

The PHOnetic

For anyone interested in primary health



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Specialist diabetes care to stay in primary health for now

by Hayley Redpath



Gisborne Hospital Diabetes Physician Robin Briant
Image: Clare Webber

A proposed community focussed diabetes centre looks set to morph into a primary health-based service following fruitful and practical discussion at last week's Pinnacle Diabetes Tairawhiti CME.

Gisborne Hospital Diabetes Physician Robin Briant presented to general practitioners and practice nurses on the plans and progress for a diabetes centre of excellence.

Dr Briant said she was there to listen and understand the issues in general practice for diabetes management, and work out how secondary and primary services could work together.

The result was the concept of a service, in advance of a building.

"What would be the most efficient use of time, would be [for me] to go out to the practices and see some of their patients, or run over their patient records on difficult cases," Dr Briant told The PHOnetic.

"My plan will be to accept their [general practice staff] invitations which I hope will come rolling in, and to spend time with them on their site."

Dr Briant said the concept, as opposed to a bricks and mortar building, had the advantage of education and support for general practice staff who were already in the best position to empower people and their families.

The original concept of a centre was suggested by Tairawhiti District Health following a large research project it did last year looking at the journey people with diabetes take within the district's health services.

Diabetes Nurse and Kaiti Medical Centre Head Practice Nurse Lynne Shields said she was pleased the original idea had swung round to favour a focus in primary health.

"We already have the relationship with these people and already a lot of buy in from the patients. We have to trust each other, and we are better at building up those relationships over time."

During the meeting Dr Briant told nurses that a Diabetes Nurse Specialist to mentor practice nurses would be an ideal addition to the service.

This was welcomed by Ms Shields.

"In a perfect world we would have another diabetes nurse specialist to be a mentor. Some practices are happy to initiate insulin, but it would be great if there was a floating nurse specialist to come in, show them how, and get them started."

During the evening Dr Briant shared her vision for reducing the effects of diabetes on the local population. A "Vision 2012" campaign would aim to stop blindness caused by diabetes by the next Olympic Games, she said.

"I made a proposal for a unifying aim for diabetes in Tairawhiti which I think they warmed to. I have selected blindness, as opposed to kidney failure say, because it is something people can grasp. It gives us four years to get a real improvement."

Last year 48% of the known diabetics in this district received their annual check. Of those that did, Dr Briant says there were a lot of abnormal glycemia, blood pressure, and cholesterol results.

Mangapapa Medical Centre general practitioner Dr Ken McFarlane reported that there was a positive vibe at the presentation. It suggested "everyone is keen and interested to do the best they can".

"It was really good. It was one of the few opportunities we have had to talk with the secondary care sector about how we can improve patient care together. Robin was very open to hearing what we had to say. It was a two-way thing."

Dr Briant did not rule out a centre of excellence in the future but said for now she was keen to increase general practice staff confidence and reduce the need for patients to travel.

"This can start straight away, and I am happy for things to evolve."

General practitioners and practice nurses who attended the presentation are asked by Dr Briant to discuss the concept with all their staff then work out the best way to include her in patient care.

Robin Briant can be contacted via [email](mailto:robin.briant@tpho.org.nz) or by phoning Gisborne Hospital 869 0500.

Community News

This section of our newsletter is devoted to you and your projects. If you would like to advertise your event, seminar or meeting, email details to [The PHOnetic](mailto:community@tpho.org.nz).

If you do not wish to receive this newsletter, please click [here](#) and send an email requesting that you unsubscribe.

Alternatively you can request an addition to The PHOnetic's email distribution list.

He Rongoa Pai, He Oranga Whanau A two-day programme initiated by Pharmac that aims to increase the awareness and understanding of the appropriate use, storage and disposal of medicines. Food, accommodation and course materials are included as part of the programme and are funded by Pharmac. The program setting is noho marae (stay over on the marae). October 6 and 7, Muriwai Marae, Tamanuhiri Road, Muriwai. For more information and an enrolment form [click here](#).

