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BOARD AND EXECUTIVE REPORT

CHAIR REPORT - *Mr Noel Maughan*

Since the last newsletter there has been a flurry of activity nationwide concerning the establishment of Medicare Locals. Murray-Plains is engaged with Central Victoria and Central Highlands GP Networks in submitting an application by 19 July 2011 for the second round of Medicare Locals. As many members would know, we were unable to participate in the first round as the boundaries in our part of the world were (and still are) under discussion. Whilst announcements are still to be made as described by our CEO in his report below, we do understand that our vigorous representations to reconsider the Victorian proposal for Bendigo to be excluded from its northern region in a Medicare Local, may have been successful.

Whilst the concept of better coordination, better delivery and better funding of primary health care is laudable, it is vital that GPs and general practice remain at the core of patient centred care in the community. There remain many unknowns concerning the detail of Medicare Locals but what we do know is that funding for Divisions/GP Networks will cease after 30 June 2012. Also, there are major concerns regarding the funding, operation and staffing of after hours services that remain to be resolved once Medicare Locals take on a coordinating role in this area. Finally there is the serious consideration of the continuity of a service delivery during the transition from Divisions/GP Networks to Medicare Locals.

Please be assured that your Board and Executive continues to be actively involved in seeking to resolve these matters to the satisfaction of our membership.

CHIEF EXECUTIVE OFFICER REPORT - *Matt Jones*

Medicare Local Developments

In regard to the announcement of the successful Victorian early adopter Medicare Local applications and the final number and location of the Medicare Locals that are to be established from 1 July 2011, it has become a protracted affair. At the time of writing, we are still unsure when to expect the announcement confirming the situation in Victoria, whilst 15 Medicare Locals in other States have been confirmed on Monday 6 June.

Similarly the uncertainty associated with the confirmation of the boundary of our relevant Medicare Local remains. The announcement associated with this clarification is expected to accompany the confirmation of the early adopter Medicare Locals. There is some prospect that our relative region will change given the Victorian Government has been exploring the potential to reduce the geographical area of the proposed Loddon Mallee Murray Medicare Local (LMMML). As with all matters of politics, until a decision is made a variety of options both seen and unforeseen could emerge, including stepping back from what previously had been regarded as key decisions and timeframes in the roll out of these reforms.

Medicare Local Application Process

Despite the uncertainty and vacuum of clarifying information emerging from Canberra, on the ground in our local region we have been very active in engaging necessary and important elements of the primary care sector across our region. A regional meeting held on 6 May confirmed the composition, participation and terms of reference of the LMMML Reference Group. In addition, this meeting defined and operationalised a substructure of working groups designed to address the 6 specific application criteria.

Associate Professor Mandy Kenny, an external consultant, has been appointed by the Boards of the three partner Divisions/GP Networks to facilitate the engagement and application collation processes. This appointment is having the twofold effect of generating greater reassurance within our wider primary care sector regarding the process and capacity for other agencies to contribute to our collective efforts; as well as providing a very capable and energised resource to generate the capture and collation of relevant information for our application.

The volume and broad spectrum of information that is being provided from across the primary care sector, even at this early stage is evidence of this willingness for engagement of necessary partners. This is further evidenced by the very strong response for organisations to join in the Division/General Practice Networks collective efforts to lodge a consortia application.

Whilst a range of matters remain unclear, the Murray-Plains Board and Executive remain focused on achieving the best outcome for our communities of interest. As always, we will continue to advise members of the developments from hereon and to consult accordingly, whilst continuing the important work of our Division in supporting general practice through the wide range of programs and services we provide.

DOUBLE CONGRATULATIONS FOR LOCAL PRACTICE

Echuca Moama Family Medical Practice

As reported in our March 2011 newsletter, Echuca Moama Family Medical Practice were presented with the Melbourne University "Excellence as a Teaching Practice 2010" award on Tuesday evening 31 May 2011 at Melbourne University.



We also congratulate Sharon Briscoe, Practice Manager on receiving the award for "Excellence Contribution to Research by a Primary Health Care Professional 2010".

(L-R) Dr Peter Nesbitt, Sharon Briscoe, Dr Sue Harrison and Dr BK Pillai, attending the award presentation

Rural Primary Health Services (RPHS)

Allied health service provision continues to be focused around diabetes and obesity under the RPHS program. Service utilisation over the 2011/12 year has been excellent and planning is underway for similar levels of service from 1 July 2011, based on current budget and availability of allied health professionals.

Farewell Michele Walton

Michele Walton, Accredited Practising Dietitian from Deniliquin Community Health, is leaving our area at the end of June for a new challenge working in the nation's capital. Canberra's gain is our loss – Michele has been an integral part of a number of programs and services auspiced through Murray-Plains and is especially well known in Deniliquin, Barham and Echuca/Moama.

All at Murray-Plains wish to thank Michele sincerely for her dedicated and professional work with clients, GPs and practices and professional colleagues. She is much admired and will be greatly missed. Michele found the time to provide some reflections on her work with us over the journey:



Michele Walton

"The partnership between the Deniliquin Community Health Dietetics Service and MPDGP has been invaluable for the last seven years. Initially, it made it possible to start a service to Deniliquin and then Barham and Moama, where previously there was none.

As some area health service funding became available, the ongoing support of MPDGP allowed the service to grow to meet the increasing demand. The dual sources of funding have enabled a greater flexibility to meet the needs of patients and their referring practitioners.

I have also appreciated the professional development opportunities that MPDGP has funded and their ongoing interest in the service.

As the area transitions to a new model of primary health care, the partnership remains essential in strengthening the multidisciplinary approach to chronic disease management where nutrition is an important part of prevention and management."

Michele's employer – Murrumbidgee Local Health Network (formerly Greater Southern Area Health Service) is currently engaged in recruiting to her position, but there is likely to be a small gap in service provision. Practices which refer to Michele under the auspices of our RPHS program will be directly advised in due course when referrals can recommence.

Practice Services Team Staff

Angela Boal
(Manager)
Trish Natoli
(Clinical Risk
Coordinator)

*MPDGP welcomes
two new funding
agreements for
two years for the
provision of After
Hours services at
Echuca After
Hours Clinic and
East Wimmera
Health Service/
Boort Weekend
On-call Locum GP
Service*

Aged Care

Allied Health Services

This component of the Aged Care Access Initiative (ACAI) provides funding for payments for clinical care provided by allied health professionals to residents of aged care facilities where these services are not funded by Medicare or other Government programs. This is managed on behalf of the Commonwealth by State Based Organisations (in our case – General Practice Victoria) and delivered in conjunction with Divisions of General Practice.

The majority of our clinical service funding is auspiced through the Bendigo Rural Health Team to provide a speech pathology service in aged care facilities in several towns – service has continued in Rochester, Wycheproof, Inglewood, Boort and Pyramid Hill this year. Sadly, the closure of Charlton's aged care facility due to the impact of the floods, has seen its residents moved to other facilities outside the scope of our service. In addition this year, we are trialing a small one-off dietetics consultancy service to some additional facilities in the northern area of Murray-Plains during June 2011 and a report on this project will be provided in the next edition of the newsletter.

GP After Hours Services

Murray-Plains is a participant in several local GP after hours services, auspiced through the Commonwealth Department of Health and Ageing under its GP After Hours Program. This work has been in progress over a number of years, with MPDGP providing support to the projects at an advisory level and in negotiation with and reporting to the Commonwealth.

