nurse and psychology counselling, a physiotherapist and dietician.

The clinic's aim is to provide a complimentary service to the coast's general practice by providing a female only service for those patients who require it. For every patient who attends, a report will be sent to their normal general practitioner with a summary of any investigations or treatment e.g. Mirena insertion etc.

As a strict policy of the clinic, there will be no management outside of those areas listed above – all general practice related conditions e.g. BP elevation / diabetes etc will be referred immediately and directly to their normal treating GP for investigation and ongoing management.

The clinic has been purpose designed to ensure a comfortable and welcoming environment for the female patients. It also has the advantage of direct specialist medical support from Dr Paul Stokes, Obstetrician / Gynaecologist, Director of Coastal IVF. This will include diagnostic ultrasound, advisory management and will also ensure that any complicated gynaecological problems receive access to immediate specialist intervention.

"It is very exciting to be involved in providing this service to the Sunshine Coast" said Dr Stokes. "This clinic offers a dedicated service with female doctors, in a supportive and comfortable environment, in one convenient location".

The clinic is managed independently by the general practitioners involved in its establishment with one clinician principal. They each have a specific interest in women's health and will attend on a sessional basis. At present there are 6 female general practitioners who have expressed an interest and committed to involvement. Other female practitioners who may have similar interests are also very welcome to be involved as the clinic establishes. They are encouraged to contact the clinic via the website or via the phone number below.

The clinic hopes to achieve the support of general practitioners by direct referral where the clinic can offer services or advice additional to the normal GP services. A report will always be sent following consultation. In addition a summary letter will always also be prepared after all patient attendances at the women's clinic for each GP nominated by attending patients.

For appointments commencing in February 2015 – doctors and patients may contact the clinic directly :

Ph: 5452 7379

Email: info@cwhe.com.au



AMA QUEENSLAND PRESIDENT'S REPORT

Dr Shaun Rudd



Dear members,

By now, you have undoubtedly heard the news of modifications to the proposed co-payment. As Federal AMA President A/Prof Brian Owler has stated, the new model appears to be a mixed bag.

On the one hand, we're glad to see the Medicare rebate will remain unchanged for concession card holders and those under 16, and are happy to hear that the rebates will remain unchanged for pathology and radiology services.

On the other hand it is very disappointing that other patients will have their rebates reduced by \$5. Ultimately, this puts doctors in the tough position of deciding how and if they will recoup the cost. The additional freeze on Medicare rebates until at least 2018, in a time where inflation continues to rise, has the potential to threaten the viability of GP practices across the country.

AMA and AMA Queensland will be reviewing the model in the coming weeks and will continue to advocate on behalf of the best interests of our members.

It's clear that 2015 will be another challenging year for the medical profession and it's now more than ever that we value the support of our members who have helped shape AMA Queensland into what it is today – a strong organisation that works tirelessly to support doctors at all stages of their career.

We recently held our member milestone event where I was able to meet long-time members who have been instrumental in shaping AMA Queensland. With members celebrating 40, 45 and 50 years, it was evident how far the organisation has come and how much the profession has been able to accomplish by working together across disciplines toward a common goal of a better healthcare system.

As the year comes to a close, we are also looking forward to how we can better serve members and the profession. We are currently working to develop our strategic plan for the next three years which will influence how we operate internally and externally.

We are always looking for your feedback, whether that be about key issues that concern you, events you would like to see, or ways we can improve our member offerings. The AMA Queensland team are available on 07 3872 2222 and always look forward to hearing your thoughts.

Next year promises to be a busy but exciting time for the profession and your membership is more important than ever. If you haven't yet renewed your membership, please do so before 31 December. If you aren't yet a member, I urge you to join so you can better support the profession.

On one final note, the AMA Queensland office will be closed for the holiday period from 3pm on Tuesday, 23 December and reopening at 8.30am on Monday, 5 January. Membership applications and renewals can still be made online or via fax during this time, and our team will answer all other queries upon their return.

As the festive season approaches, I wish you all a Merry Christmas and a Happy New Year spent with friends and family.

Sincerely,

Dr Shaun Rudd, AMA Queensland President



Coastal Womens
Health Clinic



Third Floor
Cnr Esplanade &
Second Avenue
MAROOCHYDORE
Ph: 5452 7349
info@cwhe.com.au

A New Service for Women on the Sunshine Coast

A dedicated private clinic for female patients.

Female General Practitioners specialising in women's health.

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- Flexible appointments for difficult work schedules.
- A supportive, comfortable and welcoming environment, in one convenient location.
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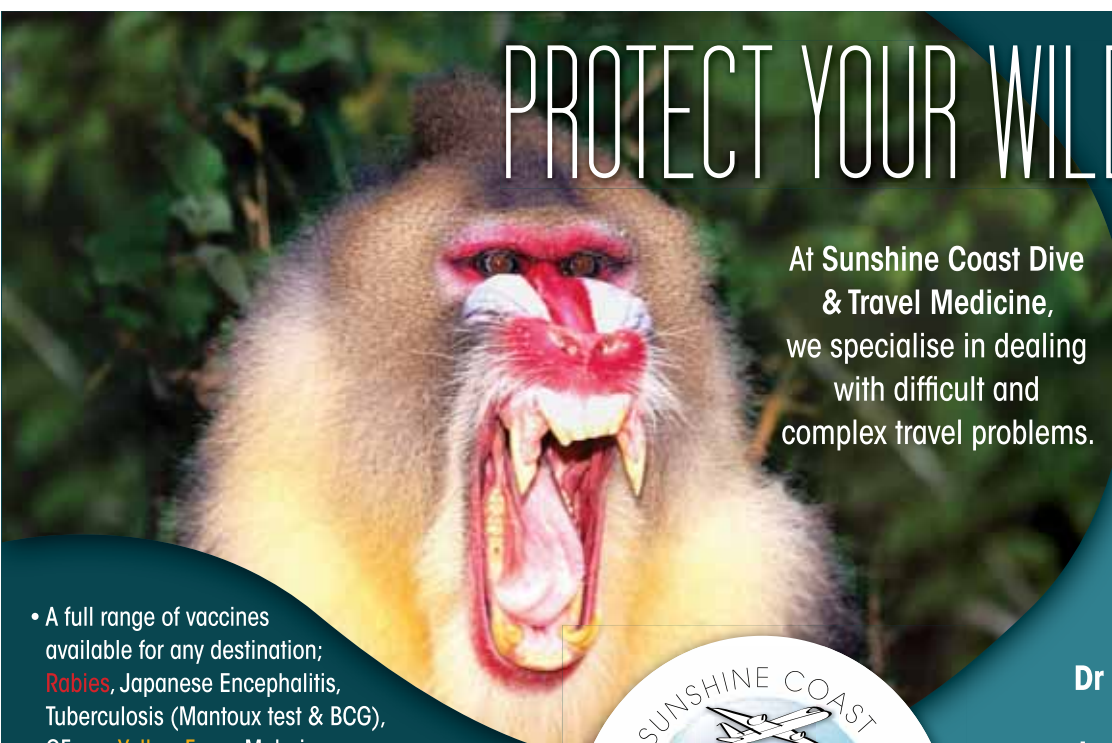
Overseen and specialist medical support if required by Dr Paul Stokes Gynaecologist (Director of Coastal IVF).

How to book: Phone: 5452 7349 or Email: info@cwhe.com.au

Address: 3rd Floor Cnr Esplanade & Second Ave, Maroochydore

Opening February 2015

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RIP the CO-PAYMENT

Wayne Herdy

Well, the co-payment debate has finally been laid to rest. Or has it?

Firstly, the latest plan is going to be enacted by regulation. That means that the Senate has to ratify it within 12 months. Otherwise it does not become law. Can you imagine how the government is then going to refund all the moneys paid illegally by patients??

Secondly, the latest plan still involves a kind of co-payment. Like the phoenix bird emerging from the ashes of its nest, the Clayton co-payment (you know, the co-payment you have when you are not having a co-payment) will affect some patients who are being bulk-billed. The AMA and public opinion won the biggest concession that we sought, to exempt the vulnerable groups, pensioners and children, mental health and residential aged care patients. That covers about 80% of our patients. In reality, this is mostly going to affect the clinics that wholly bulk-bill, even patients who are not within the exemption categories. Most GPs will be unaffected, but the bulk-billing practices will have to reconsider how they bill the "private" patients. I think that most of those practices will not take a \$5 hit and will pass the cost on to the patient.

So a small minority, patients who can afford to pay, will shell out an additional \$5. OK, that's another lesser concession, reducing the co-payment from \$7.50 to \$5.

And suddenly radiology and pathology are exempted. Again, most investigations in the community are performed on sufferers of chronic disease, who would mostly be covered by the exemption of card-holders.

So the original co-payment has been diluted so severely that it is almost non-existent.