Privacy Workshop By the Tairawhiti Community Law Centre, at Turanga Health, 145 Derby St, in the Boardroom. 29 September and 14 October, 10am to 11.30am. Facilitator: Ruth Quilter. Note: If the dates don't suit, Pinnacle Liaison Robyne McKeague is organising a Privacy Evening for general practice staff. The proposed date is 18 November. Pinnacle's Denise Ward will be the presenter.

Wound Care Study Day - One Day Workshop Presented by Tairawhiti District Health with Ann Corak, Woundcare Nurse Specialist, and Donna Johansson from Smith & Nephew. Wednesday 26 November, 9am-



Turanga Health CEO Reweti Ropiha Image: Clare Webber

General Practice a Step Closer to Turanga Health

By Hayley Redpath

The link between Turanga Health and general practice has tightened now that Turanga Health can electronically acknowledge general practice referrals.

The Medtech connection is significant on a number of levels, says Turanga Health Chief Executive Reweti Ropiha.

"Improved marketing of Turanga Health's services and improved two way communication with GPs and other health providers has been a goal

of ours this year."

"While Turanga Health is strong in the arena of public health, event management and community development, a weakness has been the level of information and accessibility offered to general practice and other mainstream health providers."

He said Turanga Health was working towards easy, consistent, formal and preferably electronic, mechanisms for referral.

"And alongside that, we want to provide clarity of services and criteria for access."

General practice referrers now receive a *GP Referral Acknowledgement* e-form within 48 hours of referral.

The *GP Referral Acknowledgement* includes patient details and the message "Thank you for your referral, a response will be forwarded within 10 working days detailing relevant service provision."

Within the ten working days the referrer will receive a *GP Response*. GPs will then receive updates from Turanga Health via that *GP Response* process.

Turanganui Primary Health Organisation Chief Executive Keriana Brooking said the development should be welcomed by general practitioners.

"I know from comment at board level that general practitioners have been interested in working alongside Turanga Health in a greater capacity than they do now. This is just one small step."

Turanganui PHO Board member Ken McFarlane said he had already received an e-acknowledgement from Turanga Health's smoking cessation service.

"It's good to have for two reasons. One, it says the patient is in the system, they have been contacted, something is going to happen, and two, we have an idea of what the process is going to be and can support it."

Turanga Health staff are continuously receiving training in electronic communication with GPs by Data Administrator Darleen Himona and Robyne Mckeague.

In related work, improved resources about Turanga Health's services and referral criteria are currently being developed for general practice staff.

4.30pm, Conference Room, Tairawhiti District Health.

The session covers A & P skin, physiology of healing and moist wound healing, assessment and documentation, choosing a dressing, and dressing products.

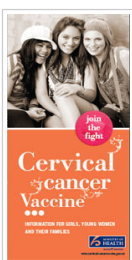
Registration is essential as numbers are limited to 40. A charge of \$30 incl GST per person will apply. To register please contact [Candy Hauti](mailto:Candy.Hauti@tdh.org.nz), or phone on 869 0500 x8034.

Tairawhiti District Health Board Meeting, Tuesday 21 October, 9am, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Meeting Tuesday 23 September 12.30pm, Morris Adair Building, Gisborne Hospital.

Hospital Advisory Committee Meeting, Monday 20 October, 12.30pm, Morris Adair Building, Gisborne Hospital.

Visit www.tdh.org.nz for all TDH meeting agendas.



Slow trickle of women for HPV in general practice

By Hayley Redpath

Turanganui Primary Health Organisation general practitioners and nurses have vaccinated only a handful of young women following the introduction of the Human Papillomavirus vaccine.

The Gardasil vaccine has been available free since 1 September and immunises girls aged 12 – 18 years against four HPV types, two of which cause the most cervical cancers. The programme is initially being offered through general practices to young women born in 1990 and 1991.