- Echuca After Hours Clinic – The final Commonwealth progress report was submitted and approved recently, following the end of the initial three year funding period for the Clinic, established in 2008 and operating out of Echuca Regional Health. A new two year funding agreement period commenced as of late May, but it is noted that the greatly reduced Commonwealth subsidy, coupled with some downturn in throughput (for a range of reasons) is a cause for concern in relation to the ongoing viability of the Clinic. The Steering Committee which oversees the running of the Clinic, is currently reviewing a number of financial scenarios in relation to maintaining the service. The Committee is extremely grateful to the sixteen or so local GPs who work on the Clinic roster, servicing the community seven days per week, outside normal general practice hours.
- East Wimmera Health Service/Boort Weekend On-call Locum GP Service – This initial project funding period has also ended and final reporting has been approved by the Commonwealth. Again, a new funding agreement for the two year grant has commenced. This will provide funding for up to eleven weekends per year where the four GPs who share on-call across the towns of Charlton, Wycheproof and Birchip (East Wimmera Health Service) and Boort can be relieved from duty by a GP locum. MPDGP works collaboratively with these practices and their local hospitals to facilitate this project.

A first for LAOS!

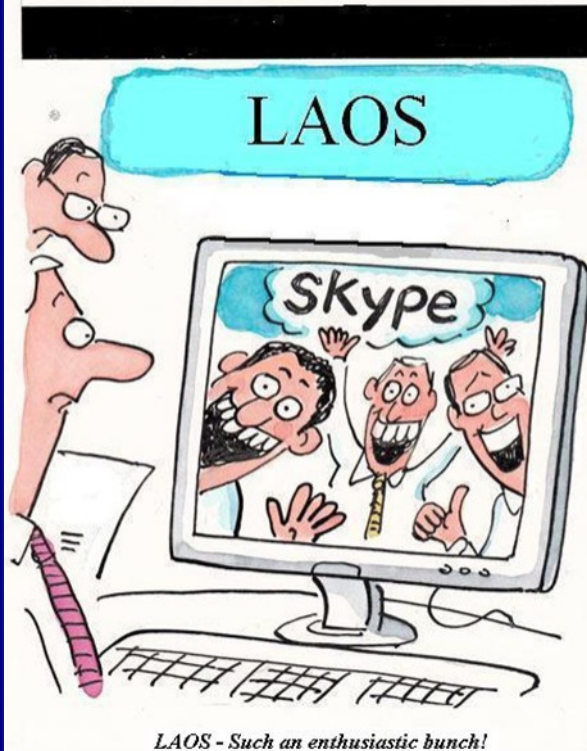
(That's **L**imited **A**dverse **O**ccurrence **S**creening, in case you were wondering)

On Thursday 26 May, the LAOS program held its first reference panel for the year.

There were 10 GPs in attendance from not only around the state, but in fact, around the world! (One division GP was so disappointed to be missing out whilst he was on holidays overseas, that he asked if he could attend via Skype).

So, never let it be said that MPDGP does not do what it can to accommodate its members! In what was a "groundbreaking" move away from the traditional phone teleconferencing, it was held via Skype videoconferencing. The technology was an exciting challenge for all involved, but the overall feeling is that it is worth the effort.

We will refine and improve the process for next time.



Amongst the interesting cases discussed on the night, were the frustration of transfer delays, DVT prophylaxis, the role of blood transfusion in palliative care, and accessing appropriate mental health services in a timely manner. Over the next few months, there may be some recommendations emerging from these discussions. In the meantime, two recent recommendations were distributed. "Pathophysiology of Fever" and "Warfarin Use in the Elderly. If you have misplaced your copy, or you would like extra copies, please contact me.



Dr Stephen Webb, Dr Max Higgs and Trish Natoli (L to R) leading discussions from Inglewood

Since the last newsletter, I am pleased to advise that the Annual Report for 2009/10 for LAOS has been published and can be downloaded from [http://docs.health.vic.gov.au/docs/doc/Limited-Adverse-Occurrence-Screening-program-\(LAOS\)-Annual-Report-2009-10](http://docs.health.vic.gov.au/docs/doc/Limited-Adverse-Occurrence-Screening-program-(LAOS)-Annual-Report-2009-10)

As always, if you ever want any information about LAOS, don't hesitate to contact me at the MPDGP!

Trish Natoli (Clinical Risk Coordinator)

PRACTICE CAPACITY TEAM REPORT

Kerry Parry, Manager

The Practice Capacity Team continues to be actively involved in a range of activities as you will see from the information on the following pages. Currently, our team consists of:

Kerry Parry (Manager)

Brenda Fehring and Judith Murray (Practice Capacity Facilitators)

Sally May (Workforce Facilitator)

Fiona McEniry (Practice Nurse Facilitator)

Daria Atkinson (Aboriginal Health Project Officer/Events Coordinator)

Rashika Ekeanyanwu (NPS Facilitator)

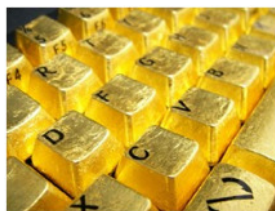
Activities with Primary Care Partnerships

Southern Mallee Primary Care Partnership (SMPCP) Service coordination committee is currently undertaking a Diabetes Services mapping project. This is to identify all the relevant diabetes related medical and allied health services that are available within the SMPCP area. This information will then be circulated to agencies within the SMPCP boundaries.

Fiona McEniry and Brenda Fehring along with two Lifestyle Modification Program facilitators, Leanne Rankin and Wendy Pogue, spoke about the implementation of the LMP at the Campaspe Primary Care Partnership service coordination forum held on 19 April 2011.



(L-R) Leanne Rankin, Wendy Pogue, Fiona McEniry and Brenda Fehring



Practice Staff Network Intensive: Saturday 21 May - Echuca

Two concurrent streams ran during the day – one for Practice Managers and administrative staff, the other for Practice Nurses and GPs.

Our keynote speaker for the Management Stream was Brett McPherson, Practice Manager of Gladstone Park Medical Clinic (nine GPs and six Practice Nurses) and current President of the Australian Association of Practice Managers (AAPM). Brett's presentation was 'pure gold'. His topic was 'Building Income Strategies'.

Some of the nuggets that were presented were:

- *Home Medicines Reviews (HMRs) are one of the few item numbers proven to have positive patient outcomes, and*
- *the little known DVA Coordinated Care Program.*

Brett also outlined the proposed changes to the Practice Nurse Incentive Program (PNIP) that will come into play in January 2012.

Noel Stewart of North East Valley Division of General Practice led two interactive and humorous training sessions up-skilling reception staff

- Teaching and learning with technology;
- Interacting with patients



Administration stream participants

The Spirometry Training was very well received with registrations out-numbering places available. We are hoping to run other spirometry updates early in 2012.



Practice Nurses taking part in a Spirometry demonstration

Practice Accreditation

Some intensive work is being done with a number of our practices surrounding accreditation. These practices are all accrediting to the 3rd Standards. It is time consuming and can sometimes be an overwhelming process for practice managers and their staff. Support and assistance is greatly appreciated.

RACGP 4th Edition Standards for General Practice

Practices must be able to demonstrate that at least 75% of their active patients' health records contain a current health summary.

The core elements of the GP health summary are

- Medical history
- Allergies and adverse reactions
- Medicines list
- Health risks factors
- Immunisations
- Relevant family history
- Relevant social history

The RACGP has developed seven fact sheets that clearly define the core elements and will be a useful resource for the whole general practice. The fact sheets are available at www.racgp.org.au/ehealth/summary.