However, there is the inevitable sting in the tail. Rebates for GP consultations will be frozen for 4 years. This is going to save the treasurer a lot more money than the co-payment. We GP's are used to the fact that the annual review of rebates only aligned with CPI/inflation indexation once, in a year when inflation was only about 2%. Every other year, we have been indulged with a rebate increase about half the CPI. Since our costs rose in proportion to CPI and comprise something like 50% of our incomes, that has represented a real freeze in nett incomes for two decades.

For the next four years, our ever-rising costs are going to start eating into our take-home incomes as well.

The result will be that those GP's who prefer to bulk-bill but are not handcuffed to the policy will be reconsidering the extent to which they can withdraw from bulk-billing. Inevitably, bulk-billing rates will decline. And a lot of GPs will be reviewing their policies on services previously performed free of charge, such as telephone requests for prescriptions or certificates.



Then there is the funny little bit about extending the time scales for brief consultations. The government has this odd emotional idea about 6-minute medicine. We are now going to see the burgeoning of the 11-minute consultation. That is more about the emotive content of the term "six-minute medicine" than it is about costs or health outcomes. I will wait with bated breath to see if this change has any effect on health outcomes. Since Australian GPs are among the most efficient in the world, and Australian life expectancy statistics are at or near the top of the world expectations, are we really going to see any material change? I think that over the coming decades, health outcomes in Australia will continue the downward slide that we are already anticipating, not because of health funding but because our national culture is geared towards the obesity epidemic and our health system has been yet been able to out-lobby the fast food industry and the world of electronic entertainment. Eleven-minute medicine is not going to improve our health statistics any more than 6-minute medicine did.

Finally, does anybody really know when this is going to come crashing down on us from the lofty heights of Canberra? There will be a lull while the surveys sort out how the public will respond to this offering, and while the government haggles with the cross-benchers to try to get it ratified early in the Senate rather than risk the embarrassment if the regulation is denied some time next year. But I think that after all the nasty public feuding over the original co-payment proposal, the public and the cross-benchers will breathe a collective sigh of relief and accept that it could have been a lot worse. Only the poor old GP will be left tightening his belt and making the old car last out another tax year.

Wayne Herdy

Sunshine Coast Medicare Local Update – December 2014

Pattie Hudson, CEO



The Department of Health has released the tender for the Primary Health Networks (PHNs) that will be replacing Medicare Locals from July 2015.

The tender information indicates the PHNs will be established with a focus on increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

The PHN will continue to build on the work that SCML has done to provide support to general practice, and to ensure that general practice remains the cornerstone of primary health care.

The PHN will establish a GP-led Clinical Council and Consumer Advisory Committee to report to the Board on locally relevant clinical and consumer issues.

The PHN will engage closely with other stakeholders across the region, including GPs and practice staff, Local Hospital Networks (LHNs), public and private hospitals, Aboriginal Medical Services, allied health providers, health training coordinators, state and territory government health services, aged care providers and private health insurers.

The Sunshine Coast and Gympie regions fall into the Central Queensland and Sunshine Coast Primary Health Network area, so I have been on the road meeting with prospective partners and stakeholders across the entire region.

The team at SCML is busy providing services and program in line with our Annual Plan, and we are confident that our commitment to primary health care will see us continue to coordinate these services into 2015 and beyond.

Sunshine Coast Medicare Local would like to take the opportunity to thank you for your support and participation in 2014, as well as for assisting us to keep people well and out of hospital.

We look forward to continuing to build primary health care with you in 2015 through collaboration and partnership to create healthy, happy communities.

Christmas time is a great opportunity to give thanks and appreciation for all the dedication, care and support you provide to our communities. We wish you and your families a very Happy Christmas and look forward to sharing a bright and productive New Year.

Patti Hudson.

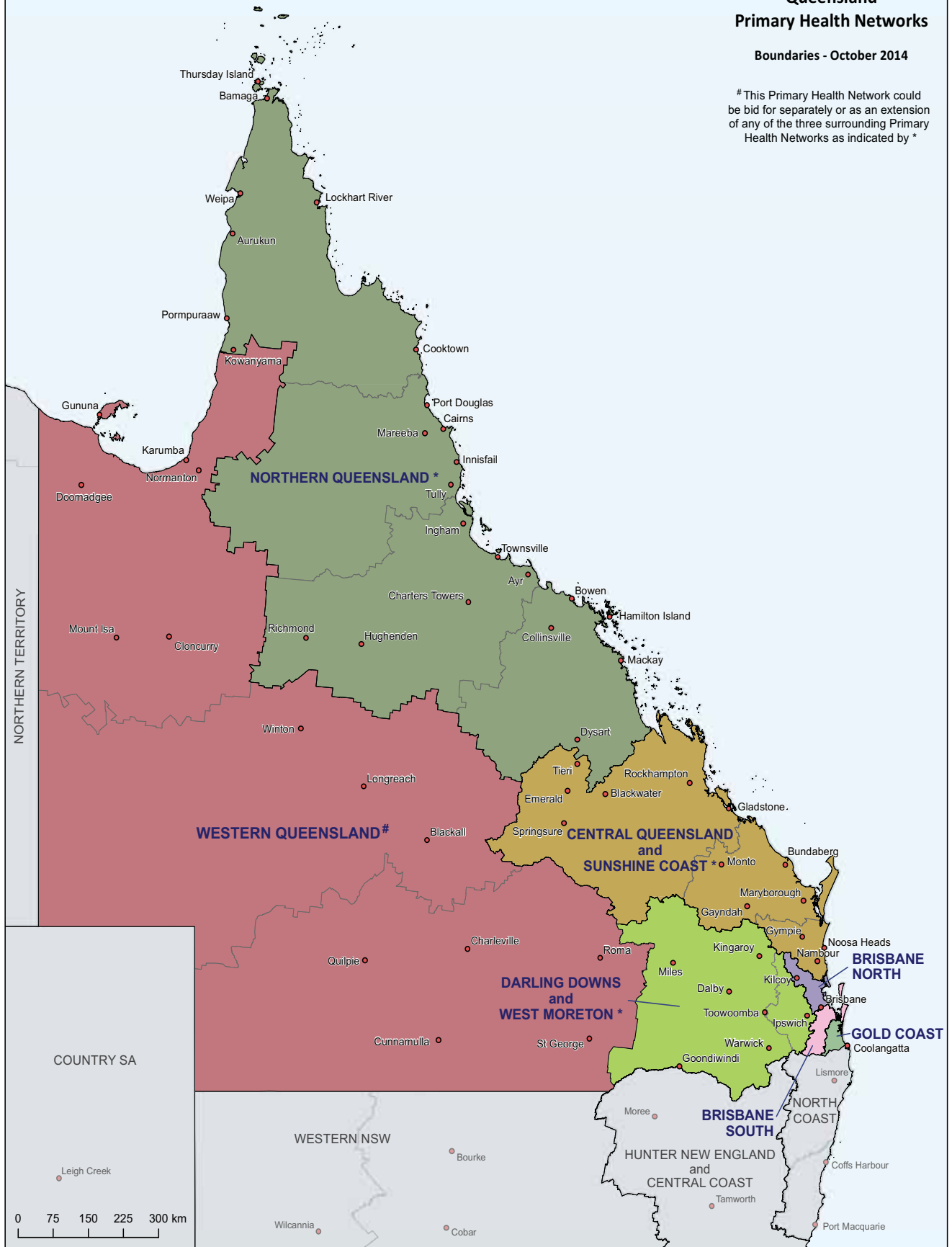




Queensland Primary Health Networks

Boundaries - October 2014

This Primary Health Network could be bid for separately or as an extension of any of the three surrounding Primary Health Networks as indicated by *



The Sunshine Coast Private Hospital at Buderim

Cooinda Mental Health Service

Credentialed Consultant Psychiatrists

ADMITTING PSYCHIATRISTS

Dr Calum Campbell

Consultant Psychiatrist
MBBS, FRANZCP
Certificate in Child & Youth
Admitting Psychiatrist



PeriNatal & Infant Mental Health, Child & Adolescent Mental Health, Young Adult Mental Health (18 – 25 years), General Adult Psychiatry.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Todd Cash

Consultant Psychiatrist
MBBS, RACGP, FRANZCP
Admitting Psychiatrist



General Adult Psychiatry, Mood Disorders, Anxiety Disorders, Obsessive Compulsive Disorder, Trauma-related Disorders.

Ph: 5478 4244 **Fx:** 5444 3670

Dr Fionnuala Dunne

Consultant Psychiatrist
MB.MRCPsych., FRANZCP
Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, Psychotic Disorders, Eating Disorders, Drug & Alcohol Dependence, PeriNatal Mental Health.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Sharon Harding

Consultant Psychiatrist
MBBS (NSW), FRANZCP
Admitting Psychiatrist



General Adult Psychiatry, Women's Mental Health, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, PTSD and Trauma, Work-related Injuries & Medico-legal.

Ph: 5452 0506 **Fx:** 5444 7299

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General Enquiries 1300 78 04 13

Dr Dhushan Illesinghe

TSCPH Director of Psychiatry
MBBS, MD(Psych), FRCPSych., FRANZCP

Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, Psychotic Disorders, One-Off Urgent Assessments, Diagnosis clarification.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Chris Martin

Consultant Psychiatrist
MBBS, FRANZCP

Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, Obsessive Compulsive Disorder, Trauma-Related Disorders, Grief & Loss, Alcohol Dependence.