"As expected there has been a very slow start due to a lack of advertising, delays in staff training, and slower than expected MedTech updates," says HPV project manager Jan Ewart.

"This is par for the course. With any large programme like this, uptake is gradual, and so too is the implementation from the providers' end. Certainly we are pleased that staff in the practices are aware of the programme and if they haven't already they are planning to send out invitations and information to young women, asking them to come in to start the course of three vaccinations over six months."

Ms Ewart, who oversaw the successful roll out of the Meningococcal B immunisation programme, said around 500 young women aged between 17 and 18 were eligible to receive their vaccination through a Turanganui PHO-affiliated general practice.

As of Monday 15 September, the estimated number of vaccinated women through each practice were: Desmond Road Medical Centre (12), Kaiti Medical Centre (1), Mangapapa Medical Centre (-), Serendipity Health Ltd (not available), The Village Clinic (2), and City Medical Centre (-).

The programme will be offered in schools to young women from Year 8–Year 13 from early 2009. The vaccination will continue as part of the National Schedule on an ongoing basis for young women aged 12 years (Year 8).

Ms Ewart reminded general practice staff to opportunistically offer immunisation to school leavers.

During a consult, practice staff have been able to give patients information using the "Cervical Cancer Vaccine" flip chart provided by the Ministry of Health. The Ministry and Gardasil have both provided other resources for use in practices.

Ms Ewart said already there was a pattern to queries from patients and or their families, including requests for vaccinations for women born in late 1989.

"The eligibility is from 1 January 1990 and sadly those decisions have been made centrally. General practice staff can still offer the vaccine but recipients will have to pay for it."

"Another common conversation being held with families seems to be along the lines of 'My daughter is a good girl and doesn't need it'."

Ms Ewart says the key message is straightforward. "It's not about promiscuity. It's about a common wart virus that is spread easily. And it's not about encouraging sexual activity, it's about preventing cervical cancer."

Another common question from the public has been around vaccine efficacy.

"Research is showing us that after five years the vaccine is still lasting in the system. We are not expecting to have to give a booster, however monitoring continues."

Ms Ewart said an outreach nurse and kaiawhina will be added to the local programme before the end of the year. At the moment support for general practice staff is coming from Immunisation Co-ordinator Hiria Nepe, and Nurse Educator Jane Wilkie. Hiria and Jane have already visited Desmond Road and City Medical and are available to visit other practices if required. A Gardasil representative is also visiting practices to provide information sessions.

Turanga Health has been contracted to raise awareness in the community. Staff will be provided with training and resources to help promote the programme.

For more information on HPV contact either Jan Ewart 869 0570 x 8550, 862 3630 or via [email](mailto:jan.ewart@turangahealth.org.nz), or Hiria Nepia 869 0500 x 8708 or via [email](mailto:hiria.nepia@turangahealth.org.nz).

A dedicated information resource for general practice staff can be found at www.moh.govt.nz and www.immune.org.nz. Another interesting website aimed at young women is www.oneforthegirls.org.nz.



Fee Rise for two practices

By Hayley Redpath



Serendipity Health Limited and Mangapapa Medical Centre have added 50 cents to standard GP consultation fees for 18-year-olds and over.

Now, five out of six Turanganui Primary Health Organisation-affiliated general practices charge \$16 for a standard consultation for enrolled patients in that age group.

Desmond Road Medical Centre charges \$24 for the same group. Differences between the fees in each general practice are a reflection of choices made by each practice since October 2006 on the type of payment to be received from the Ministry of Health.

A general practice that has chosen the 'Very Low Cost Access' payment option receives a greater Government subsidy and the fees it can charge are fixed by the Government.

A general practice that has chosen the alternative payment option, such as Desmond Road, does not receive as big a Government subsidy, and as a result will typically charge its enrolled patients slightly more. These general practices believe the increased Government subsidy and associated fixed fee will not cover their practice costs in the future.