Immunisation

Our ACIR Recalculation Rate is 92.9%. Work needs to be done in the 12-18 month cohort. Those Practices below 90% have been contacted for support in addressing this issue.

Things to consider when faced with a request from a conscientious objector

1. If you are a GP or accredited Immuniser you can give the form to the client **BUT** they need to be well informed. If you are unhappy about doing so, suggest they:
 - a. watch the Chain of Protection video (a copy can be borrowed from MPDGP or Fiona McEniry can assist you in obtaining a copy. A good DVD to have running in the waiting room on your TV) or
 - b. encourage them to contact the Immunisation consultant at the RCH, Melbourne or Westmead Hospital, Sydney, who will give the latest evidenced based information, so they can ensure they have made a well informed decision.
2. A systematic approach would be to work through the immunisation schedule and discuss each vaccine. Discussing the effects of the disease and the vaccine. See the Immunisation Handbook and Department of Health website for resources on this topic. www.health.vic.gov.au/immunisation. This is available in various languages.
3. Importantly, keep the relationship open and tell them that at any time if they change their mind you would be happy to vaccinate them and their children. Signing the form is not an irreversible decision.

eHealth - Personally Controlled Electronic Healthcare Record (PCEHR)

Patients will assume control over their own healthcare records when the Federal Government introduces its much-heralded \$467 million personally controlled electronic healthcare record (PCEHR) scheme on 1 July 2012.

The federal Department of Health and Ageing recently released a draft Concept of Operations for the PCEHR. According to the document, the PCEHR isn't the end point of health reform in Australia. Instead, the PCEHR's first release will provide core functionality that allows an eHealth system to grow over time.

The primary goal of the PCEHR, according to the document, is to address the fragmentation occurring in Australia's healthcare system as a result of multiple records being created and kept by multiple healthcare providers. Another goal is to enable greater participation by individuals in their own healthcare by increasing access to key healthcare information.

Citizens are not obligated to register for a PCEHR when the system comes on stream in order to receive healthcare. Those who do register will be able to withdraw from the system at any time.

Clinical systems that are technically compliant with the PCEHR standard will be able to find and access an individual's PCEHR, download and print clinical documents and views, as well as upload clinical documents.

The Draft Concept of Operations recognises that implementing eHealth is a big job, and that adoption of ehealth systems will take time and money. It indicates investment after 2012 will be forthcoming to expand the breadth and depth of PCEHR and eHealth adoption over time.



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Latest statistics on the PBS Co-payment Measure

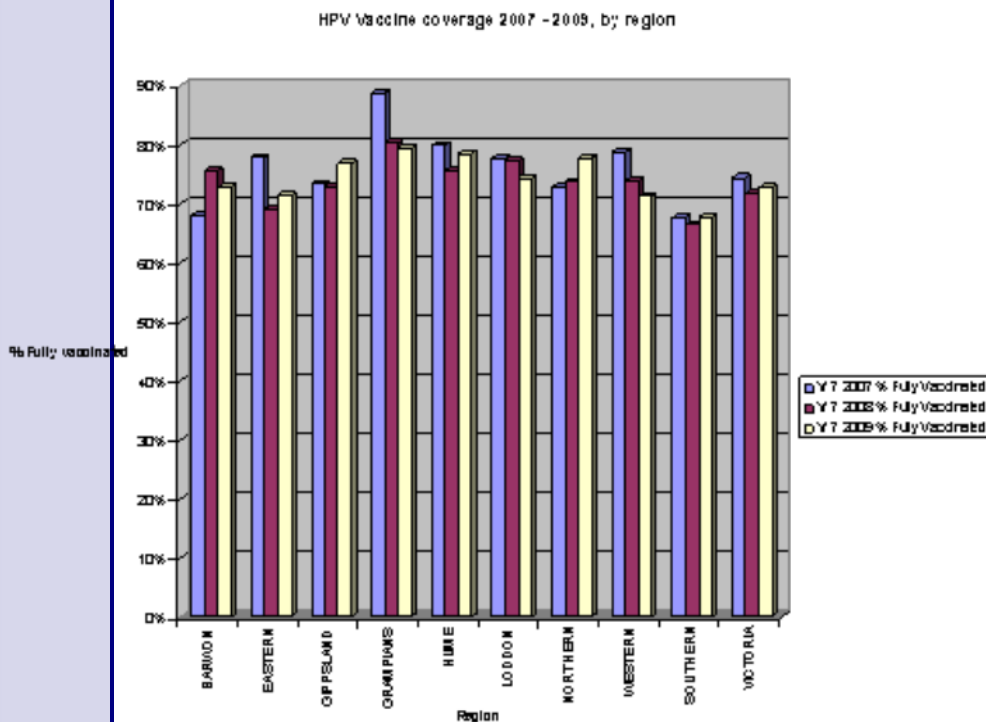
The key implementation statistics for the PBS Co-payment Measure from 1 July 2010 to 30 April 2011 are:

- more than 67,200 patients are accessing more affordable medicines through the measure
- more than 3,350 pharmacies have dispensed CTG prescriptions for eligible patients under the measure
- uptake is highest in NSW with 41% of CTG prescriptions dispensed there followed by QLD with 27%, VIC with 10%, WA with 10% and SA with 8%.
- top 5 medicines dispensed were Atorvastatin (cardiovascular), Metformin Hydrochloride (diabetes), Perindopril (cardiovascular), Salbutamol Sulfate (asthma), and Codeine Phosphate with Paracetamol (chronic aches and pain).

(Source: Australian General Practice Network)

The Cancer Council Victoria - HPV vaccination coverage in Victoria

The Cancer Council Victoria has commenced a 12 month Department of Health funded project looking at HPV vaccination coverage in Victoria. Specifically, we are looking at local government areas with low HPV vaccination coverage within the school program, with the aim of implementing some pilot programs to increase participation rates. Overall, the Grampians region is currently performing well with 79% HPV vaccination uptake among girls in Year 7, slightly higher than the 73% state average (based on 2009 LGA data). There are some councils within the region however that are below the benchmark.



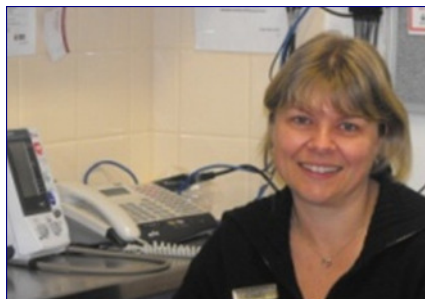
We have established an advisory group, which will be meeting for the first time at the end of May. We are keen to hear from immunisation providers regarding their experiences in delivering school based immunisation programs, what barriers they are experiencing around HPV vaccination, and any strategies or incentives that they have implemented. A survey to local councils will be circulated to seek this information: we encourage its completion and return.

In the interim, in case you haven't had the chance to look at our HPV website, please check it out. It has great resources for schools, parents, girls and health professionals about the cervical cancer vaccine. www.cervicalcancervaccine.org.au

Please contact **Heather O'Donnell, HPV Vaccine Program Coordinator**, on 9635 5617 or heather.odonnell@cancervic.org.au if you would like any further information.

Nursing in General Practice

International Nurses Day was celebrated on 13 May 2011. Three cheers for our FANTASTIC PRACTICE NURSES.



Practice Nurse, Cindy Williams

I was one of sixty five practice nurses to be sponsored to go to this year's APNA (Australian Practice Nurse Association) Conference. Wow what an experience! The conference consisted of seminars, trade expos, group sessions, and meet and greet opportunities. It was a wonderful atmosphere as 95% of people were Practice Nurses. It is amazing how our job is so versatile and that every single practice nurse role is different from clinic to clinic.