Ph: 5478 4111 **Fx:** 5478 4109

Dr Mohamed Milad

Consultant Psychiatrist
MBBS, FRANZCP, MRC PSYCH (UK),
D.P.M (IRE) Cert. Psychogeriatric (UK)

Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Memory Disorders, Mood Disorders, Stress Disorder, ADHD, Autism Spectrum Disorder.

Ph: 5444 8066 **Fx:** 5444 8055

DAY PROGRAM ADMISSIONS

Dr Michelle Lien

Consultant Psychiatrist
MBBS, FRANZCP

Day Program Admissions



General Adult Psychiatry, Mood Disorders, Anxiety Disorders, Psychotic Disorders, Adjustment Disorders, Personality Disorders.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Quentin Mungomery

Consultant Psychiatrist
MBBS, FRANZCP

Day Program Admissions



General Adult Psychiatry, PTSD.

Ph: 5456 1766 **Fx:** 5456 1421

WHAT DO I DO NOW?

Contact your preferred Admitting Psychiatrist on the phone number/s listed above
OR

For more information contact Cooinda Mental Health Service

Phone 1300 78 04 13 or email scph.cooinda@uhealth.com.au

Cooinda Mental Health Service

The Sunshine Coast Private Hospital
12 Elsa Wilson Drive, Buderim
www.tscph.com.au

The Sunshine Coast
Private Hospital
at Buderim

GPLO SCHHS – UPDATE DECEMBER 2014

Sandra Peters

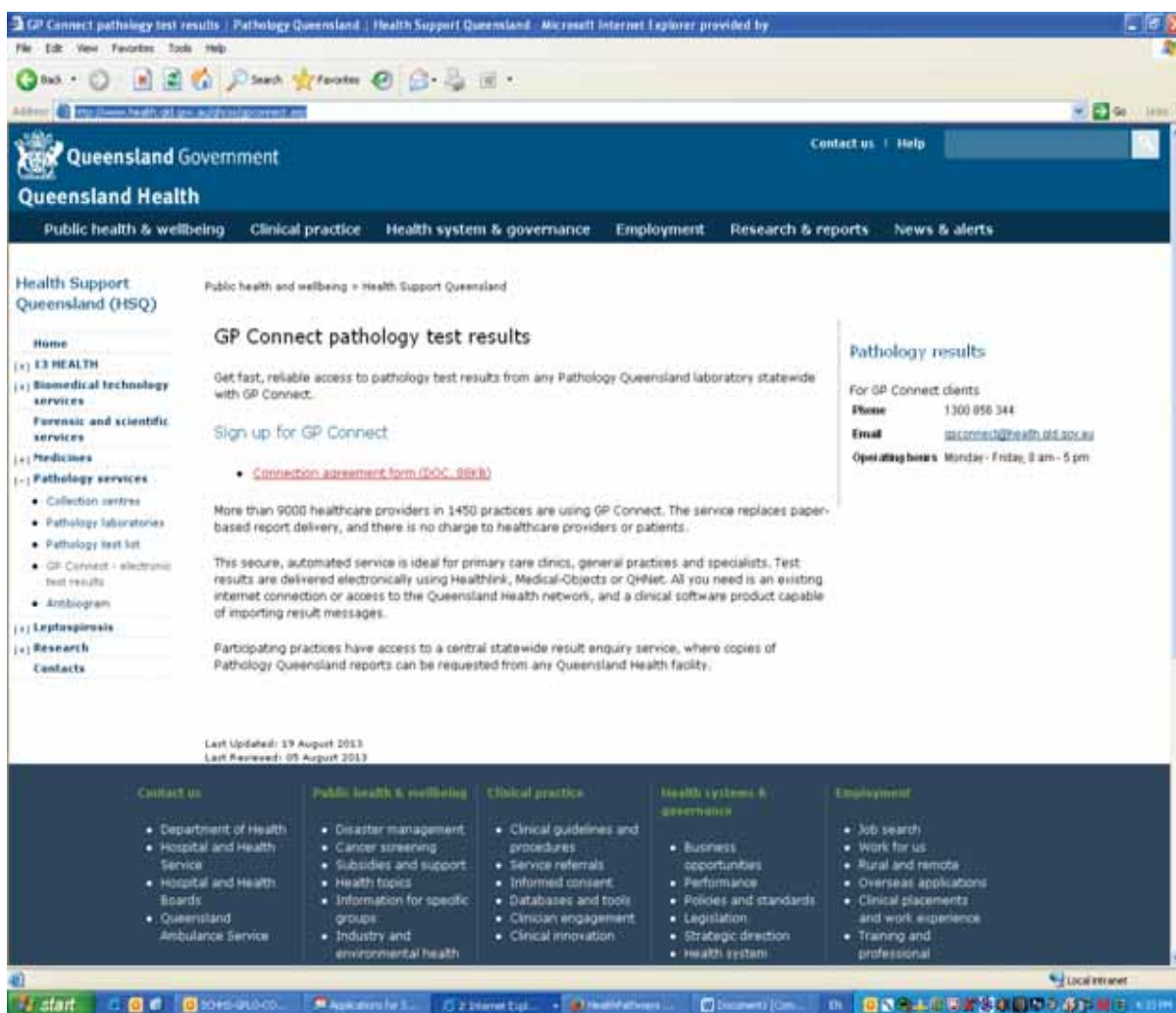
It has been brought to my attention that whilst many practices are registered with GP connect to access Qld Health pathology results, many of us (myself included) are not making use of this service.

If you believe your practice is already registered but you are not currently accessing pathology results electronically please call GP connect 1300 856 344 Mon- Fri 8 am to 5pm to confirm or amend registration. If you are not yet registered download the form from the website (address below) and sign up!

Reception staff can call to request results if they identify themselves as representing the treating GP. The results will be downloaded electronically via Medical objects, HealthLink or QHnet (whichever provider you currently use).

It takes about 10 minutes for the call to be processed and the results downloaded, much faster than calling the hospital, sending a faxed request and then having to scan in the reams of faxed result sheets!

The link to the GP connect website is : <http://www.health.qld.gov.au/qhcss/gpconnect.asp>



GPLO SCHHS – UPDATE DECEMBER 2014 /cont:

A reminder for GPs about the changes to referral management effective from January 1st 2015 .

What the SCHHS is doing

- Reducing waiting times by streamlining patient referrals so that patients are directed to the most clinically appropriate service.
- Developing new referral guidelines
<http://www.health.qld.gov.au/sunshinecoast/html/services/refer-home.asp> with more than 20 services currently published and approximately 10 more expected by January.
- In collaboration with SCML, we are developing new referral templates that auto-populate with RACGP-suggested minimum information* for all referrals. The template will incorporate a drop down list of specialists for each specialty area and a link to the Referral Guide**.
- Speedy return of those referrals which do not conform to minimum information standards.

What GPs can do:

- If a referral is returned despite following the Referral Guide, or you have any questions or concerns please contact Sandra Peters on 54706541 or sandra.peters@health.qld.gov.au.
- Contact SCML (see below for contact details) and request a visit from your local Field Officer. They can help you install the latest e-referral template appropriate for your practice software and show you how it links to the Referral Guide.
- Make time to familiarise yourself with the current Referral Guide. Some services may have changed over the years.

*RACGP endorsed referral standards can be found here:

<http://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-6/referral-documents/>

**Additional information regarding SCHHS specialist and allied health services,

<http://www.health.qld.gov.au/sunshinecoast/html/services/refer-home.asp>

If anyone has any questions please feel free to contact me.

Dr Sandra Peters, GP Liaison Officer SCHHS
Medical Administration, Level 4 Block 3
Nambour General Hospital
Tel: (07)5470 6541 (*3375)
Talk to me via MOVI: "Sandra Peters"
Mon, Tues, Wed & alternate Thursday 8:30 am to 5pm
Email: Sandra.Peters@health.qld.gov.au Monday to Friday

Wishing everyone a safe and peaceful festive season.

Looking forward to working together in 2015.

Best wishes, Sandra.



MEDICAL MOTORING

with Dr Clive Fraser

Mother Nature

"Paintless dent repair"



It's been twenty years since Brisbane was hit by its worst hailstorm ever.

I recall looking up on the afternoon of Friday the 18th January 1985 and seeing a very menacing dark green sky as I left the Royal Brisbane Hospital car-park to head home during peak hour.

I didn't get far in the traffic before I had to pull over as visibility in the storm was down to zero with the rain (and hail) bucketing down.

The sound of hail stones as big as cricket balls hitting the roof of my 1980 Chrysler GH Sigma was deafening.

Thinking that I might protect my panels with some towels I bravely ventured out of my vehicle, only to make a hasty retreat after copping a blow to the head from a large chunk of ice.