One thing I was not expecting was to see a fellow colleague at the same conference, in Sydney. I just assumed that I would be the only person from sunny Echuca. You see, we sometimes forget that there are a few of us special Practice Nurses in the area and get stuck in our own little world working alone. I was thrilled to see Trish from Njernda at the Conference and then got frustrated that we didn't even know that we were both going to be there. That's when I decided that when we got back to Echuca I was going to get in touch with Fiona from MPDGP to organise a meet and greet for all of us to say hello, discuss information from sessions we have attended or let each other know what we are all doing and what we have coming up. I have so much to tell but I am sorry to say that my husband and kids just aren't that interested.

It is also good to know that Fiona has a weekly Practice Nurse email and by just sending a quick note if you are off to seminar/conference she can then inform others, helps with transport and accommodation.

I will be presenting some of the key information at our upcoming Practice Nurse Network Dinner on 15 June and hope that many of you are able to come. Not often we get a free meal. It is also an opportunity to meet each other and share our knowledge with other nurses. I am also doing a Post Grad Diploma in Wound Care which I hope will not only benefit my personal practice but other health providers as well and have developed a popular, user friendly short cut for all Practice staff to use.

Practice Nurse Networking Dinner – 15 June, 2011

MPDGP will be hosting a Practice Nurse Networking Dinner on Wednesday 15 June at 6:30pm in Echuca. The Dinner is to showcase good work being done within MPDGP by our Practice Nurses, as well as share information learned from the APNA Conference (April 2011), AGPN LMP workshop (March 2011) and anything else of interest that PNs may have attended. Register by emailing Daria Atkinson datkinson@mpdgp.com.au by 10 June 2011. Phone Fiona on 5481 1300 for more details.

Closing The Gap

Aunty Jean's Program, Deniliquin 11 May 2011

Our first Aunty Jean's Program was held on Wednesday 11 May 2011 at the Aboriginal Land Council in Deniliquin. We had a few of the elders who came to the first session, some of them having experienced the change from living on the mission to living in town and learning to adapt to change in living and eating habits.

Michele Walton, who is an Accredited Practising Dietitian at the Deniliquin Community Health Centre, came and spoke about how to cook healthy meals on a tight budget and eating healthy which was very helpful. Some of the elders have diabetes which is very high in the Aboriginal community right across Australia. After Michele and her colleague spoke we sat down to a healthy lunch and had a yarn.



Workforce (Locums, IMGs, New members/registrar)

Charlton revisited



Dr Nancy Nicholas

Dr Nancy Nicholas (a Camberwell GP) provided some locum support for the Field Primary Care Clinic earlier this year. Below are some of her thoughts.

Charlton is on the Avoca river, which originates in the hills to the east of the Grampians, and meanders along through the towns of Avoca, Charlton and Quambatook and ends in some lakes south of Kerang. Often the river hardly flows, and it is incredible to think what a large amount of water would be necessary to cause flooding to the level it was at Charlton in mid January. At present the river level is about 2-3 metres below the height of the banks, and the flood brought it up to about a metre above the banks.

The whole town was flooded - most places up to the height of a table. The few places which were built up a bit higher were surrounded by flood waters for 5 days, and had no power and the plumbing did not work as usual. Many of these luckier families gave shelter to family and neighbours and friends. Many people are still unable to live back in their houses because of the extensive cleaning and repair work still being managed. Some houses need to be demolished, as does the hospital and nursing home and medical clinic. Many of the businesses in the shopping centre are still closed and have bare concrete floors and fittings removed. Most have no insurance cover for flooding. Many people lost precious possessions.

There had been a flood in Charlton last September, and many people had just re carpeted their homes after that flood, when it happened again - but at a higher level.

I feel privileged to have been able to assist for several 2 day periods at the Emergency Field Primary Care Clinic set up by the Victorian Health Department in a tent in the school gym soon after the flood, to meet the medical needs of the community. The idea of holding a clinic in a tent originated after the bushfires a couple of years ago – as a way of quickly setting up a service. The tent could be erected anywhere. Inside the gym means that the extremes of weather are not such a problem, though it was very hot and humid when I first went there in early February, and so cold in the mornings on my last two visits that it was difficult taking blood from patients who needed blood tests done, because their veins constricted with the cold environment. There were desks for two doctors and a section for the nurse. The areas were divided by hanging canvas to bench height – and there was very little privacy – not the sort of place to go for your routine pap tests!

Initially the Health Dept expected the clinic would only be necessary for 2-4 weeks, but it was needed for 10 weeks after the flood. The temporary arrangements in school portable buildings took a while to organise properly and they shifted into them during the weekend of 26-27 March and the local medical service will be getting back to normal – but with no hospital or nursing home in the town.

There have been about 15-20 GPs who have helped out for a day or two at a time – some from surrounding towns and some from further away (like myself). The work was typical GP work, and not many problems directly related to the flood, though initially there were some injuries sustained as people were evacuated. Many people needed repeat prescriptions because they had lost their repeats in the flood water. Initially there were lots of mosquitoes around in the stagnant water, but these have reduced as the water has cleared. There

have been worries that mosquito-borne infections may appear and there have been a few cases of Ross River Fever and Barmah Forest virus infection.



Dr Stephen Webb continues to 'look on the bright side'



Temporary premises of Charlton Medical

MPDGP welcomes New GP to Elmore - Dr Patrick Nzegwu (Elmore Primary Health Services)

Dr Patrick Nzegwu commenced working at the Elmore Primary Health Services on 4 April, 2011.

Dr. Patrick - "This is my second visit to Elmore. The 1st was last year. I find Elmore to be a splendid country town, without the hustle and bustle of the big city. The people here are friendly; I have met quite a few of them already. I strongly feel that I can make Elmore my home, permanently. I love how we are just the right distance from Bendigo and Echuca. I have told my wife so much about the town, and she can't wait to join me here in Elmore..... hopefully very soon! I am excited to contribute to the health and wellbeing of Elmore and its community, for many, many years to come"



Dr Patrick Nzegwu

New GP to Echuca/Moama Family Medical Practice - Dr Daniel Chen

Dr Daniel Chen commenced working at the Echuca Moama Family Medical Practice on 4 April, 2011.

"I was 'Made in Taiwan', later 'Packaged in Singapore' and eventually 'Imported to Australia' in 1993 at the age of 16.

I spent two years in Brisbane before coming down to Melbourne University to study medicine. Since then I was rotated through different hospitals under Austin Health, and had actually spent a few months here in Echuca Hospital as a resident doctor a few years ago. Eventually I obtained my GP fellowship and worked for a few years in the suburb of Blackburn.

One of the highlights of my career so far, is going on short term trips lasting a couple of weeks at a time, to a country in southeast Asia called Cambodia, where my friends and I were involved in the local church, helping them train local village health care workers as well as offering general medical consults to villagers in make-shift tents.

I have a special interest in acupuncture, of which I incorporate into my day to day work as a GP.

I recently got married and spent a lovely honeymoon in Tassie before coming up to Echuca with my beautiful wife, who now works as a dentist.

My interests outside work include photography, skiing, playing the guitar and piano, and reading books".



Dr Daniel Chen

Festival of Flowers GP Family Event – 29 April 2011

Following on from the previous two years' successful 'Greek Festival of Flowers' events, we again partnered with RMFN to hold the 3rd annual Greek Festival of Flowers. The invitation was extended to General Practitioners, MPDGP Staff, spouse/partners and families to attend a Greek Banquet Dinner at Nik's Greek Taverna in Echuca.

A total of 39 people attended the event, which included 8 GPs (including two new GPs to the Division) and their families from Boort, Rochester, Kerang and Echuca and 9 Division staff; together with their partners and families. Numbers were down compared to last year – the date clashed with the Royal Wedding and was straight after the Easter/school holiday break. Feedback from the event has been extremely positive.



The children enjoyed various activities including face painting and craft activities.



GPs, MPDGP staff and their families enjoying the opportunity for a social catch-up

New Computer Aided Dispatch System for Ambulance Victoria

On 4 May Ambulance Victoria transitioned its Bendigo call centre across to a centralised regional call centre in Ballarat. The centre is operated by the Emergency Services Telecommunication Authority (ESTA) and will ultimately be responsible for all 000 calls for regional Victoria.

This change will mean calls are answered by trained ESTA operators and entered into the Computer Aided Dispatch System using the same evidence based question and answer dispatch grid that Ambulance Victoria have been using for the past two years. Ambulance Victoria staff will also work in the room to make decisions on resource allocation, response code and review cases when needed.

As the end user of the 000 service, there will be no noticeable difference to the emergency call practice.

The ESTA operators are supported by a number of highly trained AV staff. The Duty Manager is an experienced paramedic who is responsible for operational matters including coverage and response codes. AV has also appointed a Clinician to each shift who is a highly skilled MICA paramedic with extensive clinical knowledge. The Clinician is able to operate as a liaison for highly complex and specific clinical matters.

Non-emergency bookings are currently operating from an Ambulance Victoria centre in Ballarat, but will also ultimately transition across to the ESTA centre. 13 30 09 must be used for phone bookings of non-emergency patients. Booking forms should be faxed on 1300 113 053. The previous numbers for the Bendigo operation centre will be phased out over time.



Bendigo Sleep Lab specialises in home based sleep monitoring and professional treatment for a broad range of sleep problems such as Snoring, Sleep Apnoea, Circadian Rhythm Disorders and Insomnia. Bendigo Sleep Lab has been in operation since April 2009 and service in and around the Bendigo region (Swan Hill, Deniliquin, Donald, Woodend).

Continuous Positive Airway Pressure (CPAP) is the gold standard (most effective treatment) for obstructive sleep apnoea. CPAP Treats sleep apnoea by providing a gentle flow of positive air pressure through a mask to keep the airways open during sleep.

How can CPAP help?

When used properly, CPAP can alleviate the following symptoms caused by sleep apnoea:

- Daytime Sleepiness
- Fatigue
- Morning headaches
- Poor concentration or memory
- Decreased libido or impotence
- Decreased attention
- Depression
- Decreased dexterity
- Personality changes

What are the risks of not treating sleep apnoea?

Without treatment, sleep apnoea increases risk for the following health issues:

- Excessive Daytime Sleepiness (EDS)
- Hypertension
- Stroke—3rd leading cause of death
- 30-50% of stroke victims have mod-severe OSAs
- Angina
- Myocardial Infarction
- Left ventricular failure
- Memory loss/cognitive dysfunction
- Employment difficulties, secondary to EDS
- Social Disharmony, secondary to EDS
- Emotional Disturbances, secondary to EDS
- Related to 1st leading cause of death—coronary heart disease

For more details contact: www.bendigosleep.com.au

Phone: 5447 8827



A premature birth resource for GPs and patients

Preemiehelp.com is an internet-based information and community resource created by qualified preemie experts for healthcare professionals, parents, friends, and family interested in, or affected by, premature birth. Our primary objectives are to increase awareness about the important issues surrounding preterm birth and to provide expert, recent and relevant scientific information in an easy to access, easy to understand format for all involved.

With an incidence of over 8%, preterm birth is a major public health issue; the emotional, financial and physical burden associated with preterm birth is enormous. Although much is known about the consequences of preterm birth the dissemination of plain language information to families affected by it, is clearly lacking. Additionally, there is a conspicuous lack of attention granted to parents needs following preterm birth, both financially and psychologically, and even less resource are afforded prevention strategies targeting known risk factors of preterm birth.

Please visit:

www.preemiehelp.com

and become an active part of the
Preemie Awareness chain.



**Mental Health
Services Team Staff**

Melissa Dillon
(Manager)

Ruth Turpin
(Rural Support
Coordinator)

Leah Eddy
Judith Mann
Rachael Masiboy
Francis McCormick
Carolyn Rendell
Denise Robertson

Melinda Roffey
Megan Rohde
Paul Moffatt
Shevaughn Dwyer
(Mental Health
Clinicians)

Paul Thorpe
(Mental Health
Homeless Liaison
Officer)

MENTAL HEALTH SERVICES TEAM REPORT

Melissa Dillon, Manager

Mental Health Services in Rural and Remote Areas - Stage 2 (MHSRRA)

The biggest news in this program is the Federal Government has recognised the need for existing mental health services to continue within the communities of MPDGP and are providing funding for another two years.

The mental health clinicians currently providing mental health services under the MHSRRA program are:

Judy Mann	Boort, Elmore, Wycheproof
Rachael Masiboy	Charlton
Carolyn Rendell	Kerang, Deniliquin
Shevaughn Dwyer	Kerang, Barham
Paul Moffatt	Echuca (Njernda AMC)
Lynne Baudinet-Johnson and John O'Day	Kerang

Most clinicians have been very busy with increased referrals and waiting lists over the past few months, with some of these referrals steadying recently. This has been due to a number of issues including the floods that occurred early this year.

Access to Allied Psychological Services (ATAPS)

Welcome Back to Leah Eddy

It is pleasing to be able to welcome Leah Eddy back from six months maternity leave. Leah has returned to working three days/week and is based at Echuca Moama Family Medical Practice (Martin St, Moama site) on Mondays and Wednesdays and attends Rich River Health Group (RRHG, Echuca) on Thursdays.

Leah says she is very much enjoying being back at work with MPDGP and working with the teams of Echuca Moama Family Medical Practice and RRHG. Leah has walked into a busy stream of patient referrals from GPs at both practices.

Leah plans to return to 0.8 EFT (4 days/week) as of 8 November 2011 where she will return to Cohuna Medical and Shiloh Medical Practice, Deniliquin (currently undertaken by Shevaughn Dwyer who has picked up the role of mental health clinician with MPDGP within a relatively short period of time and who is very much enjoying the role). Shevaughn has written an introduction and reflection on her time so far with MPDGP.

Thank you Rachael Masiboy

I would like to take this opportunity to thank Rachael Masiboy for her tremendous effort in undertaking the maternity leave position for a short period of time (six months), especially being new to the environment of general practice and new to the mental health clinician role. Rachael did a great job in

learning the Division MH Clinician trade and was a wonderful support to the GPs in providing mental health services to community members of Echuca, Moama and surrounding districts in Leah's absence.

Other ATAPS news

Francis McCormick continues to provide a great mental health service at Wycheproof Medical Centre, where he has been quite busy with referrals over the past few months.

Denise Robertson continues to attend Elmore Primary Health Services on a Monday and has also been receiving a steady stream of mental health referrals.

Both Francis and Denise are based in clinics that neighbour towns greatly affected by the floods in early 2011 (Charlton and Rochester) and have had a number of referrals from community members from these towns.