I might have thought twice about braving the elements if I'd known that 55mm of rain had fallen in ten minutes and that wind gusts of up to 187 km/h were being recorded at Brisbane Airport.

The wind was so strong that the hail was being driven horizontally and my car was being hit from all angles.

The damage to my vehicle was not immediately obvious that night, but in the morning light my car looked like it had taken hundreds of blows from a hammer.

I recall that it cost \$4,000 to cut off my roof, replace the bonnet and boot and put body filler in the hundreds of dents all over my \$8,000 car.

The cost to the community overall was \$300 million (\$900 million in today's money).

20% of Brisbane's cars and 20,000 homes were damaged. 2,000 homes were un-roofed.

Repairs to vehicles took up to a year as there were simply not enough spare parts in Australia to fix the thousands of cars that had been damaged.

Automotive repair methods have changed considerably since 1985 with stronger and thinner metal panels and modern flexible paint.

Nowadays there is a fair chance that most if not all of the automotive hail dents can be repaired without body filler or re-painting.

It is possible to pull the dents out by attaching a stick with a dab of glue, applying a heat gun, freezing gas or compressed air.

But the most common high-tech means of fixing a dent is to push it out from behind with a pointy stick.

I should have known that this was possible because I'd been a surgical registrar and I'd elevated the depressed zygomatic arch many times with a Howarth elevator using the Gillies method.



Modern automotive pointy sticks have a magnetized rotating ball on the end which allows the operator to see exactly where the stick is internally situated by placing a ball-bearing on the outside of the panel.

MEDICAL MOTORING /CONT with Dr Clive Fraser



Repairers have a highly practised technique with most repairs having a circular motion from the outside to the centre.

All of this is only possible of course if the metal (and paint) isn't stretched (too much).

On Thursday 27th November 2014 Brisbane copped another massive hailstorm during peak-hour and another \$200 million dollars worth of damage.

I'll be out there with my Howarth elevator to lend a helping hand if needed.

Hail facts:

- Hail forms when an up-draft of air in a storm causes water to freeze and solidify and fall back to Earth.
- A cricket ball weighs 160 gm.
- A 7.2 cm (cricket ball) sized hail stone weighs 195 gm and will fall to the Earth at 48 m/sec or 173 km/h.
- Being hit by a large hail stone can be deadly.

Safe motoring
Dr Clive Fraser



Introducing new member

Dr Joanne Boynton

Dr Joanne Boynton will gain Fellowship of the Royal Australian and New Zealand College of Psychiatrists in February 2015 with Advanced Training in Consultation Liaison Psychiatry. She has a particular interest in providing and expanding Consultation Liaison psychiatric services in General Practice settings, and co-presented on her current position's Model of Care at the recent GPTQ Conference. She currently works as a Senior Psychiatric Registrar with the General Practitioners and Allied Health staff at Radius Medical Centres in Pine Rivers Shire, as an embedded full-time Consultation Liaison Psychiatric Registrar. She will be establishing a new private outpatient psychiatric practice opening in 2015 near the Sunshine Coast University Hospital.



Joanne graduated MBBS with Honours from the University of Queensland in 2003. Her Intern and JHO years were spent at the Mater Hospital in South Brisbane. She has previously worked as a Vocationally Recognized General Practitioner in rural Victoria and as an Emergency Department PHO on the Sunshine Coast. She joined FRANZCP training in 2008 and has completed her psychiatric training at various mental health services in South East Queensland, including Caboolture/Redcliffe, Sunshine Coast, Princess Alexandra Hospital and Royal Brisbane and Women's Hospitals. Aside from General Practice, her Consultation Liaison sub-speciality training and interests include perinatal, burns, eating disorders, chronic pain, palliative care, haematology-oncology, acquired brain injury, neurology, donor and recipient organ transplantation and renal dialysis.

Joanne has lived on the Sunshine Coast since 2008. When not self-analysing, she can be found semi-self-sufficiently (trying to) grow plants and animals and enacting her caninophilic behavioural tendencies (she has three).

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Child Protection – New legislation for the new landscape.

Dr Erica Baer

On 19th of January 2015, legislative changes to both the Child Protection Act and the Public Health Act will be proclaimed that will have impact on mandatory reporters (amongst other things). Mandatory reporting has been removed from the Public Health Act and incorporated into the Child Protection Act to make it more uniform across professions eg doctors, nurses, teachers, some police officers and child safety workers.

Section 13A of the Child Protection Act will state:

A reasonable suspicion that a child may be in need of protection can be formed if there is information to suggest the child:

- has suffered, is suffering or is at unacceptable risk of suffering significant harm; and
- **may not have a parent able and willing** to protect them from the harm

Section 13E of the Child Protection act will state:

A reportable suspicion is a reasonable suspicion that a child

- has suffered, is suffering or is at unacceptable risk of suffering significant harm caused by **physical or sexual abuse**; and
- may not have a parent able and willing to protect the child from the harm

On a practical level, this means the threshold for making a report to the Department of Communities Child Safety has gone up. Instead of just thinking in terms of whether a child has been, is being or is at risk of being abused or neglected, now we need to think of whether a child is in need of protection or whether the family is just needing more assistance.

It is important to remember that doctors and nurses, as health professionals, are obliged to intervene when children are being harmed or neglected as part of our duty of care. The changes to legislation still allow us to breach confidentiality to do this when we are concerned the family may not be willing OR able to protect. We **SHOULD** report a reasonable suspicion of significant harm caused by emotional abuse and neglect under Section 13A and we **MUST** report significant harm caused by physical or sexual abuse under section 13E.

The Stronger Families Web Site will have a web enabled reporting form available to facilitate reports, but I would still suggest a phone call to the Regional Intake Service, especially if the concerns are more pressing. The legislation dictates that mandatory reports will still need to be in writing.

The level at which Child Safety intervenes has not changed, but the aim is that instead of *reporting* in cases where they aren't required to intervene (and currently therefore nothing changes for the family and children), we will now be able to *refer* to a secondary support system that can assist families, thereby preventing them reaching that threshold of legislative intervention.

To facilitate providing assistance to these families, two new services are starting up that we can *refer* families to. Web enabled referral forms will also be available on the Stronger Families Web Site.

Firstly, we can refer families to the **Family and Child Connect** service. In our region, Act for Kids will be providing this service. They will provide information, assessment, advice and/or referral for support for vulnerable families. They will actively engage with the family where necessary to identify their needs and refer to Child Safety if they feel the threshold has been met. They will also have a role leading a local level alliance of government and non-government services.

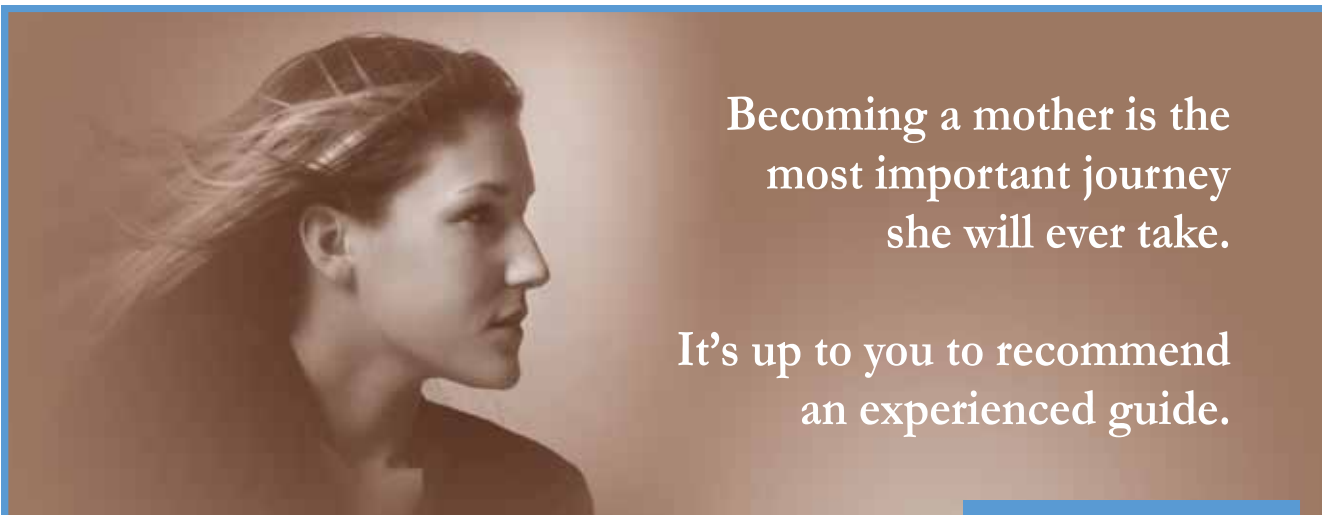
Secondly, an intensive family support service will be available. In our region, United Synergies will be providing this service.

The Stronger Families Web Site will also have a web enabled referral form available, and during their office hours, which will be extended, the Family and Child Connect will be able to take phone referrals and give advice.

Health workers have privileged opportunities to identify and access children in need of protection and therefore an obligation to act in their interest - now additional actions are available for children at risk of becoming in need of protection.

Now, as always, child protection is everybody's business, and this new legislation empowers us all to actively assist children at risk of becoming in need of protection.

Dr Erica Baer
Paediatrician
Nambour Hospital



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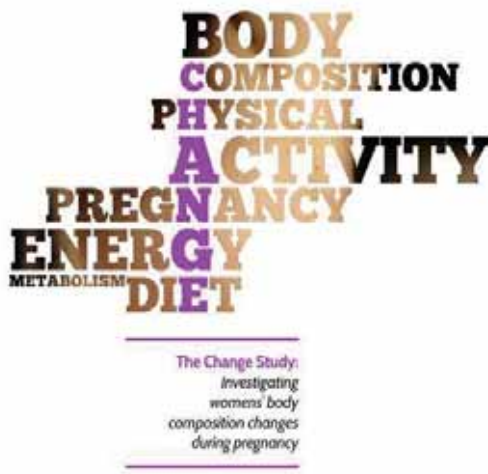


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Sunshine Coast GPs - the link to effective recruitment for new pregnancy study

Researchers at the University of the Sunshine Coast have developed a new study to track the body composition changes of pregnant women. The CHANGE Study will further our understanding of normal body composition changes in pregnancy and establish the relationship that diet, energy metabolism and physical activity has to these changes. The

study uses gold-standard data collection methods including deuterium dilution to assess total body water content and air displacement plethysmography (BOD POD) to measure body composition. Additionally, the research will enable us to validate bioelectrical impedance spectroscopy (BIS) as a faster alternative to assessing total body water.

Data will be collected at the University's research facility with participants attending a half-day 'testing day' once during each trimester. Therefore, participants are required to attend their first testing day by the 12th week of pregnancy. Newly pregnant women are generally hesitant to reveal their pregnancy prior to the first trimester making it difficult to actively recruit participants. The researchers have identified that GPs are likely the best health professionals to assist with recruitment as they are among the first to learn of a woman's pregnancy. Sunshine Coast GPs are quite possibly the key to ensuring sufficient sampling size and can assist the research team by discussing the Change Study with newly pregnant clients. Several GP clinics in the area are already displaying The Change Study poster in their waiting rooms. It is expected the research outcomes will translate into a more nuanced understanding of weight changes, diet and activity during pregnancy. The research will be published upon the completion of the study which is expected for 2016.

More information can be found on the study's facebook page:

www.facebook.com/theCHANGEstudy.

If you are a local GP who is willing to discuss the CHANGE Study with your clients or display one of our posters, please contact Nina Meloncelli (APD) on **0412 657 771**

Email changestudy@usc.edu.au. If you would like to find out more information or are interested in the results when they are published, please call Dr Libby Swanepoel (APD, PhD) on 0404 060 200. The Change Study has human ethics approval and is led by the following USC researchers: Dr Libby Swanepoel, Dr Jude Maher, Dr Gary Slater and Associate Professor Chris Askew.





ROCK ON



Apparently some Kiwis are proud of their rocks. Greywacke rock is everywhere. This ubiquitous highly compacted gray sandstone "rock" is the foundation of soils in many areas of NZ. Marlborough in particular has abundance and contributes to the terroir of the wine making region.

Kevin and Kimberly Judd own the Greywacke label, named after this rock. They produce flavorsome complex wines that reflect this taught mineral quality supplied by the "rock".

English born and raised in Adelaide, Kevin went to Roseworthy College and made wine in Reynella SA. In the early 80's, the frontier of cool climate crisp and aromatic whites beckoned Kevin to travel to Marlborough. He was to stay 3 years but hasn't left. He initially worked for Selaks wines and then became foundation wine maker at the iconic Cloudy Bay winery.

Kevin is akin to a virtual winemaker. He does not own any vineyards but through experience and well-formed relationships, sources premium fruit from older vines on select vineyard sites. The Dog Point vineyard facilities are used for his winemaking, as well as supplying some fruit.

The Greywacke label features Sauvignon Blanc and Pinot Noir. Pinot Gris, Gurmistraminer, Chardonnay, and Riesling are made in limited quantities.

Sauvignon Blanc (SB) is the NZ work horse with it making up 87% of wine exports. Marlborough SB is somewhat predictable but is always value for money. Grown in the "sunniest" place in NZ, it can be sunshine in a glass.

It is always a pleasure when craftsmen like Kevin cajole a predictable grape into alluring wine. The Wild ferment SB gets special old world attention with wild yeast fermentation, some old French oak barrel exposure and some Malolactic fermentation. Kevin developed the much sought after Cloudy Bay Te koko SB. His wild ferment SB has some links to this but is indeed its own wine.

Wines tasted

2013 Greywacke Marlborough Sauvignon Blanc. Pale yellow in color. The Nose is an attractive array of gooseberries, melon and slight herbal grassy tones. The palate has medium fruit levels but fine acidity that meld into a soft finish. Have with oysters. Not your average SB with finesse.

2012 Greywacke Marlborough Wild Ferment Sauvignon Blanc- The color is a light straw with tinges of green. The Bouquet exudes a complexity rarely seen with SB. NO cats pee etc. in this beauty. Nectarines, lime notes and a funky almost meaty aroma excite the olfactory nerves. The palate is a generous, plush fruit driven taste but melded with appropriate acid levels. Almost creamy in nature. Have with Sashimi scallops and sea urchin. I believe this will cellar for 7-9 years and be extraordinary.

2013 Pinot Gris- Pale yellow. White peach and funky Rose petals with hints of Asian spices beckon the vinophile. Some old oak exposure and wild yeast marry up nicely. Super generous palate we balance acidity make this velvety style suave wine. Enjoy with Brie and quince paste.

2012 Greywacke Pinot Noir- Nice crimson/garnet color. Dark fruit spectrum with plums and spices. Some oak charring effect and mild funky nuances waft in and out. Elegant palate with moderate integrated tannins. Described as a feminine style, this will man up in 4-5 years. Made for Canard!

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Dr Rosanne Middleton
- **Clinical Psychologist**

Dr Middleton has a particular interest in the impact of cancer on the quality of life for individuals diagnosed with cancer, the experiences of those caring for someone diagnosed with cancer, and cancer survivorship.

Dr Middleton recognizes that difficulties may occur at any time throughout the cancer journey and that timely intervention is crucial to managing what can be an extremely challenging time.

Dr Middleton has many years' experience working as a Clinical Psychologist in oncology and palliative care, using a range of techniques to help the individual manage the distress associated with the diagnosis of cancer. This support is extended to the individual's carer and family members.

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Annular pancreas

Findings

A hyperintense duodenum is passing through the hypointense pancreatic head with a dilated proximal duodenum and abrupt transition to a circumferentially narrowed second duodenum. Fluid is also seen in distal duodenum. Anomalous pancreatic tissue encases the descending duodenum

Diagnosis

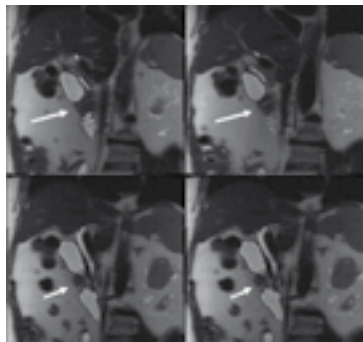
Findings are in keeping with annular pancreas.

Discussion

Annular pancreas is a morphological anomaly which can cause duodenal obstruction.

Etymology

The incidence is probably 1 in 250, however accurate incidence is not reported. It is as common in adults as among children. Age of detection however usually corresponds to 3rd-6th decade of life.



Associations

- Down syndrome
- Pancreas Divisum
- Pancreatitis
- Pancreatic Cancer
- Intraductal Papillary Mucinous Tumour (IPMT)

Clinical presentation

- Most common signs/symptoms
 - 2 main presentations
 - Newborns: Signs of duodenal obstruction either on prenatal ultrasound or after birth
 - Signs after birth include vomiting, feeding intolerance, abdominal distension
 - Typically do not present with bilious emesis
 - Adults: Abdominal pain and pancreatitis

Demographics

- Age
 - 51.5% diagnosed in childhood
 - Median age at diagnosis: 1 day
 - 77% of children diagnosed by 2 days of life
 - 48.5% diagnosed in adults
 - Median age at diagnosis: 47 years

Pathology

Embryology

The pancreas develops from a single dorsal and two ventral buds, which appear as outgrowths of primitive foregut at 5 weeks of gestation. Ventral buds fuse rapidly. In 7th week of gestation, duodenum expands, and rotates the ventral bud from right to left, and causes fusion with dorsal bud. The ventral bud forms the inferior part of uncinate process and inferior head of pancreas while the dorsal bud gives rise to tail and body of pancreas. Annular pancreas develops due to failure of ventral bud to rotate with duodenum, causing encasement of duodenum.