Paul Moffatt also continues to work with Dr. Eji Ekeanyanwu and Dr. Kat Koh in providing a much needed mental health service in Rochester, which suffered its worst flooding in history in January 2011.

Working with Children (12 years and younger) and their families

During 2010, the Federal Government recognised the need to make funding available to 'hard to reach populations', which included children (12 years and under). MPDGP has been very fortunate to have employed Megan Rohde who has been working on Friday each week at both Rich River Health Group and Echuca Moama Family Medical Practice (Moama site).

Under this program, Megan has been able to work with children and their families in addressing and treating mental health disorders. She has also been working with significant others involved in the children's care, such as school welfare workers, where this has been identified as being a useful and positive step in assisting and supporting the child.

A guide for GPs for referring Children to ATAPS program

- Parent's concerns about their child's levels of anxiety. This can be displayed with obvious worries and fears but also difficulties in the following areas:
 - ◊ Sleeping overnight and independently
 - ◊ Psychosomatic complaints on a regular basis
 - ◊ Behaviour/s that may be interfering with ability to participate in usual daily routines
 - ◊ Overly irritable and challenging behavior in attempt to manage strong feelings/avoidance strategy
- Displays of defiance and/or challenging behaviours that are difficult for parents/cares to manage or they feel their current parenting skills are not effective. This may also be described by parents as consistent and extreme displays of angry and distressful outbursts.
- Low mood and persistent sadness, crying and upset easily
- Children can be vulnerable to any of the above during periods of heightened family stress or change because of parental separation, chronic or life threatening ill-health of a family member/or oneself, death of a significant person, family member experiencing mental illness, parental job loss or financial stress....and of course, the recent floods invoking fear and upheaval and distress.
- School-related difficulties, e.g. social skills problems and peer related issues, persistent bullying and / or academic difficulties.
- Exposure to violence, physical and emotional abuse not necessarily current but as part of a child's history.

Increasing ATAPS access to people who are (or are at risk of being) homeless

Paul Thorpe has recently returned from a much deserved break after the great efforts he has put in to the development and implementation of referral pathways to ATAPS mental health clinicians for community members who are (or are at risk of being) homeless.

Paul has assisted a number of people who are or are at risk of being homeless, in accessing the ATAPS program. This group of people would have likely slipped through the cracks and not received any mental health support for their disorders if Paul's role did not exist.

If you have any queries or would like further information regarding this component of the ATAPS program, please do not hesitate to contact either Paul Thorpe or Melissa Dillon at the MPDGP office on 5481 1300.

Increasing Mental Health Services in Flood affected Communities

MPDGP are very pleased to be able to increase mental health services for a six month period in the communities within MPDGP where the floods caused much devastation and distress to many individuals.

We have already been able to expand these services in the town of Charlton and will be working with more practices over the next few weeks to help facilitate increased services in towns/communities that are in need of an increase in mental health service provision as a result of the recent floods.

THE COMPASSIONATE FRIENDS

The Compassionate Friends (TCF) was established in 1978 by bereaved parents to offer compassionate understanding and support to any parent, brother or sister, or grandparent following the death of a son or daughter.

TCF provides a range of support services to bereaved parents, siblings and grandparents. Mutual support services are based on a peer support model view of mental health that recognises the importance of sharing the knowledge gained by people who have experienced the impact of grief in their lives with those who are facing the same challenges. This forms the basis of the information, support and education delivered by specifically trained TCF volunteers who are themselves bereaved parents or siblings.

In a study recently undertaken by TCF, it was revealed that families, who had sought the help of TCF, wished their doctor had directed them to TCF earlier in their grief.

For more information on The Compassionate Friends Victoria Inc, please contact Josie Costanzo:



Co-Coordinator Grief Awareness Program

The Compassionate Friends Victoria Inc
173 Canterbury Road
PO Box 171
Canterbury VIC 3126
(W) (03) 9888 4034
(M) 0413 548 794

E: josiec@compassionatefriendsvictoria.org.au

W: <http://www.compassionatefriendsvictoria.org.au/>

Introduction and Reflection from Shevaughn Dwyer



Shevaughn Dwyer

I completed a Bachelor of Health Science (Occupational Therapy) at the Albury campus of Charles Sturt University, where two out of four of my work placements were within mental health facilities.

In 2007 I commenced my career working as a full-time Child and Adolescent Mental Health Clinician with the Deniliquin Community Mental Health Service, where my focus was on case management and group work.

In 2009, on return from maternity leave, I took up a part-time position with the Echuca Child and Adolescent Mental Health Service. I worked here for a period of 18 months, approximately six months of which I was the sole clinician. Subsequently, the focus of this role was on crisis/risk management.

In search of a position that would allow me to engage in more group work I took up a part-time position with the Campaspe Cohuna Youth Connections Team in 2010, where I designed and facilitated group strength building programs and individualised support to adolescents who were disengaged/at risk of being disengaged from the educational system. This role also involved the provision of education and promotion regarding the barriers to mental health for this target group.

In January this year I commenced part-time work with Murray-Plains Division of General Practice Mental Health Team, providing clinical mental health services to the townships of Cohuna, Deniliquin, Barham and Kerang. I am thoroughly enjoying the opportunity to work with clients of all ages and focus on psychotherapies. I am also enjoying the element of travel involved in the position as this allows me to work with a diverse client group, as well as a range of health professionals.

Earlier in the year I was saddened by the widespread devastation and impact of the floods on my client group and provided mental health support and information via the Cohuna Flood Relief Centre.

I look forward to continuing my career with MPDGP, with particular interest in the areas of attachment theory, trauma theory and grief and loss. I would like to thank the many staff throughout the Murray-Plains Division who have given their support, assistance and warm welcome.

Shevaughn Dwyer (Mental Health Clinician)

Professional Development Activities

Over the past three months the following Professional Development activities have been undertaken by members of the Mental Health Services Team:

Schema Therapy Training: Carolyn Rendell, Judy Mann and Denise Robertson

Relationship Therapies with Difficult Couples: Judy Mann

Trauma Presentation – Dr. Rob Gordon: Megan Rohde and Paul Moffatt

Connecting Communities Conference: Ruth Turpin

Mental Health Nurse Incentive Program (MHNIP)

We currently have one credentialed mental health nurse, Melinda Roffey, working under this program and demand for the service has grown dramatically since Melinda commenced.

The MH nurse works in collaboration with GPs to provide services such as monitoring patients' mental states, medication management and improving links to other health professionals and clinical service providers. Support provided under this initiative targets patients with severe mental health disorders during periods of significant disability.

Entrance criteria

GPs will determine which patients have a severe mental health disorder and would benefit from receiving services provided under this initiative, based on the following criteria:

- the patient has a diagnosis of mental health disorder according to the criteria defined in the *World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD 10 Chapter V Primary Care Version*, or the *Diagnostic and Statistical Manual of Mental Health disorders – Fourth Edition (DSM-IV)*

AND

- the disorder causes significant disablement to the patient's social, personal and occupational functioning.

AND

- the patient has experienced at least one episode of hospitalisation for treatment of their mental health disorder, or is at risk of requiring hospitalisation in the future if appropriate treatment and care is not provided.

AND

- the patient is expected to require continuing treatment and management of their mental health disorder over the next two years

AND

- the GP is principally responsible for the patient's clinical mental health care

AND

- The patient provides consent to treatment from a mental health nurse

Mental Health Plan

In collaboration with the mental health nurse, a GP MH Care Plan must be developed by GPs. These plans *must include specific reference to the roles and responsibilities of both the nurse and the treating medical practitioner.*

Treatment must be provided according to the plan and the relevant clinical guidelines for the treatment of that disorder. A GP must regularly review the plan in collaboration with the mental health nurse. Where appropriate, the review should include input from a clinical psychologist, registered psychologist or other allied health professional.

If you would like any further information regarding the MHNIP please contact Melissa Dillon, Mental Health Services Manager, on 5481 1300 or mobile 0429 804 538.

Transforming Childhood Trauma: Connecting with Empathy and Compassion

Presenter: Dr. Bruce Perry

Children who have experienced trauma have difficulty managing their strong emotional responses. Not only has the intensity of their emotions increased as a result of the trauma, but their capacity to regulate their emotional responses has decreased. In addition to this, children who have experienced trauma haven't experienced this in isolation as often people close to them have also been traumatised. The heart of normal development is the relationship the child has with key people in their life but a traumatic experience interferes with this. There are changes in the brain following trauma and neglect and so the goal of intervention is to change the brain.

Bruce Perry believes that successful intervention with children who have experienced trauma needs to involve sensory intervention. The brain is organised from the bottom up and sensory input from the world comes into the lower levels of the brain. Disturbance in the lower parts of the brain negatively influences the higher parts of the brain. In the first twelve months of life many neural pathways are established in the infant's brain. Some of the activities that assist in organising the lower parts of the infant's brain are rocking, touch, smile, music and warmth in the carer's tone of voice. These activities involve repetition, movement, rhythm and are all related to positively stimulating the senses. They soothe the child and allow the development of positive neural pathways. If the child is not exposed to these activities, or if there is damage to neurons in the brain, the result is abnormal function in the areas that they influence, as the neurons in the brain manage function.

As all parts of the brain are capable of changing throughout life, new neural pathways are able to be created. However the degree to which the damage can be addressed depends on the level of the initial damage and requires many repetitions of an activity to create the new neural pathway. This is because the brain has to make thousands of associations between the patterns of neural activity. For example baby sees image of cow, hears sound of cow – baby has to put together that the sound, image and word all mean the same thing. The sound becomes a word and the connection is made in the brain. Once the connection is made it only takes 1 repetition occasionally to maintain the synaptic connection. Another essential requirement for new pathways to develop is that the person needs to be actively involved in the activity, for example a child cannot learn a motor activity such as bike riding by watching a video; to master this skill, a lot of repetitions of the activity need to occur. The down side of this is that it is hard to undo past connections and it is impossible to change severe trauma in short bursts of therapy.

Bruce demonstrated the power of the sense of smell by talking about a comatose boy's response to a smell he associated with a past trauma. Bruce assessed a 10 year old boy who was in a coma by using the child's sense of smell. He took the boy's heart rate which was 95. He then put a shirt belonging to the person the police believed had injured the boy under his nose. The boy's heart rate went up to 160. He allowed the heart rate to return to the resting level (this took about an hour) and then put a shirt belonging to the child's father (the child had been removed from the father's care when he was 3 due to him being sexually abused). The boy's heart rate again rose to about 140 however it then plummeted rapidly to 65. The drop in heart rate indicated that when the child was in his father's care he coped by disassociating.

Humans integrate a lot of information through the sensory process and this is a key area to target in children to settle their emotional states. The cortex is enriched by positive relationships, conversations, touch, music, dance, movement classes, therapeutic massage, parallel play in which the child is able to choose the degree of engagement, storytelling, dance and conventional play. Many repetitions of these sensory activities are essential in achieving a successful intervention. Bruce also indicated that music such as rap may be used by teenagers who have found that the rhythmic movement allows them to self soothe. All these activities have the capacity to modulate the brain and assist it to develop new, positive neural pathways.



Summarised by Denise Robertson (Mental Health Clinician)

Reflection - Melissa Dillon

The end of the Mental Health Support for Drought Affected Communities Initiative

Federal funding for the *Mental Health Support for Drought Affected Communities Initiative* is due to cease as of 30 June 2011.

I have had the great privilege to work (and share an office-space) with Ruth Turpin over the past two and a half years as she undertook the role of Community Support Worker under the *Mental Health Support in Drought Affected Communities Initiative*.

I have observed Ruth develop this role over time; to one that has been a great asset to the communities, businesses and other organisations within and at times, just outside, the bounds of MPDGP as well as to other General Practice Networks who have received funding under this Initiative.

Ruth has been such a committed person in her role in assisting and supporting individuals, families and communities who have been greatly affected by the persistent drought, and more recently, the plagues of locusts and the floods that devastated such a large area of the Murray-Plains Division region.

Her compassionate nature in reaching out to individuals in emotional and/or financial distress has been a stand-out, as has her ability to liaise with key organisations in developing and implementing and adjusting programs to meet local needs.

Ruth has been a key member in a number of initiatives that have been delivered to various community members across MPDGP over the past three years, namely the *No Bull Support* program, Farmgate Cold Calling, the Saleyards Health Check, Women's Emotional Strength Program and more recently the Mental Health First Aid program.

I have no doubt Ruth and the fantastic work she has contributed to the recovery of our communities from the ever-changing climatic conditions, will be greatly missed.

I would like to take this opportunity on behalf of all members of MPDGP to thank Ruth for all the dedicated, skilful and (at times) challenging work she has undertaken in her role as Community Support Worker for MPDGP. Whilst we plan to keep Ruth employed with MPDGP in a new role, I would like to also wish her the best in any new endeavor she undertakes in the future.



*Melissa Dillon
and
Ruth Turpin*

Ruth has been such a committed person in her role in assisting and supporting individuals, families and communities who have been greatly affected by the persistent drought, and more recently, the plagues of locusts and the floods

Mental Health Support in Drought Affected Communities Initiative - comes to a close

Ruth Turpin



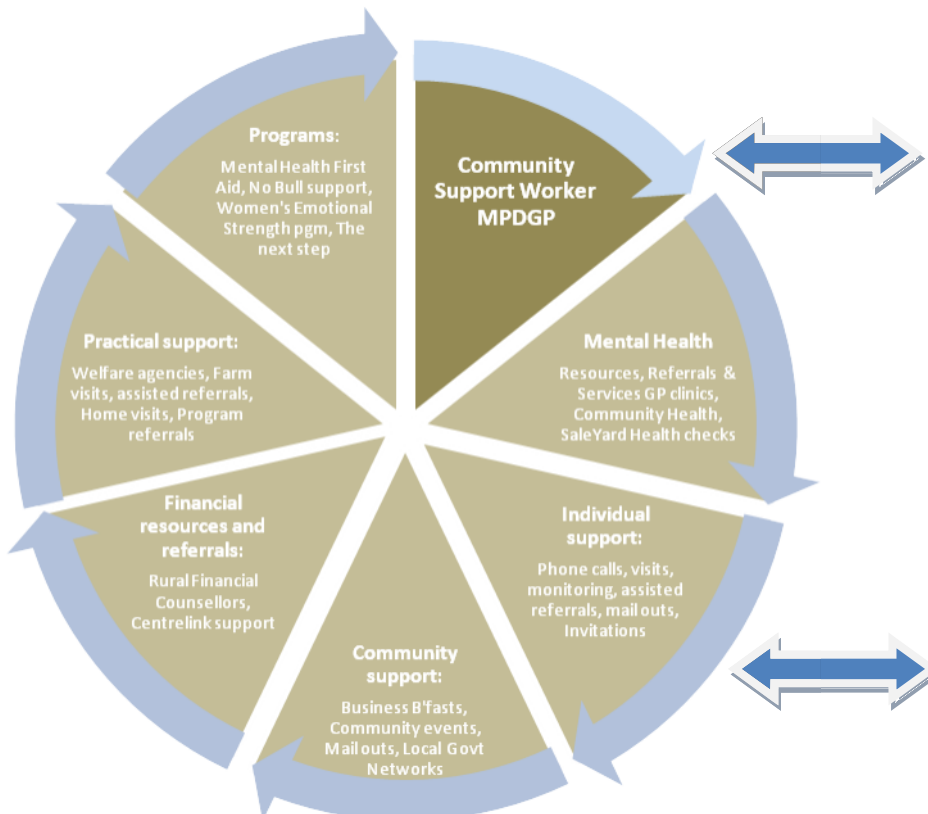
After 3 years, this wonderful program has reached the end of its funded life despite hard lobbying, from many facets of the community including AGPN and *Beyond Blue*, to take its best practices and continue to support the mental health of rural communities.