Classification

Annular pancreas can be either complete or incomplete:

- complete annular pancreas - pancreatic parenchyma or annular duct is seen to completely surround the 2nd part of duodenum
- incomplete annular pancreas - annulus does not surround the duodenum completely, giving a 'crocodile jaw' appearance

Radiographic features

CT

Pancreatic tissue is seen to completely or incompletely surround the 2nd part of duodenum. Associated duodenal narrowing and dilatation of proximal duodenum may also be seen. In adults, it is frequently presented with pancreatitis.

MRI / MRCP

Apart from annular pancreas features, pancreatic ductal anatomy can be well assessed with MR imaging. Annular duct usually joins the main pancreatic duct or accessory duct (duct of Santorini).

Natural History & Prognosis

- Thought to occur as a developmental anomaly
 - Tip of ventral pancreatic bud fuses abnormally to duodenum
 - Fusion leads to abnormal rotation of ventral anlage around duodenum in 4th to 9th week of development
 - Results in ring of pancreatic tissue surrounding duodenum
- Adults with annular pancreas more likely to have pancreatitis and neoplasm (both pancreatobiliary and other neoplasms)

Treatment

- Duodenal obstruction treated with duodenal bypass

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Increasing disability insurance to allow for tax

Strategy for individuals under age 60

One of the criticisms surrounding insurance through super is that the benefit paid out of super may be subject to tax, whereas the benefit outside super will be tax-free.

A lump sum disability benefit is taxed as a normal super lump sum i.e. it is paid tax-free from age 60, but may be taxable under age 60. In the event that tax will be payable on a disability super lump sum, the insured amount may be grossed up to offset the tax. In most cases, the real cost for the larger sum insured still works out cheaper inside super.

Case study

Juliette (age 40) is a GP and operates as a sole trader. She is married with 2 children. Juliette takes a salary of \$180,000 (a marginal tax rate of 38.5%). Upon consultation with her Adviser, Juliette would like to purchase the following combined life/TPD cover:

Term life: \$2.5 million

TPD (any occupation): \$1 million

The premium cost is \$1,575 per annum. Juliette also holds TPD (Own occupation), Trauma and Income Protection outside of super.

Strategy analysis

While the premium for the Life/TPD cover is \$1,575, if the policy is held outside of super, Juliette will need to pay in after tax dollars so the real cost is \$2,561 p.a. ($\$1,575/0.615$).

Alternatively, if Juliette holds the insurance through her superannuation fund the insured TPD amount would need to be grossed up to \$1,140,000 to account for the approx. tax in the event of a TPD claim. However, although the level of TPD is increased, resulting in an increased premium, the overall annual premium costs are still only \$1,678 (assuming the 15% contributions tax is offset by tax deduction for insurance). When compared to paying for the premium outside of super the overall saving is \$883 p.a.

Tips and traps

A condition of release will need to be met to receive the insurance proceeds when they are held via a superannuation structure. Hence we recommend using a split TPD definition so that you still have the flexibility of an "own" occupation definition outside of super.

The decision whether to take a disability benefit as a lump sum or pension/income stream will depend on the client's individual circumstances. Clients with large debts may prefer a lump sum, whereas it may be more appropriate for those who want to spread the receipt of money to take a pension. Often a combination of a lump sum and pension may be optimal.

Article written by Hayden White DFP & Cert IV Finance/Broking. For more information please contact Hayden at Poole Group on **07 5437 9900** or email hwhite@poolegroup.com.au

**ASADA**AUSTRALIA SENIOR ACTIVE
DOCTORS ASSOCIATION

About to step down from active practice?

If you don't want to become a "Medical Ghost" and completely forfeit your rights to contribute to your profession join ASADA Australian Senior Active Doctors Association and fight back.

Visit www.asada.net.au
for Members and Supporters

To Join ASADA, go to www.asada.net.au
and download a Members form
(Membership is \$20 p.a.)

To support ASADA go to www.asada.net.au and
download a Supporter form – (No fee)

The experienced voice of Australian doctors

A WONDER CALLED...BORNEO

A destination with so much to offer, but so often forgotten.

- The largest Island of Asia, Borneo has all the key ingredients to make your holiday worth remembering for a lifetime. From lush green forests to mountainous terrain and from captivating beaches to idyllic villages, a trip to Borneo is for every traveller!



For the Nature Lovers

- Borneo's 130 million years old rainforest plays host to a wide variety of flora and fauna, apart from being the natural habitat for the endangered Bornean Orangutan. The rich biodiversity has put Borneo on the world map along with its African counterparts.
- Though Orangutans at Sepilok are the star attraction, Borneo is also a refuge to the Pygmy Elephants, Clouded Leopards & Sumatran Rhinos at Kinatatan as well as the endangered Green and Hawksbill Turtles at the Turtle Island.

Beach is your Calling!

- A tropical paradise with unspoilt white sandy beaches, Borneo offers the adrenaline junkies a variety of water activities to choose from. The magical islands around Tunku Abdul Rahman Island are perfect for Snorkeling and Scuba diving, with the abundant sea life making it a spectacular holiday. If not adventurous, just sit back and relax on the beach, splash around the water and soak in the beauty of this exotic island.

The Rich Heritage

- For those looking for a less stressful vacation, mystical Borneo is a treasure trove of natural & cultural delights.
- Explore one of the many water Villages, learn about the ways of life of the local tribe and be teleported back to the ancient and magical Borneo.

City Person

- The capital Kota Kinabalu, full of hustle bustle, acts as a gateway to the splendor offered by Borneo. However, the city in itself breathes life and character. With colonial buildings, lively waterfront and an enviable culture, a couple of days in the city are a must.

Ah...Mountains are what give you a kick

- The towering Mount Kinabalu offers a lot of opportunities for scenic walks and treks. Home to thousands of varieties of Flora fauna, the mountains are an explorer's delight.

What have we planned for you?

- *Our itinerary has been developed keeping all the attractions of Borneo in mind. We also ensure there is something for everyone!*

The must do – Visiting the Orangutans

- *We explore the rainforest from the river in a boat, enjoy the captivating jungles and look for Orangutans. Our experts will take you as close to the Orangutan nests as possible*

Explore a Local Village

- *Enjoy the hospitality of a local village; soak in the traditions and simplicity of life by exploring the local village and savoring the culture first hand.*

Get the Thrills

- *Go Snorkeling - enjoy the wonders of the sea world. For the less adventurous, just sit back, relax and enjoy the pristine beaches and peace of Borneo*

Visit Mount Kinabalu

- *This is a walking tour to explore the wonders presented at the base of the mountains. Be prepared to be amazed by the splendors of the flora around*

Get off the beaten track, get ready to explore the wild side as well as immaculate beauty of life, get ready for Borneo...Book Today!

www.123Travelconferences.com.au

Hospital in the HOME



Hospital in the Home (HITH) is a new service being offered by the Queensland Government and the Sunshine Coast Hospital and Health Service (SCHHS).

HITH involves the provision of acute care at a patient's usual place of residence as a substitute for inpatient care at a hospital. HITH is a priority commitment for the Queensland Government. The government's Blueprint for better healthcare in Queensland, launched in 2013, encourages the increased use of HITH.

Several national and international reviews have prompted the use of HITH as a model that:

- has the potential to provide patients with greater choice in their care
- improves access to health services
- provides equal or better patient care outcomes
- improves efficiencies in service delivery.

HITH consists of a virtual ward where the patient is classified as an inpatient for the duration of the episode of care. Silverchain HITH team and their partners provide 24 hour a day hospital-level care, within their home environment. Admission to these virtual beds is under the medical governance of the Silverchain HITH medical officers or the SCHHS medical officers. Patient review is conducted via telehealth or as a scheduled clinic review.

Admission criteria encompass clinical, social and service requirements. Five common conditions treated under the HITH model of care include: cellulitis, pulmonary embolism, urinary tract infections, respiratory infections and venous thrombosis.

HITH patients have to meet specific eligibility requirements including:

- an appropriate diagnosis for management of their condition at home
- clear medical professional nominated for directing the treatment plan and conducting medical reviews
- medically stable
- patient consent
- able to communicate effectively either directly or through an interpreter or nominated guardian
- access to and be able to use a telephone, with available credit and service if mobile
- adequate social supports to return to the home environment
- safe and appropriate environment for care delivery for care
- cognitive and physical state must be conducive to care external to the hospital
- reside within the SCHHS.

The HITH program will focus on the transfer of care, including quality referral and discharge processes so that a continuum of care is provided. A discharge summary will be sent to the regular treating general practitioner on discharge from HITH. There are statewide key performance indicators to monitor the success of the programs and identify areas of improvement.

Silver Chain

Ph: 1300 466 346

Hospital in the home guideline

www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-379.pdf

Sandie Pott

Project Manager, Sunshine Coast Hospital and Health Service

Ph: 0407 762 386

Great state. Great opportunity.



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

NAME	Surname:		First Name:	
EMAIL:				
<u>PRACTICE ADDRESS:</u> This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.				
	Practice/Building			
	Street:			
	Suburb:		Postcode:	
	Phone:		Fax:	
<u>ALTERNATE ADDRESS:</u> (if practice address not applicable)				
	Street:			
	Suburb:		Postcode:	
	Phone:			
<u>PRACTITIONER DETAILS:</u>				
	Qualifications:			
	Date of Birth:		Year of Graduation:	
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
<u>PLEASE NOTE:</u> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
<u>PROPOSERS:</u> (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
1. NAME:		Signature:		
2. NAME:		Signature:		
<u>ANNUAL SUBSCRIPTION (GST included):</u>	(Please tick)	DELIVERY OPTIONS		
Full-time ordinary members - GP and Specialist	\$ 55.00	Your Monthly Invitation		
Doctor spouse of full-time ordinary member	\$ 22.00	By Email?		
Absentee or non-resident doctors	\$ 22.00	By Courier?		
Part-time ordinary members (less than 10 hours per week)	\$ 22.00	By Post?		
Non-practising ordinary members, under 60 years old	\$ 22.00	Your Monthly Newsletter		
Residents & Doctors in Training	Free	By Email?		
Non-practising ordinary members, over 60 years old	Free	By Courier?		
Patron and honorary members	Free	By Post?		
Payment can be made by cheque payable to SCLMA or by direct debit to the <i>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</i> A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.				
Please return this form with your cheque OR details of your E.F.T. to: SCLMA PO BOX 549 COTTON TREE 4558				
<u>Please note:</u> <i>Membership applications will be considered at the next Management Committee meeting.</i>				

The Sunshine Coast Local Medical Association has Public Liability Insurance

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 23 OCTOBER 2014
Ebb Waterfront & Dining Restaurant, Maroochydore
MINUTES
(Accepted at Committee meeting 27 November 2014)**

The meeting opened 1805.

Attendance: Drs Di Minuskin, Peter Ruscoe, Marcel Knesl, Wayne Herdy, Jeremy Long, Jenny Grew and Kirsten Hoyle. Jo Bourke (Observer)

Apologies: Drs Ingham, Scott Phipps, Mason Stevenson, Denise Ladwig, Scott Masters, Peter Dobson (Medicare Local), Fiona McGrath (Medicare Local) and Nigel Sommerfeld.

Minutes of last meeting: 25 September 2014.

The Minutes were accepted as a true and accurate record.

Moved: Peter Ruscoe. Seconded: Jenny Grew.

Business arising from Minutes: Nil

President's Report: Dr Di Minuskin:

- Di to meet with Health Minister, Peter Dutton 24 October. It is expected that six of his executive will be there; topics have been invited from SCLMA members:

Topics for discussion:

- Blocking access to primary care in the form of copayment
- Defunding of general practice through decreased rebates (also pathology and radiology)
- Support programs that encouraged better communication between tertiary care and primary care
- Reduce waste and duplication
- PCEHR
- Authority script line
- Working towards efficient access to hospital information for the nominated GP or practice;
- Meeting held with Warren Bunker, Regional Planning Manager, Sunshine Coast Council on 17 October. Warren would like opportunity to address SCLMA or perhaps host a meeting of interested doctors. We will invite Warren to a meeting next year.
- PECHR concern re the implications of uploading all pathology and radiology. Who is responsible for notifying abnormal results etc.
- Some of long-established specialists have had operating lists cut at SCUPH.

Vice President's Report : Dr Rob Ingham - *Apology.*

Secretary's Report: Dr Wayne Herdy

Correspondence In:

- Julie Martin USC – Appreciation for Ian Colledge's attendance at USC Bursary Presentation
- Ian Colledge – update on Bursary Presentation
- Nina Molina – confirmation of her attendance at the Nov 27 meeting
- Scott Phipps – re problems with the authority script line

Correspondence Out:

- Di Minuskin – to Ian Colledge re his attendance at the Climate Forum
- Di Minuskin – thanks to Ian Colledge for representing the SCLMA at USC
- Di Minuskin – to Julie Martin USC – re Bursary Presentation

Business arising from Correspondence:

- Nina Molina (the recipient of the SCLMA Bursary) will attend the meeting 27 November 2014.

Treasurer's Report : Dr Peter Ruscoe

(a) Accounts to be paid:

Accounts to be paid:

- Australia Post – Account September 2014
- Jo Bourke – Secretariat September 2014
- Jo Bourke – Newsletter October 2014
- C Bourke – Genetique – October website updates
- Snap Printing – October Invitations 2014
- Snap Printing – October newsletter 2014
- ATO – BAS payment

Dr Peter Ruscoe moved 'that the Treasurer's report be noted and that the payments be approved.'

Seconded: Wayne Herdy. Carried.

(b) Membership Report. Nil

AMAA Councillor's Report: Dr Wayne Herdy

- AMA has expressed concern about the lack of coherent planning for an Ebola outbreak in the region;
- The assumption is that any threat will be near Darwin, and a team has been formed in Darwin, with an outreach group prepared to travel to PNG; However, it seems that PNG, a poor country with few international travellers, is not a credible first line of attack. Indonesia, with large numbers of

**SCLMA MANAGEMENT COMMITTEE MEETING
THURSDAY 23 OCTOBER 2014
Ebb Waterfront & Dining Restaurant, Maroochydore
MINUTES /cont:**

wealthy international travellers, is a more likely portal of entry;

- A potentially more dangerous portal of entry would be Pacific islands. An Ebola outbreak in the Pacific would call for a response from the Eastern states.

Meetings Convenor Report:

Dr Scott Masters – Apology.

Hospital Liaison Report: Dr Jeremy Long

- Focus is on preparation for transition to hospital becoming a tertiary hospital, developing teams and processes over next year;
- Debate about outsourcing – tendering/contracting process;
- Dr Minuskin asked that the hospital continue to work with GPs in developing pathways between primary and tertiary care.

Medicare Local Report:

Drs Fiona McGrath and Peter Dobson - Apologies

General Business:

Our Patron Dr Ian Colledge was invited to speak to the committee about his experience when he represented the SCLMA at recent meetings:

- Ian presented the LMA Bursary to the recipient at the University of the Sunshine Coast on 26 September 2014. It places the LMA in a positive light to contribute to the community. Our Bursary is one of the most generous,
- Ian attended the forum “A Conversation on Climate Change” on 13 October 2014. Speakers covered the theory behind greenhouse effect, potential litigation against corporations that accelerate climate change. There was disappointingly little discussion on the medical consequences of climate change.

Renewal of contracts for Jo Bourke and Carole Hawkins.

- After discussion, Jeremy Long moved, seconded Peter Ruscoe that the President be authorised to sign, the contracts for rendering services by Jo Bourke and Carol Hawkins. Accepted.

Meeting Close: 1850

Next Meeting: Thursday 27 November 2014

Maroochydore Surf Club, Maroochydore.

*Dr Wayne Herdy
Honorary Secretary.*

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

www.rdma.org.au or email: RDMAnews@gmail.com

ADVERTISING GUIDELINES:

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

Paragraph (a) “Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised”

Paragraph (f) “Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others”

Paragraph (o) “Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners”

DON'T MESS WITH OLD FOLKS

A lawyer and a senior citizen are sitting next to each other on a long flight.

The lawyer is thinking that seniors are so dumb that he could get one over on them easily.

So, the lawyer asks if the senior would like to play a fun game.

The senior is tired and just wants to take a nap, so he politely declines and tries to catch a few winks.

The lawyer persists, saying that the game is a lot of fun ...

"I ask you a question, and if you don't know the answer, you pay me only \$5.00.

Then, you ask me one, and if I don't know the answer, I will pay you \$500.00," he says.

This catches the senior's attention and, to keep the lawyer quiet, he agrees to play the game with him.

The lawyer asks the first question. "What's the distance from the Earth to the Moon?"

The senior doesn't say a word, but reaches into his pocket, pulls out a five-dollar bill, and hands it to the lawyer.

Now, it's the senior's turn. He asks the lawyer,

"What goes up a hill with three legs, and comes down with four?"

The lawyer uses his laptop to search all references on the Internet with no success.

He sends E-mails to all the smart friends he knows and all to no avail. After an hour of searching, he finally gives up.

He wakes the senior and hands him \$500.00.

The senior pockets the \$500.00 and goes right back to sleep.

The lawyer is going nuts now, not knowing the answer.

He wakes the senior up again and asks,

"Well, so what goes up a hill with three legs and comes down with four?"

The senior reaches into his pocket, hands the lawyer \$5.00, and goes back to sleep.

Don't mess with old folks!

THE BLONDE MAN HAS FINALLY ARRIVED...

A blonde man is in the bathroom and his wife shouts: "Did you find the shampoo?" He answers, "Yes, but I'm not sure what to do... it's for dry hair, and I've just wet mine."

A blonde man spies a letter lying on his doormat. It says on the envelope "DO NOT BEND ". He spends the next 2 hours trying to figure out how to pick it up.

A blonde man shouts frantically into the phone, "My wife is pregnant and her contractions are only two minutes apart!" "Is this her first child?" asks the Doctor. "No!" he shouts, "this is her husband!"