We know the work styles and practices developed over the long drought have been just as relevant in supporting flood affected communities . . . and there will always be more of these challenges to exacerbate the issues that can challenge our resilience to lead fulfilling lives.



My role as a Community Support Worker has given me the most satisfaction regarding my relevance to my work, the community and its practical and supportive nature, than any other position I have held. I am truly sorry it is no longer to be, but am philosophical enough to realise that wonderful programs end and are not refunded in all areas of the workforce that rely on government funding.

I have summarised my role as a Community Support Worker within the *Mental Health Support for Drought Affected Communities Initiative*, diagrammatically:



Networks:

- Beyond Blue
- State CSWs
- PCPs
- Local Govt Networks: Murray, Campaspe, Loddon, Gannawarra, Buloke
- Centrelink
- St Lukes
- Community Health
- GP – Practices
- MPDGP MH Clinicians
- Rural Financial Counsellors
- DPI – NSW & Vic
- ERH Primary Care
- Murray Dairy
- NVIRP
- GM-Water
- Welfare agencies
- CFA
- Neighbourhood Houses

Reflecting on Program highlights:

- Interventionist and outreach approaches
- Loitering with intent to have general conversation about “How are you doing?”
- Cross referring: “From and to” any number of the partners listed in the diagram
- Ability to be innovative and autonomous to relevant clients/ groups
- Programs:
 - ◇ *No Bull Support* workshops to community groups, volunteers, Local Govt, NVIRP, RFC state conference, Goulburn Murray Water
 - ◇ SaleYard health checks – Partnership with ERH Primary Care, Centrelink Social worker, Campaspe Livestock exchange, Campaspe Immunisation team
 - ◇ Women’s Emotional Strength Building Program – Partners: ERH Women’s Nurse, St Lukes, Nthn District Community Health Women’s Nurse
 - ◇ *The Next Step* – Workshop for women affected by the floods – Partners: Centrelink Social Workers
 - ◇ *FarmGate Cold Calling* – Campaspe and Gannawarra Shires – Partners: Campaspe PCP, LG Drought officers
 - ◇ Presenting the model at regional, state and national forums
 - ◇ Postcards to Farmers – Mail out of over 2000 postcards (decorated and written messages from local and Melbourne Primary Schools) greeting farmers to take care because they are cared for.



- ◇ Rotary *Steam Rally* invitations to flood affected farmers from across the Division – Partnership with Echuca Moama Rotary and Drought program



It has been a wonderful journey around our geographical division, driving around dry roads and then wet ones. Watching crops grow and fail but ultimately, meeting and being honoured with so many individual stories of hardship, stoicism, joy, gratitude and resilience.

I have been honoured to have worked within an organisation that has a relaxed trust in me to develop a new initiative under the gentle but ever present guidance of care and support.

I thank my friends and colleagues in the wider Division, and the networks far and wide... as well as here in Echuca.

To my Mental Health Team Leader, Melissa Dillon and CEO, Matt Jones thank you also for the opportunity to have been able to develop and grow a program that I am proud to have been associated with.

Ruth Turpin
Rural Community Support Worker

It has been a wonderful journey around our geographical division, driving around dry roads and then wet ones.....with so many individual stories of hardship, stoicism, joy, gratitude and resilience.

Mental Health Clinicians and GP Clinic Service Provision May 2011

Town	Medical Practice	Clinician
Wycheproof	Wycheproof Medical Centre Friday	Francis McCormick / Judy Mann (alternate weeks)
Elmore	Elmore Primary Health Services Monday Tuesday	Denise Robertson Judy Mann
Kerang	Fitzroy St Medical Clinic Wednesday Thursday Friday	Carolyn Rendell Melinda Roffey (fortnightly – MHNiP) John O'Day
	Kerang Medical Clinic Monday (alternate) Friday	Lynne Baudinet-Johnson Shevaughn Dwyer
Echuca/Moama	Njernda Aboriginal Medical Centre Wednesday and Thursday	Paul Moffatt
	Echuca Moama Family Medical Practice Monday and Wednesday Tuesday Friday PM	Leah Eddy Melinda Roffey (MHNiP) Megan Rohde (Ch'n U 12 only)
	Rich River Health Group Monday (all day) and Friday (AM only) Thursday Friday AM	Melinda Roffey (MHNiP) Leah Eddy Megan Rohde (Children U12 only)
Cohuna	Cohuna Clinic Tuesday (alternate) Wednesday	Shevaughn Dwyer Melinda Roffey (MHNiP)
Deniliquin	Shiloh Medical Practice Tuesday (alternate) Thursday	Shevaughn Dwyer Carolyn Rendell
Rochester	Campaspe Medical Centre Friday	Judy Mann / Paul Moffatt (alternate weeks)
Boort	Boort Medical Practice Monday	Judy Mann
Charlton	Charlton Medical Tuesday, Wednesday, Thursday Friday	Rachael Masiboy Lynne Baudinet-Johnson
Barham	Barham and District Medical Centre Wednesday	Shevaughn Dwyer

NOTE: Access to Mental Health Clinician counselling must first have a GP assessment and referral. Counselling session (Up to 6 then reviewed) are at no charge.

**Administration Team
Staff**

Keasha Coombes

*(Business and
Operations Manager)*

Wendy Loomes

*(Communication and
Business Support
Officer)*

Andrea Cleave

*(Finance and
Operations
Support Officer)*

Terri Wilson

*(Receptionist and
Personal Assistant to
Matt Jones)*

UPCOMING EVENTS

JULY 2011

Monday 4 - 11 National NAIDOC Week

AUGUST 2011

Wednesday 10 VMPF
Kerang

Thursday 11 Welcome to new GPs and Registrar Dinner Meeting
Echuca

Wednesday 24 Consumer Reference Panel Meeting
MPDGP Board Room, Echuca 11:30pm

SEPTEMBER 2011

Thursday 22 NPS Small Group Meeting
Deniliquin

*For further information regarding these events please contact
Daria Atkinson at Murray-Plains Division on 03 5481 1300 or email*

datkinson@mpdgp.com.au

Board of Management

Mr Noel Maughan (Chair and Independent Director)

Dr John Azzopardi (Treasurer)

Dr John Quayle (Vice Chair)

Dr Clare Bottcher

Dr Adel Asaid

Dr Stewart Gough

Dr Ashraf Takla

Dr Kat Koh (Registrar Representative)

Ms Wendy Sizer (Community Representative)

Mission Statement

Murray-Plains Division of General Practice supports
General Practice with improving the health of our community.