A blonde man's dog goes missing and he is frantic. His wife says "Why don't you put an ad in the paper?" He does, but two weeks later the dog is still missing. "What did you put in the paper?" his wife asks. "Here boy!" he replies.

(This one actually makes sense.) An Italian tourist asks a blonde man: "Why do scuba divers always fall backwards off their boats?" To which the blonde man replies: "If they fell forward, they'd still be in the boat."

A friend told the blonde man: "Christmas is on a Friday this year." The blonde man then said, "Let's hope it's not the 13th."

Two blonde men find three grenades, and they decide to take them to a police station. One asked: "What if one explodes before we get there?" The other says: "We'll lie and say we only found two."

FACTS ...

The liquid inside young coconuts can be used as a substitute for Blood plasma.

No piece of paper can be folded in half more than seven (7) times.

Donkeys kill more people annually than plane crashes or shark attacks.

You burn more calories sleeping than you do watching television.

Oak trees do not produce acorns until they are fifty years of age or older.

The first product to have a bar code was Wrigley's gum.

The King of Hearts is the only king without a moustache

American Airlines saved \$40,000 in 1987 by eliminating one olive from each salad served in first-class.

Venus is the only planet that rotates clockwise.

Apples, not caffeine, are more efficient at waking you up in the morning .

Most dust particles in your house are made from dead skin !

The first owner of the Marlboro Company died of lung cancer. So did the first 'Marlboro Man'.

Walt Disney was afraid of mice!

Pearls dissolve in vinegar!

The three most valuable brand names on earth: Marlboro, Coca Cola, and Budweiser, in that order.

It is possible to lead a cow upstairs... but, not downstairs.

A duck's quack doesn't echo, and no one knows why.



SCLMA CLINICAL MEETINGS 6.30pm for 7pm (over by 9pm)

Thursday 26 February 2015

Guest Speaker: Mr Warren Bunker, Director, Regional Strategy & Planning, Sunshine Coast Council.

Venue: Maroochydore Surf Club. Invites Feb 2015.

Coming up in 2015

To date we have interest and tentative bookings from:

Sunshine Coast Radiology (Parisa Mediphur)

Old Fertility Group (Claire Ellem)

Caloundra Private Clinic (Pam Bull)

Samsung (Kaye Swallow)

Please contact Jo Bourke or Meetings Convenor, Dr Scott Masters, if you are interested in speaking or sponsoring.

ENQUIRIES:

Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrel.com.au

Meeting attendance:

- **Free for current members.**
- **Non members: \$30. (\$50 for Ebb)**
- **Application forms available on night.**
- **Membership forms also available on the website: www.sclma.com.au**

CLASSIFIEDS

PROFESSIONAL OFFICE with RIVER VIEWS in "ESPLANADE & SECOND" on COTTON TREE ESPLANADE - for LEASE or SALE.

- 76 sq m, 2nd floor, river views, aircon, fitted out as medical consulting suite – 3 rooms, waiting & office.

Contact: david.leslie@optusnet.com.au

Ph: 0418 150 991 / 0419 663 550

November 2014

DR MARK DE WET, OPHTHALMOLOGIST, FRANZCO

- Now consulting at Buderim Eye Centre, Private Practice, Nucleus Medical Suites, Suite 2, Section (Buderim Private Hospital) 23 Elsa Wilson Drive, Buderim 4556.

Ph: 5444 7344 Fx: 5477 7037

Email: markdewet@outlook.com

- **Mark also continues to work, part time at Caloundra and Nambour public hospital.**

October 2014

TWO GP POSITIONS AVAILABLE - ONE OF WHICH IS DWS

- Ormuz Avenue Family Practice in Caloundra is a well established Doctor-owned General Practice focused on high quality GP care with mixed billing and full RN support.
- We have two GP positions available, one full-time DWS position and a part-time non DWS position. This could suit a husband and wife medical family.

For further information contact Dr Mary Carlisle on mobile
0414 434 735

October 2014

VR GP REQUIRED FOR PRIVATE BILLING PRACTICE

- Coastal Family Health is a large 7 doctor, modern, private billing medical centre in the heart of Buddina.
- Privately owned and operated, offering excellent remuneration without restrictive employment contracts.
- Full time nursing & care plan support, flexible team approach, great Sunshine Coast lifestyle.
- Great team, flexible hours, remote access & newly built rooms.
- Existing patient base ready from current F/T Male GP moving interstate

For a confidential enquiry contact:

adam@coastalfamilyhealth.com.au

or ph: 0412 577 725

October 2014

PSYCHIATRIST - DR PAUL CADZOW - NEW CLINIC

- Dr Paul Cadzow has a special interest in psychotherapy, including Cognitive Behavioural Therapy, Positive Psychology and Psychodynamic Psychotherapy. Dr Cadzow treats conditions including depression, anxiety, PTSD, and perinatal psychiatry for patients aged eighteen and above.
- Dr Cadzow has begun working at Clear Sky Specialist Centre, Suite 8, 102 Burnett Street, Buderim QLD 4556 (2 doors away from his previous practice)

Ph: 5456 2190 Webpage: www.clearskyclinic.com.au

Referrals via Medical Objects are preferred.

October 2014

PSYCHIATRIST - DR REBECCA WILD

- Dr Rebecca Wild treats a wide range of psychiatric conditions in children and adolescents, and has a particular interest in early intervention with infants and under fives.
- Weekly sessions in February 2015 at Clear Sky Specialist Centre, Suite 8, 102 Burnett Street, Buderim QLD 4556.

Ph: 5456 2190 Webpage: www.clearskyclinic.com.au

Referrals via Medical Objects are preferred.

DR T K HO - RETURN TO WORK

I would like to thank many of the colleagues and friends in the local medical community for their concern and support after my recent injury. After a full repair at surgery and diligent therapy, I am glad to report that I am making pleasing progress and expect to return to full work from the end of January.

I look forward to re-engaging in serving the local community. My interests are arthroscopic shoulder surgery and shoulder replacements. Other interests include sport injury, hip & knee replacements and hand surgery such as carpal tunnel syndromes & Dupuytren contractures.

My consultation rooms are at:

31 Second Avenue, Maroochydore

2 Caloundra Road, Caloundra

Tel: 07 5443 9999 for all appointments

Dr. TK Ho, Orthopaedic Surgeon

December 2014

DR ROSANNE MIDDLETON, CLINICAL PSYCHOLOGIST

- Dr Paul Cadzow, Consultant Psychiatrist, and Clear Sky Specialist Clinic is very pleased to announce that Dr Rosanne Middleton will be joining the practice from November 2014.
- Dr Rosanne Middleton is a qualified and endorsed Clinical Health Psychologist with many years experience working on the Sunshine Coast in both the public and private settings.
- Dr Middleton utilises evidence-based therapies in the assessment, diagnosis and treatment of various psychological disorders, including Anxiety Disorders, Mood Disorders, Adjustment Disorders, Health behaviour change, and Grief and Loss.

Accepting referrals now.

Ph: 5456 2190 Fax: 5456 1853

Webpage: www.clearskyclinic.com.au

October 2014

CHANGE of ADDRESS:

Sunshine Coast Haematology and Oncology Clinic

Dr John Reardon / Dr Hong Shue / Dr Sorab Shavaksha

- Please note, our rooms previously located at 32 Second Avenue, Cotton Tree ... and Level 2, Esplanade & Second, Cotton Tree are **NOW CLOSED**

NEW ADDRESS : 10 King Street, Buderim

Ph: 5479 0000 Fax: 5479 5050

October 2014

CHANGE OF ADDRESS - DR DAVID COLLEDGE, SURGEON, GENERAL / COLORECTAL.

- Dr Colledge has moved his consulting rooms to Suite 9B, Nucleus Medical Suites, 23 Elsa Wilson Drive, Buderim.
- Dr Colledge is continuing to operate at the Sunshine Coast Private Hospital Buderim and Nambour Selangor Private Hospital.

Ph: 5478 1449 Fax: 5444 2740

September 2014

*Classifieds remain FREE
for current SCLMA members.*

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

Classifieds remain on the list for 3months.

SCLMA CLINICAL MEETING - 27 NOVEMBER 2014

Maroochydore Surf Club Function, Maroochydore

Dr Erica Baer, Paediatrician, NGH and Dr Brenda Heyworth, Child & Adolescent Psychiatrist -

Also - Nina Meloncelli - SCLMA USC Bursary Recipient 2014

Sponsor - Paddy Guildford, The Property Clinic



Presenter Nina Meloncelli, USC Bursary recipient with SCLMA Life Member Dr Clem Nommensen and SCLMA Patron, Dr Ian Colledge



Presenters Dr Brenda Heyworth and Dr Erica Baer with meeting sponsor Paddy Guildford from The Property Clinic



Above: Dr Piotr Swierkowski with SCLMA President Dr Di Minuskin.

Left: Bernard Kasteel, Sandy Riba with meeting sponsor Paddy Guildford from The Property Clinic

